

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)

2004

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 2004 calendar year, or tax year beginning JULY 01, 2004, and ending JUNE 30, 2005

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

C Name of organization: Trident United Way, Inc.
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 [] No [X]
H(b) If "Yes," enter number of affiliates []
H(c) Are all affiliates included? Yes [] No []
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]
I Group Exemption Number []
M Check [] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: N/A

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

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 8,984,622

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

Table with columns for line number, description, sub-amounts (1a, 1b, 1c, 6a, 6b, 8a, 8b, 8c, 9a, 9b, 10a, 10b, 10c), and total amounts. Includes a 'RECEIVED' stamp from OGDEN, UT dated MAY 24 2006.

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

913

19

SCANNED JUN 13 2006

EXPENSES

ASSETS

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 8b, 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 \$ 5,073,064 noncash \$)	5,073,064	5,073,064		
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	1,430,292	936,440	77,459	416,393
27	Pension plan contributions				
28	Other employee benefits	322,471	206,382	28,528	87,561
29	Payroll taxes	104,771	71,651	1,748	31,372
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	77,649	24,196	18,687	34,766
34	Telephone	45,239	33,093	7,498	4,648
35	Postage and shipping	23,641	13,054	917	9,670
36	Occupancy	66,394	43,422	22,972	
37	Equipment rental and maintenance	25,222	3,585	18,841	2,796
38	Printing and publications	144,526	97,150	11,908	35,468
39	Travel	44,587	18,396	10,886	15,305
40	Conferences, conventions, and meetings	120,256	22,829	31,331	66,096
41	Interest				
42	Depreciation, depletion, etc. (attach schedule) #4	53,089	35,376	5,275	12,438
43	Other expenses not covered above (itemize) a Professional	76,532	34,429	30,226	11,877
	b Media	71,277	70,327	950	
	c Bldg allocations	100,217	63,137	13,028	24,052
	d Other	89,343	31,091	38,194	20,058
	e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	7,868,570	6,777,622	318,448	772,500

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**
 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) & (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 \$)	182,185
b Housing counseling - a counseling service for delinquent homeowners that have federally insured mortgages (Grants and allocations \$)	58,400
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 \$)	306,874
d Child Care Resource and referral - (Grants and allocations \$)	223,232
e Other program services (attach schedule) (Grants and allocations \$)	6,006,931
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,777,622

Part IV Balance Sheets (See Specific Instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
A S S E T S	45	Cash -- non-interest-bearing			45		
	46	Savings and temporary cash investments		3,298,968	46	3,673,295	
	47a	Accounts receivable	47a	65,420			
	b	Less: allowance for doubtful accounts	47b		59,485	47c	65,420
	48a	Pledges receivable	48a	3,489,429			
	b	Less: allowance for doubtful accounts	48b		3,263,978	48c	3,489,429
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	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		16,816	53	21,601	
	54	Investments -- securities (attach schedule) #6 <input type="checkbox"/> Cost <input type="checkbox"/> FMV		1,333,930	54	1,568,221	
	55a	Investments -- land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
56	Investments -- other (attach schedule)			56			
57a	Land, buildings, and equipment: basis #7	57a	2,974,730				
b	Less: accumulated depreciation (attach schedule)	57b	1,107,768	1,938,080	57c	1,866,962	
58	Other assets (describe <input type="checkbox"/> See attachment #8)		1,154,769	58	1,283,955		
59	Total assets (add lines 45 through 58) (must equal line 74)		11,066,026	59	11,968,883		
L I A B I L I T I E S	60	Accounts payable and accrued expenses		292,342	60	252,616	
	61	Grants payable		119,547	61	82,281	
	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)			64b		
	65	Other liabilities (describe <input type="checkbox"/>)			65		
66	Total liabilities (add lines 60 through 65)		411,889	66	334,897		
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		9,725,164	67	10,667,722	
	68	Temporarily restricted		924,973	68	966,264	
	69	Permanently restricted			69		
	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, column (B) must equal line 21)		10,650,137	73	11,633,986	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		11,062,026	74	11,968,883	

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.)

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

a	Total revenue, gains, and other support per audited financial statements	a	8,984,622
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services & use of facilities \$		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	\$ 150,327		See attach
	Add amounts on lines (1) through (4) ..	b	150,327
c	Line a minus line b	c	8,834,295
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	8,834,295

a	Total expenses and losses per audited financial statements	a	8,070,230
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services & use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$ 150,327		See attach
	Add amounts on lines (1) through (4) ..	b	150,327
c	Line a minus line b	c	7,919,903
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,919,903

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	137,300		6,200
Benny C Edwards N Charleston, SC	VP Finance 40	73,825		
Terrance D Brown Charleston, SC	VP Community In 40	75,375		
Bonnie s. Bella Mt Pleasant, SC	Dir Children In 40	53,524		
Barry Waldman Daniels Island, SC	VP Communicatio 40	52,875		
.		0		
See Attached		0		

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, 2004 (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 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) Excl. code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments					
96 Dividends & interest from securities			14		272,717
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16		101,682
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit/(loss) from sales of inventory					
103 Other revenue: a Other					56,615
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	431,014
105 Total (add line 104, columns (B), (D), and (E))					431,014

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).

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.

Please Sign Here

Signature of officer: *[Handwritten Signature]* Date: 4-12-2006

Type or print name and title: Jerry D. Gambrell, President

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]* Date: 03-30-2006

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. W):

Firm's name (or yours if self-employed), address, and ZIP + 4: JERRY D. GAMBRELL, CPA
PO BOX 21914
CHARLESTON SC 29413-1914

EIN: 57-1102997

Phone no.: 843-722-0049

Part III Statements About Activities (See the instructions.)

	Yes	No
1 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.)	1	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.		
2 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.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a 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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,713,254	7,674,941	6,980,587	7,609,907	29,978,689
16 Membership fees received					
17 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	97,989	13,276	41,143	55,156	207,564
18 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.	332,690	128,509	-35,728	125,443	550,914
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. #11	55,894	260	51,393	27,670	135,217
23 Total of lines 15 through 22	8,199,827	7,816,986	7,037,395	7,818,176	30,872,384
24 Line 23 minus line 17.	8,101,838	7,803,710	6,996,252	7,763,020	30,664,820
25 Enter 1% of line 23.	81,998	78,170	70,374	78,182	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 613,296
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 30,664,820
d Add: Amounts from column (e) for lines:	18 550,914	19	22 135,217	26b	26d 686,131
e Public support (line 26c minus line 26d total)					26e 29,978,689
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.76 %
27 Organizations described on line 12:	a 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:				
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
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:					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
29 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?	29	
30 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?	30	
31 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.)	31	

32 Does the organization maintain the following:	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 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	35	

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, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures (36-38), Other exempt purpose expenditures (39-40), 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) 2004, (b) 2003, (c) 2002, (d) 2001, (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.)

Table with 3 columns: Description, Yes, No, Amount. Rows include various lobbying activities: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings to members, e Publications, f Grants to other organizations, g Direct contact with legislators, h Rallies, demonstrations, i Total lobbying expenditures.

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 2004 or tax period beginning	07-01-2004, and ending	06-30-2005.
---------------------------	--	------------------------	-------------

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

Name, Address, and Purpose of Payment for Affiliate	Amount of Payment
<p>TUW AMERICA 701 NORTH FAIFAX ST ALEXANDRIA, VA 22314-2045 MEMBERSHIP</p>	<p>51,333</p>

Page Total	51,333
Total	51,333

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 2: page 1 - 990 Page 1, Part I, line 20

Open to Public Inspection	For calendar year 2004 or tax period beginning	07-01-2004, and ending	06-30-2005.
---------------------------	--	------------------------	-------------

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

Description of Changes	Total Amount
Net Assets acquired via merger	69,457

Page Total	69,457
Total	69,457

SCHEDULE OF OTHER PROGRAM SERVICES

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

Open to Public Inspection	For calendar year 2004 or tax period beginning	07-01-2004, and ending	06-30-2005.
---------------------------	--	------------------------	-------------

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

Description of Program Services	Program Service Expenses
Family Success	47,376
Emergency food and shelter	3,842
Hotline and Teenline	359,308
Sucess by Six	108,031
Communications	203,134
Endowment	207,596
Needs Assesment	4,580
Grants and Allocations	5,073,064

Page Total	6,006,931
Total	6,006,931

SCHEDULE OF INVESTMENTS - SECURITIES

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

Open to Public			
Inspection	For calendar year 2004 or tax period beginning	07-01-2004, and ending	06-30-2005.
Name of Organization		Employer Identification Number	
Trident United Way, Inc.		57-0314378	

Name of Security	Description	Cost	End of Year Market Value	Value
Securities		X		1,568,221
Total				1,568,221

SCHEDULE OF LAND, BUILDING & EQUIPMENT

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

Open to Public Inspection	For calendar year 2004 or tax period beginning	07-01-2004, and ending	06-30-2005.
----------------------------------	--	------------------------	-------------

Name of Organization Trident United Way, Inc.	Employer Identification Number 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	1,536,609	306,087	1,230,522	
Equipment	582,621	493,081	89,540	
Equipment	365,500	308,600	56,900	
Total	2,974,730	1,107,768	1,866,962	

SCHEDULE OF OTHER ASSETS

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

Open to Public Inspection	For calendar year 2004 or tax period beginning	07-01-2004, and ending	06-30-2005.
Name of Organization		Employer Identification Number	
Trident United Way, Inc.		57-0314378	

Description	End of Year Book Value	End of Year FMV (Form 990-PF Only)
Endowment fund	1,283,955	
	Page Totals Totals	1,283,955 1,283,955

SCHEDULE OF OTHER REVENUE

Attachment 9: page 1 - 990 Page 3, Part IV-A, Line b(4)

Open to Public Inspection	For calendar year 2004 or tax period beginning	07-01-2004	, and ending	06-30-2005.
Name of Organization			Employer Identification Number	
Trident United Way, Inc.			57-0314378	

Description of Other Revenue	Total Amount
Rental income	150,327

Page Total	150,327
Total	150,327

SCHEDULE OF OTHER EXPENSES

Attachment 10: page 1 - 990 Page 3, Part IV-B, Line b(4)

Open to Public Inspection	For calendar year 2004 or tax period beginning	07-01-2004	, and ending	06-30-2005.	
Name of Organization	Trident United Way, Inc.			Employer Identification Number	57-0314378

Description of Other Expenses	Total Amount
Rental expenses	150,327

Page Total	150,327
Total	150,327

SCHEDULE OF OTHER INCOME

Attachment 11: page 1 - Sch A Page 3, Part IV-A, Line 22

Open to Public Inspection	For calendar year 2004 or tax period beginning 07-01-2004 , and ending 06-30-2005 .
----------------------------------	---

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

Description	(A) 2003	(B) 2002	(C) 2001	(D) 2000	(E) TOTAL
	55,894	260	51,393	27,670	135,217
PAGE TOTALS	55,894	260	51,393	27,670	135,217
TOTALS	55,894	260	51,393	27,670	135,217

2004 DETAIL STATEMENTS

Trident United Way, Inc.
57-0314378

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

Campaign support.....	7,882,878
Other donations.....	196,167

TOTAL CARRIED TO EO - PAGE 1..... 8,079,045

STATEMENT #2 - Gross Rents (EO - PAGE 1)

Building.....	212,405
Other.....	39,604

TOTAL CARRIED TO EO - PAGE 1..... 252,009

STATEMENT #3 - of Year (EO - PAGE 3)

	Beginning	Ending
Cash.....	3,298,968	2,377,570
Investments.....	0	1,295,725

TOTAL CARRIED TO EO - PAGE 3..... 3,298,968 3,673,295

2005

**TRIDENT UNITED WAY
BOARD OF DIRECTORS**

Chair: Jesse Dove
 Chair-Elect: Lorry Tarleton
 Treasurer: Ken Smith

Campaign Chair: Bill Finn
 Community Blg. Chair: Anita Zucker

Barkley, Nella
 Crystal-Barkley Corporation
 293 E. Bay Street
 Charleston, SC 29401
 Work: 720-5330
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 E-Mail: nella@careerlife.com

Darby, Charles P. Jr., M.D.
 Center for Child Advocacy
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 E-Mail: darbyc@musc.edu

Battin, Anne
 2450 The Haulover
 Seabrook Island, SC 29455-603
 Work:
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 E-Mail: annebattin@aol.com

**Desjardins, Col. (B/Gen. Select) Susan/
 Joerger, Col. Glen (in December)**
 Commander 437th Air Lift Wing
 102 E. Hill Blvd. #A
 Charleston AFB 29404
 Work: 963-3201
 Home:
 E-Mail: susan.desjardins@charleston.af.mil

Branham, C. Michael
 Young Clement Rivers, LLP
 PO Box 993
 Charleston, SC 29402-0993
 Work: 724-6683
 Home: 881-9607
 E-Mail: mbranham@yclaw.com

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 Investment Advisory Center, Inc
 100 S. Main St. Ste. C
 Summerville, SC 29483
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 Home: 760-0987
 E-Mail: jcdove@knology.net

Carter, Lonnie
 Santee Cooper
 PO Box 2946101
 Moncks Corner, SC 29461
 Work: 761-4192
 Home: 899-8513
 E-Mail: Incarter@santecooper.com

Dunlap, David L.
 Roper St. Francis Healthcare
 125 Doughty Street, Ste. 760
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 Work: 724-2915
 Home: 795-7311
 E-Mail: david.dunlap@ropersaintfrancis.com

Creech, Ted
 BellSouth
 385 Meeting Street Ste. 323
 Charleston, SC 29403
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 Home: 832-6116
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Farmer, Kerry
 Alcoa Mt. Holly
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 Goose Creek, SC 29445-1000
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 Home: 873-2568
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**2005
TRIDENT UNITED WAY
BOARD OF DIRECTORS**

*Chair: Jesso Dove
Chair-Elect: Larry Tarleton
Treasurer: Ken Smith*

*Campaign Chair: Bill Finn
Community Bldg. Chair: Anns Zucker*

Finn, William A.
AstenJohnson
4399 Corporate Road
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Gillespie, Gilbert M.
MeadWestvaco Corporation
PO Box 118005
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Floyd, J. Chester Ed.D.
Berkeley County Schools
P.O. Box 608
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Godow, Dr. Rew "Skip", Ph.D.
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N. Charleston, SC 29418
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Home: 763-0693
E-Mail: godowr@cofc.edu

Fordham, Richard, Jr.
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602 Rutledge Avenue
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Gabriel, David
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N Charleston, SC 29418-5913
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E-Mail: dgabriel@hagemeyerna.com

Greene, Molly F.
Water Missions International
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Charleston, SC 29417
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Home: 763-1968
E-Mail: mgreene@watermissions.org

2005
**TRIDENT UNITED WAY
 BOARD OF DIRECTORS**

Chair: *Jesse Davis*
 Chair-Elect: *Larry Tarleton*
 Treasurer: *Ken Smith*

Campaign Chair: *BB Finn*
 Community Blog Chair: *Anita Zucker*

Hood, Tom
 First Federal
 PO Box 118068
 Charleston, SC 29423-8068
 Work: 529-5612
 Home: 766-3915
 E-Mail: thood@firstfederal.com

Kassis, Daniel F.
 SCANA Corporation
 3691 Leeds Ave.
 N. Charleston, SC 29405
 Work: 576-8940
 Home: 571-2677
 E-Mail: dkassis@scana.com

Howell, Lenwood B.
 National Bank of South Carolina
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 Work: 724-7016
 Home: 795-8052
 E-Mail: lenhowell@nationalbanksc.com

Keener, Robert
 Coastal Carolina Council, BSA
 1025 Sam Rittenberg Blvd.
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 Wachovia Bank, N.A.
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 Automated Trading Desk
 11 Ewall Street
 Mt. Pleasant, SC 29464
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 Home: 388-0692
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Jenkins, Jackie
 1810 Community Drive
 Reeseville, SC 29471
 Work:
 Home: 563-3228
 E-Mail:

Koopman, William E. Jr.
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 PO Box B
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 Charleston, SC 29401
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 E-Mail: chris.latham@bankofamerica.com

2005
TRIDENT UNITED WAY
BOARD OF DIRECTORS

Chair: Jesse Dove
 Chair-Elect: Larry Tarleton
 Treasurer: Ken Smith

Campaign Chair: Bill Fink
 Community Bldg. Chair: Anita Zucker

Mackey, Gerald
 1548 Harborsun Drive
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 E-Mail: Lavaughn@knology.net

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 Gamble Givens & Moody, LLC
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 BP
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 Home: 849-6183
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O'Neill, Rita
 WCSC - TV 5
 2126 Charlie Hall Blvd.
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 Work: 402-5555
 Home: 769-5251
 E-Mail: roneill@wcsc.com

Medich, Julie
 Haynsworth Sinkler Boyd, P.A.
 PO Box 340
 Charleston, SC 29402
 Work: 720-4485
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 E-Mail: jmedich@hsblawfirm.com

Patrick, Charles W., Jr.
 Richardson, Patrick, Westbrook & Brickman, LLC
 P O. Box 879
 Charleston, SC 29402
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 Home: 853-8601
 E-Mail: cpatrick@rpwb.com

Monk, William J.
 Publix Super Markets, Inc
 1000 Johnnie Dodds Blvd.
 Mt Pleasant, SC 29464
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 Home: 871-8770
 E-Mail: monkB@sc.rr.com

Pinckney, Caldwell Jr.
 Eutawville Community Funeral Home
 2509 Highway 311
 Cross, SC 29436
 Work:
 Home: 753-7377
 E-Mail:

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.		
Type or print	Name of Exempt Organization Trident United Way, Inc.	Employer identification number 57-0314378
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 63305	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see inst. North Charleston SC 29419-3305	

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of **Christopher Kerrigan**
 Telephone No. **(843) 740-9000** FAX No. _____

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 is for.

4 I request an additional 3-month extension of time until MAY 15, 2006

5 For calendar year _____, or other tax year beginning JUL 01, 2004, and ending JUN 30, 2005

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

7 State in detail why you need the extension We have not been able to accumulate all of the information needed to complete the returns.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0

c **Balance Due.** Subtract line 8b from line 8a. 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 Jerry D. Gambrell Title CPA Date 2/15/06

Notice to Applicant—To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other _____

By: _____ Date _____

Director _____

Alternate Mailing Address -- Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name JERRY D. GAMBRELL, CPA
	Number and street (Include suite, room, or apt. no.) or a P.O. box number PO BOX 21914
	City or town, province or state, and country (Including postal or ZIP code) CHARLESTON SC 29413-1914

EXTENSION APPROVED
FEB 27 2006
 SUBMISSION PROCESSING CGDEN
 FIELD DIRECTOR