

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)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning JULY 01, 2003, and ending JUNE 30, 2004

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: Trident United Way, Inc.
Number and street (or P.O. box if mail is not delivered to street address): PO Box 63305
City or town, state or country, and ZIP + 4: North Charleston SC 29419-3305

D Employer identification number: 57-0314378
E Telephone number: (843) 740-9000
F Acctg. method: [ ] Cash [X] 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 & I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates . . .

G Website:
J Organization type (check only one) [X] 501(c)(3) [ ] 4947(a)(1) [ ] 527

H(c) Are all affiliates included? (If "No," attach a list. See instructions) [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number
M Check [ ] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 8,351,851

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for direct/indirect support, government contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, and total revenue/expenses.

SCANNED FEB 23 2005

**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 instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . #3. (cash \$ 4,765,648 noncash \$ )	4,765,648	4,765,648		
23	Specific assistance to individuals (attach schedule) . .				
24	Benefits paid to or for members (attach schedule) . . .				
25	Compensation of officers, directors, etc . . . . .				
26	Other salaries and wages . . . . .	1,322,584	853,336	77,856	391,392
27	Pension plan contributions . . . . .				
28	Other employee benefits . . . . .	294,099	181,009	28,787	84,303
29	Payroll taxes . . . . .	98,493	63,673	5,744	29,076
30	Professional fundraising fees . . . . .				
31	Accounting fees . . . . .				
32	Legal fees . . . . .				
33	Supplies . . . . .	81,113	41,268	10,973	28,872
34	Telephone . . . . .	45,357	33,879	6,762	4,716
35	Postage and shipping . . . . .	19,324	12,403		6,921
36	Occupancy . . . . .	38,244	37,707	537	
37	Equipment rental and maintenance . . . . .	12,967	2,029	10,938	
38	Printing and publications . . . . .	131,348	69,177	2,269	59,902
39	Travel . . . . .	41,767	15,770	13,434	12,563
40	Conferences, conventions, and meetings . . . . .	123,375	31,377	17,966	74,032
41	Interest . . . . .				
42	Depreciation, depletion, etc. (attach schedule) . . #4.	75,305	47,206	6,473	21,626
43	Other expenses not covered above (itemize): a PROFESSIONAL	70,890	42,137	23,822	4,931
	b MEDIA	80,865	8,629		72,236
	c BUILDING ALLOCATIONS	101,348	63,850	13,175	24,323
	d OTHER	58,816	15,766	29,293	13,757
	e				
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D),</b> <b>carry these totals to lines 13-15 . . . . .</b>	7,361,543	6,284,864	248,029	828,650

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . .  Yes  No  
 If "Yes," enter (i) aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) 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 instructions.)

What is the organization's primary exempt purpose? . . . . . ▶ Community & Human Service Programs		Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)
a	Community Investment - The process by which funds raised through an annual campaign are invested in community programs and initiatives that support solving priority community issues (Grants and allocations \$ )	4,765,648
b	Housing counseling - a counseling service for delinquent homeowners that have federally insured mortgages (Grants and allocations \$ )	56,027
c	Community Services - a program designed to coordinate and provide human service programs to persons in need of assistance in a three county area (Grants and allocations \$ )	279,513
d	Child Care Resource and referral - (Grants and allocations \$ )	165,563
e	Other program services (attach schedule) (Grants and allocations \$ )	1,018,113
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	6,284,864

**Part IV Balance Sheets** (See Specific Instructions.)

				(A)		(B)	
				Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
<b>A S S E T S</b>	<b>45</b> Cash -- non-interest-bearing .....				<b>45</b>		
	<b>46</b> Savings and temporary cash investments .....			2,912,366	<b>46</b>	3,298,968	
	<b>47a</b> Accounts receivable .....	<b>47a</b>	59,485				
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>		42,206	<b>47c</b>	59,485	
	<b>48a</b> Pledges receivable .....	<b>48a</b>	3,263,978				
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>		3,265,396	<b>48c</b>	3,263,978	
	<b>49</b> Grants receivable .....				<b>49</b>		
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....				<b>50</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>					
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>			<b>51c</b>		
	<b>52</b> Inventories for sale or use .....				<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges .....				<b>53</b>	16,816	
	<b>54</b> Investments -- securities (attach schedule) #6 .....			<input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,033,566	<b>54</b>	1,333,930
	<b>55a</b> Investments -- land, buildings, and equipment: basis .....	<b>55a</b>					
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>				<b>55c</b>	
<b>56</b> Investments -- other (attach schedule) .....					<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis ... #7 .....	<b>57a</b>	2,950,035					
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b>	1,011,955		2,031,364	<b>57c</b>	1,938,080	
<b>58</b> Other assets (describe <input type="checkbox"/> See attachment #8 ) .....				983,170	<b>58</b>	1,154,769	
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....				10,268,068	<b>59</b>	11,066,026	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....			191,680	<b>60</b>	292,342	
	<b>61</b> Grants payable .....			254,326	<b>61</b>	119,547	
	<b>62</b> Deferred revenue .....				<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....				<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....				<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) .....				<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> ) .....				<b>65</b>		
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65) .....				446,006	<b>66</b>	411,889	
<b>F U N D A S S E T A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	<b>67</b> Unrestricted .....			8,936,667	<b>67</b>	9,725,164	
	<b>68</b> Temporarily restricted .....			885,395	<b>68</b>	924,973	
	<b>69</b> Permanently restricted .....				<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.						
	<b>70</b> Capital stock, trust principal, or current funds .....				<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....				<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....				<b>72</b>		
<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....				9,822,062	<b>73</b>	10,650,137	
<b>74</b> <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....				10,268,068	<b>74</b>	11,062,026	

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements . . . . . ▶	<b>a</b> 8,351,851
<b>b</b> Amounts included on line a but not on line 12, Form 990:	
<b>(1)</b> Net unrealized gains on investments . . \$	
<b>(2)</b> Donated services & use of facilities . \$	
<b>(3)</b> Recoveries of prior year grants . . . . . \$	
<b>(4)</b> Other (specify): Rental	
\$ 152,024	
Add amounts on lines <b>(1)</b> through <b>(4)</b> . . ▶	<b>b</b> 152,024
<b>c</b> Line a minus line b . . . . . ▶	<b>c</b> 8,199,827
<b>d</b> Amounts included on line 12, Form 990 but not on line a:	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify):	
\$	
Add amounts on lines <b>(1)</b> and <b>(2)</b> . . . . ▶	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	<b>e</b> 8,199,827

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

<b>a</b> Total expenses and losses per audited financial statements . . . . . ▶	<b>a</b> 7,563,524
<b>b</b> Amounts included on line a but not on line 17, Form 990:	
<b>(1)</b> Donated services & use of facilities . . \$	
<b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$	
<b>(3)</b> Losses reported on line 20, Form 990 \$	
<b>(4)</b> Other (specify): Rental	
\$ 152,024	
Add amounts on lines <b>(1)</b> through <b>(4)</b> . . ▶	<b>b</b> 152,024
<b>c</b> Line a minus line b . . . . . ▶	<b>c</b> 7,411,500
<b>d</b> Amounts included on line 17, Form 990 but not on line a:	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify):	
\$	
Add amounts on lines <b>(1)</b> and <b>(2)</b> . . . . ▶	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	<b>e</b> 7,411,500

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
Christopher F Kerrigan Mt Pleasant, SC	President 40	128954		5,015
Benny C Edwards N Charleston, SC	VP Finance 40	68507		
Terrance D Brown Charleston, SC	VP Community In 40	67315		
Yvette Elsey Monks Corner, SC	Dir Children In 40	59375		
Barry Waldman Daniels Island, SC	Dir Marketing 40	52863		
See Attached				

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . . . ▶  Yes  No  
If "Yes," attach schedule -- see Specific Instructions.

Part VI Other Information (See Specific Instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity . . . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures See line 81 instructions . . . . . 81a N/A		
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . 82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members . . . . . 85c N/A		
d	Section 162(e) lobbying and political expenditures . . . . . 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . . 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities . . . . . 86b N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . . 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ► N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ► N/A		
90a	List the states with which a copy of this return is filed ► South Carolina		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) . . . . . 90b N/A		
91	The books are in care of ► Christopher Kerrigan Telephone no. ► (843) 740-9000 Located at ► PO Box 63305 N. Charleston, SC ZIP + 4 ► 29419		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here. . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ► 92 N/A		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees & contracts from govt. agencies					
<b>94</b> Membership dues & assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .					
<b>96</b> Dividends & interest from securities			14		332,690
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .			16		97,989
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit/(loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> Misc _____					55,894
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		0		0	486,573
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					486,573

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions.)

(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b) file Form 8870 and Form 4720 (see instructions).

**Please Sign** Under penalty 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.

*[Signature]* \_\_\_\_\_ Date \_\_\_\_\_

Date 02-01-2005 Check if self-  Preparer's SSN or PTIN (See Gen. Inst. W)



<b>Part III</b> Statements About Activities (See the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities . . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
<b>b</b>	Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	X
<b>e</b>	Transfer of any part of its income or assets? . . . . .	<b>2e</b>	X
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	<b>3a</b>	X
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	X
<b>4</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4</b>	X

**Part IV** Reason for Non-Private Foundation Status (See the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
  - 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12**  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations. (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,674,941	6,980,587	7,609,907	6,017,011	28,282,446
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	13,276	41,143	55,156	96,607	206,182
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	128,509	-35,728	125,443	168,520	386,744
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	4,482	260	51,393	27,670	83,805
<b>23</b> Total of lines 15 through 22	7,821,208	6,986,262	7,841,899	6,309,808	28,959,177
<b>24</b> Line 23 minus line 17	7,807,932	6,945,119	7,786,743	6,213,201	28,752,995
<b>25</b> Enter 1% of line 23	78,212	69,863	78,419	63,098	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	575,060
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)		<b>26c</b>	28,752,995
<b>d</b> Add: Amounts from column (e) for lines:	18 <u>386,744</u> 19 _____ 22 <u>83,805</u> 26b _____	<b>26d</b>	470,549
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	28,282,446
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	98.36 %

<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year:
(2002) _____ (2001) _____ (2000) _____ (1999) _____	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	
(2002) _____ (2001) _____ (2000) _____ (1999) _____	
<b>c</b> Add: Amounts from column (e) for lines:	15 _____ 16 _____ 17 _____ 20 _____ 21 _____
<b>d</b> Add: Line 27a total _____ and line 27b total _____	<b>27c</b> _____ <b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) PAGE N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Amount, and To be completed for ALL electing organizations. Rows include Total lobbying expenditures (36-39), Total exempt purpose expenditures (40), and Lobbying nontaxable amount (41-44).

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include Lobbying nontaxable amount (45), Lobbying ceiling amount (46), Total lobbying expenditures (47), Grassroots nontaxable amount (48), Grassroots ceiling amount (49), and Grassroots lobbying expenditures (50).

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public.
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule of Payments to Affiliates**

Attachment 1: page 1 - 990 Page 1, Part I, line 16

**Open to Public Inspection** For calendar year 2003 or tax period beginning 07-01-2003, and ending 06-30-2004.

**Name of Organization** Trident United Way, Inc. **Employer Identification Number** 57-0314378

Name of Affiliate	Amount of Payment
United Way of America Dues	49,957

Page Total  
Total 49,957







## Schedule of Other Program Services

Attachment 5: page 1 - 990 Page 2, Part III, line e

<b>Open to Public Inspection</b>	<b>For calendar year 2003 or tax period beginning</b> 07-01-2003, <b>and ending</b> 06-30-2004.	
<b>Name of Organization</b>	<b>Employer Identification Number</b>	
Trident United Way, Inc.	57-0314378	

Description of Program Services	Program Service Expenses
COMMUNICATIONS	111,749
ENDOWMENT	171,531
ASSETS FOR FAMILY SUCESS	47,921
EMERGERNCY FOOD AND SHELTER	4,310
HOTLINE AND TEENLINE	349,965
SUCCESS BY SIX	175,646
COMMUNITY INVESTMENTS	156,991

<b>Page Total</b>	1018113
<b>Total</b>	1,018,113

**Schedule of Investments - Securities**

Attachment 6: page 1 - 990 Page 3, Part IV, Line 54

<b>Open to Public Inspection</b>	<b>For calendar year 2003 or tax period beginning</b> 07-01-2003, <b>and ending</b> 06-30-2004.		
<b>Name of Organization</b> Trident United Way, Inc.			<b>Employer Identification Number</b> 57-0314378

Name of Security	Description	Cost	End of Year Market Value	Value
Securities		X		1,333,930
<b>TOTAL</b>				<b>1,333,930</b>

## Schedule of Land, Building & Equipment

Attachment 7: page 1 - 990 Page 3, Part IV, Line 57a-c

<b>Open to Public Inspection</b>	<b>For calendar year 2003 or tax period beginning</b> 07-01-2003, <b>and ending</b> 06-30-2004.		
<b>Name of Organization</b> Trident United Way, Inc.			<b>Employer Identification Number</b> 57-0314378

Description of Property	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value (Form 990-PF only)
Land	490,000		490,000	
Building	1,536,608	263,966	1,272,642	
Equipment	557,927	457,664	100,263	
Equipment	365,500	290,325	75,175	
<b>Total</b>	<b>2,950,035</b>	<b>1,011,955</b>	<b>1,938,080</b>	

### Schedule of Other Assets

Attachment 8: page 1 - 990 Page 3, Part IV, line 58

<b>Open to Public Inspection</b>	<b>For calendar year 2003 or tax period beginning</b> 07-01-2003, <b>and ending</b> 06-30-2004.	
<b>Name of Organization</b>	<b>Employer Identification Number</b>	
Trident United Way, Inc.	57-0314378	

Description	End of Year Book Value	End of Year FMV (Form 990-PF Only)
Accrued interest	7,660	
Endowment fund	1,147,109	
<b>Page Totals</b>	<b>1,154,769</b>	
<b>Totals</b>	<b>1,154,769</b>	



DETAIL STATEMENTS

Trident United Way, Inc.  
57-0314378

Page 1

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STATEMENT #1 - Direct Public Support-Cash (EO - PAGE 1 )

Campaign support.....	7,363,448
Other donations.....	121,008
TOTAL CARRIED TO EO - PAGE 1.....	7,484,456

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Chair: Bill Moody  
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Treasurer: Ken Smith

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TRIDENT UNITED WAY  
BOARD OF DIRECTORS

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# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

**Note: Form 990-T corporations** requesting an automatic 6-month extension--check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

<b>Type or print</b>	Name of Exempt Organization <b>Trident United Way, Inc.</b>	Employer identification number <b>57-0314378</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO Box 63305</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>North Charleston SC 29419-3305</b>	

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

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

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

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 02-15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20\_\_\_\_ or  
 ▶  tax year beginning 07-01, 2003, and ending 06-30, 2004.

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

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

### Signature and Verification

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

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**For Paperwork Reduction Act Notice, see Instruction**

Form **8868** (12-2000)

FEB 1 - 2005