

INSTRUCTIONS FOR FILING
TRIANGLE UNITED WAY, INC.
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C)(3)
FOR THE PERIOD ENDED DECEMBER 31, 2007

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 15, 2008
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRIANGLE UNITED WAY, INC.	D Employer identification number 56-1949103
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1100 PERIMETER PARK WEST, SUITE 112 City or town, state or country, and ZIP + 4 MORRISVILLE, NC 27560	E Telephone number (919) 460-8687
F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

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

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

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

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.UNITEDWAYTRIANGLE.ORG

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 21,648,092.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	20,039,844.		
	c Indirect public support (not included on line 1a)	1c	150,000.		
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 19,691,866. noncash \$ 497,978.)	1e		20,189,844.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,010,664.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		162,695.	
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a		NONE	
		b Less: cost or other basis and sales expenses	8b	1,422.	
		c Gain or (loss) (attach schedule)	8c	-1,422.	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		-1,422.		
Revenue	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 61,804. of STMT 1 contributions reported on line 1b). STMT 2.	9a	61,804.	
		b Less: direct expenses other than fundraising expenses	9b	68,210.	
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		-6,406.
Revenue	10 a Gross sales of inventory, less returns and allowances	10a			
		b Less: cost of goods sold	10b		
		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
Expenses	11 Other revenue (from Part VII, line 103)	11		223,085.	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		21,578,460.	
	13 Program services (from line 44, column (B))	13		9,322,743.	
	14 Management and general (from line 44, column (C))	14		1,242,726.	
	15 Fundraising (from line 44, column (D))	15		1,711,403.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17		12,276,872.	
	Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		9,301,588.
		19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,744,206.
		20 Other changes in net assets or fund balances (attach explanation) STMT 3.	20		-8,915,248.
		21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	21		4,130,546.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>			STMT 25	
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	7,831,801.	7,831,801.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	986,598.	289,875.		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,248,276.	377,191.	261,617.	609,468.
27 Pension plan contributions not included on lines 25a, b, and c	107,037.	37,221.	20,208.	49,608.
28 Employee benefits not included on lines 25a - 27	335,833.	104,305.	79,029.	152,499.
29 Payroll taxes	144,911.	46,309.	32,471.	66,131.
30 Professional fundraising fees				
31 Accounting fees	38,730.		31,310.	7,420.
32 Legal fees	281.		281.	
33 Supplies	71,901.	24,737.	28,427.	18,737.
34 Telephone	25,590.	6,347.	10,887.	8,356.
35 Postage and shipping	29,680.	4,292.	10,319.	15,069.
36 Occupancy	305,095.	75,479.	129,904.	99,712.
37 Equipment rental and maintenance				
38 Printing and publications	168,717.	29,594.	31,462.	107,661.
39 Travel	57,767.	13,442.	12,880.	31,445.
40 Conferences, conventions, and meetings	50,233.	5,092.	32,554.	12,587.
41 Interest	1,363.		1,363.	
42 Depreciation, depletion, etc. (attach schedule)	61,615.	15,244.	26,234.	20,137.
43 Other expenses not covered above (itemize):				
a STMT 4	811,444.	461,814.	294,654.	54,976.
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	12,276,872.	9,322,743.	1,242,726.	1,711,403.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►SEE STATEMENT 5 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 6 ----- ----- ----- ----- ----- (Grants and allocations \$ 7,831,801.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,926,975.
b SEE STATEMENT 7 ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	255,084.
c SEE STATEMENT 7 ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	140,684.
d ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	9,322,743.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	4,051,050.	46	4,326,335.	
	47a Accounts receivable	47a 206,871.			
	b Less: allowance for doubtful accounts	47b	47c	206,871.	
	48a Pledges receivable	48a 16,719,498.			
	b Less: allowance for doubtful accounts	48b 678,000.	48c	16,041,498.	
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	STMT. 8	15,619.	53	14,985.
	54a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments - other (attach schedule)	STMT. 9	69,102.	56	25,143.
	57a Land, buildings, and equipment: basis	57a 1,181,034.			
	b Less: accumulated depreciation (attach schedule)	57b 1,095,460.	118,559.	57c	85,574.
58 Other assets, including program-related investments (describe ▶ _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		21,252,088.	59	20,700,406.	
Liabilities	60 Accounts payable and accrued expenses	409,533.	60	411,532.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) STMT. 24	15,475.	64b	16,159.	
	65 Other liabilities (describe ▶ _____ STMT 10)	17,082,874.	65	16,142,169.	
66 Total liabilities. Add lines 60 through 65		17,507,882.	66	16,569,860.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	-5,455,155.	67	-4,982,646.	
	68 Temporarily restricted	9,179,361.	68	9,093,192.	
	69 Permanently restricted	20,000.	69	20,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		3,744,206.	73	4,130,546.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		21,252,088.	74	20,700,406.

