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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

☐ 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)

Room/suite

PO BOX 63305

City or town, state or country, and ZIP + 4

NORTH CHARLESTON, SC 294193305

F Name and address of principal officer

CHRIS KERRIGAN

PO BOX 63305

NORTH CHARLESTON,SC 294193305

D Employer identification number

57-0314378

E Telephone number

(843) 740-9000

G Gross receipts \$ 11,916,937

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TUW.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1944

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 INVESTMENTS, HEALTH, EDUCATION, FINANCIAL STABILITY, AND CONNECTING THE COMMUNITY PROGRAMS

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)

44

4

Number of independent voting members of the governing body (Part VI, line 1b)

44

5

Total number of individuals employed in calendar year 2011 (Part V, line 2a)

96

6

Total number of volunteers (estimate if necessary)

10,817

7a

Total unrelated business revenue from Part VIII, column (C), line 12

0

7b

Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8

Contributions and grants (Part VIII, line 1h)

10,700,107

11,414,976

9

Program service revenue (Part VIII, line 2g)

211,983

19,247

10

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

315,926

299,603

11

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

19,433

-6,838

12

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

11,247,449

11,726,988

Expenses

13

Grants and similar amounts paid (Part IX, column (A), lines 1–3)

2,252,598

2,551,504

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)

3,022,184

3,381,061

16a

Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b

Total fundraising expenses (Part IX, column (D), line 25) ▶1,249,441

17

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

5,258,504

5,379,871

18

Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

10,533,286

11,312,436

19

Revenue less expenses Subtract line 18 from line 12

714,163

414,552

Net Assets or Fund Balances

20

Total assets (Part X, line 16)

16,727,167

17,101,668

21

Total liabilities (Part X, line 26)

983,461

1,108,520

22

Net assets or fund balances Subtract line 21 from line 20

15,743,706

15,993,148

Part II

Signature Block

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

Sign Here

Signature of officer

CHRIS KERRIGAN, PRESIDENT

2012-10-29

Date

Paid Preparer's Use Only

Preparer's signature

ZOE DAVIS

Date

2012-10-08

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P01057590

Firm's name (or yours if self-employed), address, and ZIP + 4

HUBBARD DAVIS CPAS LLP

990 LAKE HUNTER CIRCLE STE 207

MOUNT PLEASANT, SC 29464

EIN ▶ 27-1780668

Phone no ▶ (843) 881-3315

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

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 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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

Yes

No

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 4,474,931 including grants of \$) (Revenue \$ 4,474,931)

COMMUNITY INVESTMENTCOMMUNITY 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 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 INCREASE THE GRADUATION RATE FROM 70% TO 88%, 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 \$6 MILLION IN PROGRAMS MEASURABLY HELPING PEOPLE IN NEED IN OUR COMMUNITY THE ORGANIZATION ALSO FORWARDS ROUGHLY \$2 6 MILLION IN GIFTS DESIGNATED BY DONORS TO OTHER ORGANIZATIONS

4b

(Code) (Expenses \$ 1,283,698 including grants of \$) (Revenue \$ 1,283,698)

CONNECTING THE COMMUNITYTRIDENT UNITED WAY CREATES SYSTEMS TO INFORM AND MOBILIZE THE COMMUNITY, WITH PARTICULAR EMPHASIS ON PROMOTING VOLUNTEERISM IN THE TRI-COUNTY REGION THE CONNECTING THE COMMUNITY PROGRAM AREA IS ANCHORED BY 2-1-1 HOTLINE, WHICH ALLOWS RESIDENTS OF THE LOWCOUNTRY TO GET OR GIVE HELP 24-HOURS-A-DAY EMPLOYING THE STATES MOST COMPREHENSIVE AND UP-TO-DATE DATABASE OF COMMUNITY RESOURCES, 2-1-1 HOTLINE IS FREE AND CONFIDENTIAL, AND SERVED MORE THAN 50,000 CALLERS IN 2011 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 WAY DAY OF CARING, CONSISTENTLY THE LARGEST DAY OF CARING IN THE NATION IN 2011, 8,000 PEOPLE VOLUNTEERED ON SEPT 9 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 2,700 YOUTH PARTICIPATED IN 2011 RESEARCH SHOWS THAT CHILDREN WHO VOLUNTEER IN THEIR COMMUNITY ARE SIGNIFICANTLY MORE LIKELY TO CONTINUE VOLUNTEERING INTO ADULthood 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

4c

(Code) (Expenses \$ 584,407 including grants of \$) (Revenue \$ 584,407)

EDUCATIONTRIDENT 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 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

(Code) (Expenses \$ 3,167,815 including grants of \$) (Revenue \$ 5,383,592)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 3,167,815 including grants of \$) (Revenue \$ 5,383,592)

4e

Total program service expenses

\$ 9,510,851

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
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? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
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? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b	

Part IV

Checklist of Required Schedules (continued)

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

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. .	1c	
1a	4		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	96
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
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 or securities account)?	4a	No
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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
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	No
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	No
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	No
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? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		13a	
b Enter the aggregate 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 aggregate amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
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 lines 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

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	400,218	0	116,785

2 Total number of individuals (including but not limited to those listed in Item 3) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CIS CHARLESTON 1090 EAST MONTAGUE AVE CHARLESTON, SC 29403	EDUCATION LINKS TO SUCCESS	363,889
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	PROGRAM SERVICES	339,918
AMERICAN RED CROSS CAROLINA LOWCOUNTRY 8085 RIVERS AVE SUTIE F NORTH CHARLESTON, SC 29406	PROGRAM SERVICES	293,823
BLUECHOICE HEALTH PLAN OF SOUTH CAROLINA PO BOX 6000 COLUMBIA, SC 29260	MEDICAL PREMIUMS	251,577
COMMUNITY HEALTH CHARITIES 200 N GLEBE RD SUITE 801 ARLINGTON, VA 22203	PROGRAM SERVICES	245,718

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

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	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	848,482				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,566,494				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			11,414,976			
Program Service Revenue			Business Code					
	2a	PROGRAM SERVICE FEES	519100	19,247	19,247			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			19,247			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		260,884	260,884			
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		183,111						
		189,949						
		-6,838						
	d	Net rental income or (loss)		-6,838	-6,838			
	7a	(i) Securities		(ii) Other				
		38,719						
		0						
		38,719						
	d	Net gain or (loss)		38,719	38,719			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a							
	b	Less direct expenses						
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19						
	a							
	b	Less direct expenses						
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances						
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			11,726,988	312,012	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)
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	2,551,504	2,551,504		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	261,049	156,629	26,105	78,315
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	2,313,005	1,665,364	138,780	508,861
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	282,777	203,599	16,967	62,211
9	Other employee benefits	328,487	236,511	19,709	72,267
10	Payroll taxes	195,743	140,935	11,745	43,063
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	62,650	37,590	6,265	18,795
g	Other	498,262	257,434	117,539	123,289
12	Advertising and promotion	117,515	61,136		56,379
13	Office expenses	148,579	80,734	18,354	49,491
14	Information technology				
15	Royalties				
16	Occupancy	251,391	126,972	105,231	19,188
17	Travel	70,231	43,565	5,734	20,932
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	264,053	157,629	28,273	78,151
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	83,017	54,671	9,866	18,480
23	Insurance	28,848	10,329	15,027	3,492
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	3,712,281	3,712,281		
b	UNW NATIONAL FEES	157,340	96,731	15,435	45,174
c	PRINTING	126,068	70,790	5,723	49,555
d	MISCELLANEOUS	37,480	36,396	4,320	-3,236
e					
f	All other expenses	-177,844	-189,949	7,071	5,034
25	Total functional expenses. Add lines 1 through 24f	11,312,436	9,510,851	552,144	1,249,441
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,196,325	1	2,421,135
	2	Savings and temporary cash investments			670,231	2	942,879
	3	Pledges and grants receivable, net			3,899,188	3	4,126,226
	4	Accounts receivable, net			71,689	4	52,921
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			22,814	9	127,106
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,655,329			
	b	Less: accumulated depreciation	10b	672,169	1,603,602	10c	1,983,160
	11	Investments—publicly traded securities			7,263,318	11	7,448,241
	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				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			16,727,167	16	17,101,668	
Liabilities	17	Accounts payable and accrued expenses			983,461	17	1,108,520
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			983,461	26	1,108,520
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			10,014,026	27	10,217,305
	28	Temporarily restricted net assets			5,170,074	28	5,250,137
	29	Permanently restricted net assets			559,606	29	525,706
	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			15,743,706	33	15,993,148
34	Total liabilities and net assets/fund balances			16,727,167	34	17,101,668	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,726,988
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,312,436
3	Revenue less expenses Subtract line 2 from line 1	3	414,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,743,706
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-165,110
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	15,993,148

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 ☒ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

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

2011

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 **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 Se**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?

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,324,337	10,252,152	10,405,783	10,912,090	11,434,223	53,328,585
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	10,324,337	10,252,152	10,405,783	10,912,090	11,434,223	53,328,585
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						53,328,585

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,324,337	10,252,152	10,405,783	10,912,090	11,434,223	53,328,585
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	268,802	376,461	299,756	315,926	299,603	1,560,548
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	23,532	5,358	-47,377	19,433	-6,838	-5,892
11 Total support (Add lines 7 through 10)						54,883,241

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 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97 170 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96 180 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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 may 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 pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	559,606	467,528	616,784		
b Contributions		20,562	82,032		
c Investment earnings or losses	-2,772	102,707	-3,220		
d Grants or scholarships			-12,000		
e Other expenditures for facilities and programs	-31,128	-31,191	-216,068		
f Administrative expenses					
g End of year balance	525,706	559,606	467,528		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		490,000		490,000
b Buildings		1,908,959	595,071	1,313,888
c Leasehold improvements				
d Equipment		227,206	73,696	153,510
e Other		29,164	3,402	25,762
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,983,160

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	11,726,988
2	Total expenses (Form 990, Part IX, column (A), line 25)	11,312,436
3	Excess or (deficit) for the year Subtract line 2 from line 1	414,552
4	Net unrealized gains (losses) on investments	-165,110
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	-165,110
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	249,442

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	9,137,673
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	-165,110
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	189,949
e	Add lines 2a through 2d	24,839
3	Subtract line 2e from line 1	9,112,834
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	62,650
b	Other (Describe in Part XIV)	2,551,504
c	Add lines 4a and 4b	2,614,154
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	11,726,988

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	8,888,231
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	189,949
e	Add lines 2a through 2d	189,949
3	Subtract line 2e from line 1	8,698,282
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	62,650
b	Other (Describe in Part XIV)	2,551,504
c	Add lines 4a and 4b	2,614,154
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	11,312,436

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, 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		
Identifier	Return Reference	Explanation
		THE \$189,949 IS COMMERICAL RENTAL EXPENSES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRIDENT UNITED WAY

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

2011

Open to Public
Inspection

Employer identification number
57-0314378

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) TUW AND CFC DONOR DESIGNATIONSPO BOX 63305 NORTH CHARLESTON, SC 29419			2,551,504				TUW AND CFC DONOR DESIGNATIONS FROM ANNUAL CAMPAIGN
(2) TUW - BOARD DIRECTED ALLOCATIONS TO OTHER NOT-FOR-PROFITSP O BOX 63305 NORTH CHARLESTON, SC 29419			3,712,281				COMMUNITY INVESTMENTS FROM TUW - SELECTED BY A COMMITTEE OF COMMUNITY LEADERS AND MONITORED BY TUW

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization TRIDENT UNITED WAY	Employer identification number 57-0314378
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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		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
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		
☐ Independent compensation consultant		
☐ Form 990 of other organizations		
☒ Written employment contract		
☒ Compensation survey or study		
☒ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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?		No
b Any related organization?		No
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?		No
b Any related organization?		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
TRIDENT UNITED WAY**Employer identification number**

57-0314378

Identifier	Return Reference	Explanation
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -165110

Additional Data

Software ID:
Software Version:
EIN: 57-0314378
Name: TRIDENT UNITED WAY

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 3,167,815 including grants of \$) (Revenue \$ 5,383,592)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustees	Officer	Key employee	Highest compensated employee	Former			
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						0	0	0
GIFF DAUGHTRIDGE DIRECTOR	2 00	X						0	0	0
DAN DAVIS 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
JAMES W GRAY DIRECTOR	2 00	X						0	0	0
WILLIAM HAWKINS DIRECTOR	2 00	X						0	0	0
F KIN HILL DIRECTOR	2 00	X						0	0	0
BRUCE W HOFFMAN CAMPAIGN CHAIR	5 00	X		X				0	0	0
DON E KASSING 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
LISA MITCHELL DIRECTOR	2 00	X						0	0	0
LISA MONTGOMERY DIRECTOR	2 00	X						0	0	0
WILLIAM A MOODY COMMUNITY BUILDNG CHAIR	5 00	X		X				0	0	0
GENE OSWALT DIRECTOR	2 00	X						0	0	0
CHARLES PATRICK DIRECTOR	2 00	X						0	0	0
JOHN RUSS TREASURER	5 00	X		X				0	0	0
KENNETH SEEGER 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
PATRICIA WILSON DIRECTOR	2 00	X						0	0	0
CLARENCE WRIGHT DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ANITA ZUCKER DIRECTOR	2 00	X							0	0	0
WILLIAM A FINN DIRECTOR	2 00	X							0	0	0
CAPTAIN THOMAS W BAILEY DIRECTOR	2 00	X							0	0	0
MARK FITTS DIRECTOR	2 00	X							0	0	0
JERRY L GOOD DIRECTOR	2 00	X							0	0	0
WAYNE HALL DIRECTOR	2 00	X							0	0	0
HUGH C LANE JR DIRECTOR	2 00	X							0	0	0
EDWARD E LEGASEY DIRECTOR	2 00	X							0	0	0
FRANCIS JOHNSON DIRECTOR	2 00	X							0	0	0
JACK JONES DIRECTOR	2 00	X							0	0	0
ELIZABETH SAAL DIRECTOR	2 00	X							0	0	0
MATTHEW J SEVERANCE DIRECTOR	2 00	X							0	0	0
RICHARD PIERCE DIRECTOR	2 00	X							0	0	0
ANNE K SURRETT DIRECTOR	2 00	X							0	0	0
MIKE ROUSSEAU DIRECTOR	2 00	X							0	0	0
MARY THORNLEY DIRECTOR	2 00	X							0	0	0
BILL WATSON DIRECTOR	2 00	X							0	0	0
LOUISE WELCH-WILLIAMS DIRECTOR	2 00	X							0	0	0
PETER WERTIMER DIRECTOR	2 00	X							0	0	0
CHRIS KERRIGAN PRESIDENT	50 00				X	X			190,517	0	77,443
BONNIE BELLA SENIOR VP OF COMMUNITY IMPACT	50 00					X			107,883	0	19,782
DAVID NICOLE SENIOR VP OF RESOURCE DEVELOPMENT	50 00					X			101,818	0	19,560