

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)

2005

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 2005 calendar year, or tax year beginning JULY 01, 2005, and ending JUNE 30, 2006

- 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
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 [X] No
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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 9,205,859

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

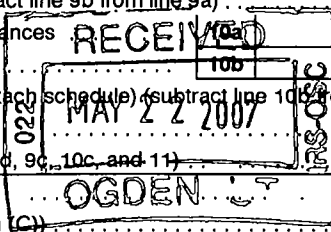
Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for public support, rental income, and special events. Total revenue is 8,888,560 and total expenses is 8,358,040.

SCANNED JUL 06 2007

MCZMMKMR

EXMSMSMSP

NETASSETS



Handwritten numbers 9-15 and 20

**Part II Statement of Functional Expenses**

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

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 \$ 5,322,477; non-cash \$ ) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22 5,322,477	5,322,477		
23	Specific assistance to individuals (attach schedule) . . . . .	23			
24	Benefits paid to or for members (attach schedule) . . . . .	24			
25	Compensation of officers, directors, etc . . . . .	25			
26	Other salaries and wages . . . . .	26 1,618,237	1,081,277	80,151	456,809
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28 338,890	201,720	23,628	113,542
29	Payroll taxes . . . . .	29 114,764	82,720	3,548	28,496
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31			
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33 122,255	73,109	10,463	38,683
34	Telephone . . . . .	34 51,290	35,719	10,967	4,604
35	Postage and shipping . . . . .	35 18,487	10,154	2,450	5,883
36	Occupancy . . . . .	36 42,223	41,893	330	
37	Equipment rental and maintenance . . . . .	37 15,840	-318	16,158	
38	Printing and publications . . . . .	38 175,467	128,246	8,242	38,979
39	Travel . . . . .	39 59,981	30,430	12,820	16,731
40	Conferences, conventions, and meetings . . . . .	40 149,767	38,220	27,321	84,226
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule) . . #4	42 48,572	33,761	3,375	11,436
43	Other expenses not covered above (itemize):				
a	SEE ATTACHMENT #5	43a 208,443	109,156	45,115	54,172
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44 8,286,693	7,188,564	244,568	853,561

**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) amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? ► 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) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a SEE ATTACHMENT #6

(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ►

175,179

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ►

58,592

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ►

361,568

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ►

295,272

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ►

6,297,953

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ►

7,188,564

**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	45 Cash -- non-interest-bearing .....		45	
	46 Savings and temporary cash investments .....	3,673,295	46	5,297,386
	47a Accounts receivable .....	47a 123,893		
	b Less: allowance for doubtful accounts .....	47b	47c 65,420	123,893
	48a Pledges receivable .....	48a 3,476,443		
	b Less: allowance for doubtful accounts .....	48b	48c 3,489,429	3,476,443
	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 .....		21,601	53 26,684
	54 Investments -- securities (attach schedule) #7 .....	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	1,568,221	54 1,550,010
	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 #8 .....	57a 2,996,290			
b Less: accumulated depreciation (attach schedule) .....	57b 1,199,493	1,866,962	57c 1,796,797	
58 Other assets (describe ► <u>SEE ATTACHMENT #9</u> ) .....		1,283,955	58 337,035	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....		11,968,883	<b>59</b>	12,608,248
<b>L I A B I L I T I E S</b>	60 Accounts payable and accrued expenses .....	252,616	60	368,222
	61 Grants payable .....	82,281	61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe ► .....) .....		65	
<b>66 Total liabilities.</b> Add lines 60 through 65 .....		334,897	<b>66</b>	368,222
<b>N E T A S S E T B A L 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.			
	67 Unrestricted .....	10,667,722	67	11,353,874
	68 Temporarily restricted .....	966,264	68	886,152
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....		11,633,986	<b>73</b>	12,240,026
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		11,968,883	<b>74</b>	12,608,248

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	9,205,859
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments .....	<b>b1</b>	
<b>2</b>	Donated services and use of facilities .....	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants .....	<b>b3</b>	
<b>4</b>	Other (specify): <u>SEE ATTACHMENT #10</u>	<b>b4</b>	317,299
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	317,299
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	8,888,560
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	8,888,560

**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>	8,675,339
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities .....	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 .....	<b>b3</b>	
<b>4</b>	Other (specify): <u>SEE ATTACHMENT #11</u>	<b>b4</b>	317,299
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	317,299
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	8,358,040
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
<b>2</b>	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	8,358,040

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 compensation plans	(E) Expense account and other allowances
SEE ATTACHMENT #12				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">▶ _____</span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . .	<b>75c</b>	X
<p><b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.</p> <p>If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.</p>			
<b>d</b>	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

<b>Part VI Other Information</b> (See the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b>	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.	<b>77</b>	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	<b>79</b>	X
<b>80a</b>	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? . . . . .	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .	<b>81a</b>	N/A
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	X

Part VI Other Information (continued)		Yes	No
<b>82a</b>	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? . . . . .		X
<b>b</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.) . . . . . <b>82b</b> N/A		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .		X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		X
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members? . . . . .		X
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		X
	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.		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85c</b> N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b> N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b> N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b> N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	X
<b>h</b>	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? . . . . .	<b>85h</b>	X
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b> N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b> N/A		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b> N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b> N/A		
<b>88</b>	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. . . . .	<b>88</b>	X
<b>89a</b>	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>b</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 . . . . .	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ N/A		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ N/A		
<b>90a</b>	List the states with which a copy of this return is filed ▶ N/A		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) . . . . . <b>90b</b> N/A		
<b>91a</b>	The books are in care of ▶ SEE ATTACHMENT #13 Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>91b</b>	X
	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .	<b>91c</b>	X
	If "Yes," enter the name of the foreign country ▶		
<b>92</b>	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 . . . . . ▶ <b>92</b> N/A		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Excl code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 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 or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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 the instructions.)

Table with 2 columns: 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 the instructions.)

Table with 5 columns: (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 the 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 Here 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.
Signature of officer: Christopher Keeligan Date: 5-15-2007
Type or print name and title: Christopher Keeligan

Paid Preparer's Use Only Preparer's signature: Jerry D. Gambrell, CPA Date: 05-15-2007 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: Phone no.: 843-722-0049

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information -- (See separate instructions.)**

**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
**TRIDENT UNITED WAY, INC.**

Employer identification number  
**57-0314378**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ **0**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **0**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ **0**

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2005**

<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>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	<b>3c</b>	X
<b>4a</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>4a</b>	X
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).  
 Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

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

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

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	8,403,281	7,713,254	7,674,941	6,980,587	30,772,063
<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 . . . . .	101,682	97,989	13,276	41,143	254,090
<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. . . . .	272,717	332,690	128,509	-35,728	698,188
<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 . . . #15	56,615	260	51,393	27,670	135,938
<b>23</b> Total of lines 15 through 22 . . .	8,834,295	8,144,193	7,868,119	7,013,672	31,860,279
<b>24</b> Line 23 minus line 17. . . . .	8,732,613	8,046,204	7,854,843	6,972,529	31,606,189
<b>25</b> Enter 1% of line 23. . . . .	88,343	81,442	78,681	70,137	

<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>	632,124
<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 2001 through 2004 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>	31,606,189
<b>d</b> Add: Amounts from column (e) for lines:	18 <u>698,188</u> 19 _____	<b>26d</b>	834,126
	22 <u>135,938</u> 26b _____ ▶		
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶		<b>26e</b>	30,772,063
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶		<b>26f</b>	97.36 %

**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

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

**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 11b, 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

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

<b>c</b> Add: Amounts from column (e) for lines:	15 _____ 16 _____	<b>27c</b>	
	17 _____ 20 _____ 21 _____ ▶		
<b>d</b> Add: Line 27a total _____ and line 27b total . . . . . ▶		<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 2001 through 2004, 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) 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.)		
<hr/>		
<hr/>		
<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.)		
<hr/>		
<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.)		
<hr/>		
<hr/>		
<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.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	
38 Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39 Other exempt purpose expenditures . . . . .	39	
40 Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41 Lobbying nontaxable amount. Enter the amount from the following table --		
<b>If the amount on line 40 is --</b> <b>The lobbying nontaxable amount is --</b>		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
42 Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)) . . . . .					
47 Total lobbying expenditures . . . . .					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)) . . . . .					
50 Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

N/A

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.) . . . . .

Yes	No	Amount

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

- (I) Cash .....
- (II) Other assets .....
- b** Other transactions.
  - (I) Sales or exchanges of assets with a noncharitable exempt organization .....
  - (II) Purchases of assets from a noncharitable exempt organization .....
  - (III) Rental of facilities, equipment, or other assets .....
  - (IV) Reimbursement arrangements .....
  - (V) Loans or loan guarantees .....
  - (VI) Performance of services or membership or fundraising solicitations .....

	Yes	No
<b>51a(I)</b>		X
<b>a(II)</b>		X
<b>b(I)</b>		X
<b>b(II)</b>		X
<b>b(III)</b>		X
<b>b(IV)</b>		X
<b>b(V)</b>		X
<b>b(VI)</b>		X
<b>c</b>		X

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Desc. of transfers, transactions, & sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

## SCHEDULE OF PAYMENTS TO AFFILIATES

ATTACHMENT 1: PAGE 1 - 990 PAGE 1, PART I, LINE 16

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b> 06-30-2006.	
<b>Name of Organization</b>	TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378

Name, Address, and Purpose of Payment for Affiliate	Amount of Payment
TUW AMERICA 701 NORTH FAIRFAX ST ALEXANDRIA, VA 22314-2045	71,347
<b>Total</b>	<b>71,347</b>

**SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ATTACHMENT 2: PAGE 1 - 990 PAGE 1, PART I, LINE 20

<b>NOT OPEN TO PUB INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b> 06-30-2006.	
<b>Name of Organization</b> TRIDENT UNITED WAY, INC.		<b>Employer Identification Number</b> 57-0314378

Description of Changes	Total Amount
NET ASSETS ACQUIRED VIA MERGER	75,520
<b>Total</b>	<b>75,520</b>

**SCHEDULE CASH GRANTS AND ALLOCATIONS**

ATTACHMENT 3: PAGE 1 - 990 PAGE 2, PART II, LINE 22

OPEN TO PUBLIC  
INSPECTION

For Calendar year 2005, or tax year period beginning 07-01-2005

and ending

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
GRANTS			
DONOR DESIGNATIONS		36,500	
DONOR DESIGNATIONS		579,147	
AGENCY ALLOCATIONS		1,252,055	
		3,454,775	
	Total	5,322,477	

**SCHEDULE OF DEPRECIATION AND DEPLETION**

ATTACHMENT 4: PAGE 1 - 990 PAGE 2, PART II, LINE 42

OPEN TO PUBLIC

For Calendar year 2005, or tax year period beginning 07-01-2005

and ending 06-30-2006

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
						48,572
<b>Total</b>						<b>48,572</b>

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 5: PAGE 1 - 990 PAGE 2, PART II, LINE 43

**OPEN TO PUBLIC  
INSPECTION**

For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.

**Name of Organization**

TRIDENT UNITED WAY, INC.

**Employer Identification Number**

57-0314378

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
CONTRACT SERVICES	56,040	21,651	16,808	17,581
MEDIA	65,522	60,522		5,000
OTHER	86,881	26,983	28,307	31,591
Total	208,443	109,156	45,115	54,172

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 1 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
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<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
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<b>Part III - Statement of Program Service Accomplishments</b>	
<b>Grants and allocations</b>	<b>Amount includes foreign grants</b>   <b>Program service expenses</b> 175,179

**Exempt Purpose Achievements**

COMMUNITY INVESMENT - THE PROCESS BY WHICH FUNDS RAISED THROUGH AN ANNUAL CAMPAIGN ARE INVESTED IN COMMUNITY PROGRAMS AND INITIATIVES THAT SUPPORT SOLVING PRIORITY COMMUNITY ISSUES

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 2 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
----------------------------------	---

<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	58,592
------------------------	--------------------------------	--------------------------	--------

Exempt Purpose Achievements

HOUSING COUNSELING - A COUNSELING SERVICE FOR DELIQUENT HOMEOWNERS THAT HAVE FEDERALLY INSURED MORTGAGES

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 3 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2005 or tax period beginning 07-01-2005, and ending
------------------------------	---

Name of Organization TRIDENT UNITED WAY, INC.	Employer Identification Number 57-0314378
--	--

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	361,568
------------------------	--------------------------------	--------------------------	---------

Exempt Purpose Achievements

COMMUNITY SERVICES - A PROGRAM DESIGNED TO COORDINATE AND PROVIDE HUMAN SERVICE PROGRAMS TO PERSONS IN NEED OF ASSISTANCE IN A THREE COUNTY AREA

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 4 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
----------------------------------	---

<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	295,272
------------------------	--------------------------------	--------------------------	---------

Exempt Purpose Achievements

CHILD CARE RESOURCE AND REFERRAL -

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 5 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
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<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	4,876
------------------------	--------------------------------	--------------------------	-------

Exempt Purpose Achievements

FAMILY SUCCESS

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 6 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
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<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	4,289
Exempt Purpose Achievements			

EMERGENCY FOOD AND SHELTER

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 7 - 990 PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2005 or tax period beginning 07-01-2005, and ending .

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

402,575

Exempt Purpose Achievements

HOTLINE AND TEENLINE

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 8 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
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<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	109,847
------------------------	--------------------------------	--------------------------	---------

Exempt Purpose Achievements

SUCCESS BY SIX

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 9 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
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<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	9,168
------------------------	--------------------------------	--------------------------	-------

Exempt Purpose Achievements

FISHMAN FUNDS

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 10 - 990 PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2005 or tax period beginning 07-01-2005, and ending .

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

4,118

Exempt Purpose Achievements

GIFTS IN-KIND

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 11 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
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<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	29,183
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Exempt Purpose Achievements

NURTURING YOUTH

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 12 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
----------------------------------	---

<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	30,630
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Exempt Purpose Achievements

INCREASING SELF SUFFICIENCY

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 13 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
----------------------------------	---

<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	36,723
Exempt Purpose Achievements			

SUPPORTING OLDER PEOPLE

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 14 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2005 or tax period beginning 07-01-2005, and ending
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Name of Organization TRIDENT UNITED WAY, INC.	Employer Identification Number 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	165,754
Exempt Purpose Achievements			

COMMUNICATIONS

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 15 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
----------------------------------	---

<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	175,599
Exempt Purpose Achievements			

ENDOWMENT

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 16 - 990 PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2005 or tax period beginning 07-01-2005, and ending

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

2,714

Exempt Purpose Achievements

NEEDS ASSESSMENT

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 17 - 990 PAGE 3, PART III

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2005 or tax period beginning</b> 07-01-2005, <b>and ending</b>
----------------------------------	---

<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	5,322,477
Exempt Purpose Achievements			

GRANTS AND ALLOCATIONS

## SCHEDULE OF INVESTMENT SECURITIES

ATTACHMENT 7: PAGE 1 - 990 PAGE 4, PART IV, LINE 54

OPEN TO PU  
INSPECTION For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.

<b>Name of Organization</b> TRIDENT UNITED WAY, INC.	<b>Employer Identification Number</b> 57-0314378
---	---

Description of Investment Security	Cost or FMV	EOY Book Value
SECURITIES		1,550,010
<b>Total</b>		<b>1,550,010</b>

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

ATTACHMENT 8: PAGE 1 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC INSPECTION

For Calendar year 2005, or tax year period beginning 07-01-2005

and ending 06-30-2006

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
LAND	490,000		490,000	
BUILDING	1,541,959	348,393	1,193,566	
EQUIPMENT	598,831	524,225	74,606	
EQUIPMENT	365,500	326,875	38,625	
Total	2,996,290	1,199,493	1,796,797	

**SCHEDULE OF OTHER ASSETS**

ATTACHMENT 9: PAGE 1 - 990 PAGE 4, PART IV, LINE 58

NOT OPEN TO PUBLIC INSPECTION

For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.

Name of Organization  
TRIDENT UNITED WAY, INC.

Employer Identification Number  
57-0314378

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
ENDOWMENT FUND	1,283,955	337,035	
Totals	1,283,955	337,035	

**SCHEDULE OF OTHER REVENUE INCLUDED**

ATTACHMENT 10: PAGE 1 - 990 PAGE 5, PART IV-A, LINE B(4)

**OPEN TO PUBLIC  
INSPECTION**

For calendar year 2005 or tax period beginning 07-01-2005 , and ending 06-30-2006.

**Name of Organization**

TRIDENT UNITED WAY, INC.

**Employer Identification Number**

57-0314378

Description of Other Revenue	Total Amount
RENTAL INCOME	317,299
Total	317,299

**SCHEDULE OF OTHER EXPENSES INCLUDED**

ATTACHMENT 11: PAGE 1 - 990 PAGE 5, PART IV-B, LINE B(4)

**OPEN TO PUBLIC  
INSPECTION**

For calendar year 2005 or tax period beginning 07-01-2005 , and ending 06-30-2006.

**Name of Organization**

TRIDENT UNITED WAY, INC.

**Employer Identification Number**

57-0314378

Description of Other Expenses	Total Amount
RENTAL EXPENSE	317,299
Total	317,299

## CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 12: PAGE 1 - 990 PAGE 5, PART V-A

**OPEN TO PUBLIC INSPECTION** For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.

Name of Organization: TRIDENT UNITED WAY, INC. Employer Identification Number: 57-0314378

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
CHRISTOPHER F. KERRIGAN MT. PLEASANT, SC	PRESIDENT 40.00	142,500	0	0

**BOOKS ARE IN CARE OF**

ATTACHMENT 13 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2005 or tax period beginning 07-01, and ending 06-30-2006.	
Name of Organization TRIDENT UNITED WAY, INC.	Employer Identification Number 57-0314378
Part VI - Line 91a	

Individual Name ..... CHRISTOPHER KERRIGAN  
or  
Business Name:

Street Address ..... PO BOX 63305 N. CHARLESTON, SC

U.S. Address.

Zip code 29419 City \_\_\_\_\_ State \_\_\_\_\_  
or  
Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (843) 740-9000

## SCHEDULE OF OTHER REVENUE

ATTACHMENT 14: PAGE 1 - 990 PAGE 8, PART VII, LINE 103

OPEN TO PU  
INSPECTION

For calendar year 2005 or tax period beginning 07-01-2005 , and ending 06-30-2006.

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl code	(d) Amount	
A	OTHER					70,925
<b>Totals</b>						<b>70,925</b>

**SCHEDULE OF OTHER INCOME**

ATTACHMENT 15: PAGE 1 SCH A PAGE 3, PART IV-A, LINE 22, OTHER INCOME

OPEN TO PUBLIC  
INSPECTION

For Calendar year 2005, or tax year period beginning 07-01-2005 and ending 06-30-2006

Name of Organization

TRIDENT UNITED WAY, INC. Employer Identification Number  
57-0314378

Other Income Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
	56,615	260	51,393	27,670	135,938
Total	56,615	260	51,393	27,670	135,938

2005 DETAIL STATEMENTS

Trident United Way, Inc.  
57-0314378

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STATEMENT #1 - DIRECT PUBLIC SUPPORT-CASH (990-EO PG 1 )

Campaign support.....	7,964,261
Other donations.....	245,106

TOTAL CARRIED TO 990-EO PG 1..... 8,209,367

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STATEMENT #2 - GROSS RENTS (990-EO PG 1 )

Building.....	207,355
Other.....	35,613

TOTAL CARRIED TO 990-EO PG 1..... 242,968

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STATEMENT #3 - OF YEAR (990-EO PG 4 )

	Beginning	Ending
Cash.....	2,377,570	2,913,061
Investments.....	1,295,725	2,384,325

TOTAL CARRIED TO 990-EO PG 4..... 3,673,295 5,297,386

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## 2005 Federal Depreciation Schedule

Trident United Way, Dep'n Only  
57-0314378

05-15-2007

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
<b>Land</b>														
Land - Rivers	01-01-98	Land	0	490,000	490,000	0	0	0	0	0	0	0	0	0
1 Asset														
Totals.				490,000	490,000	0	0	0	0	0	0	0	0	0
<b>Building</b>														
Good Sign	12-01-91	S/L	15	960	0	0	0	0	0	960	870	64	934	26
Building - Berkely	12-01-91	S/L	30	64,808	0	0	0	0	0	64,808	29,342	2,161	31,503	33,305
Building Improvement	12-01-91	S/L	15	73,300	0	0	0	0	0	73,300	50,273	4,889	55,162	18,138
Air Cond - Berkely	05-05-92	S/L	15	1,835	0	0	0	0	0	1,835	1,609	122	1,731	104
Rivers Avenue Bldg	01-01-98	S/L	40	1,110,000	0	0	0	0	0	1,110,000	168,859	27,750	196,609	913,391
Building Improvement	01-01-98	S/L	40	272,806	0	0	0	0	0	272,806	52,648	6,820	59,468	213,338
Building Improvement	01-01-98	S/L	40	12,899	0	0	0	0	0	12,899	2,485	322	2,807	10,092
Parking Lot repair	11-18-05	S/L	15	5,350	0	0	0	0	0	5,350	0	178	178	5,172
Totals				1,541,958	0	0	0	0	0	1,541,958	306,086	42,306	348,392	1,193,566
<b>Equipment for Income</b>														
Box Cars	01-01-95	S/L	20	365,500	0	0	0	0	0	365,500	308,600	18,275	326,875	38,625
1 Asset														
Totals.				365,500	0	0	0	0	0	365,500	308,600	18,275	326,875	38,625
<b>Equipment</b>														
Chairs (2)	04-30-89	S/L	8	240	0	0	0	0	0	240	240	0	240	0
Microwave	03-01-91	S/L	8	168	0	0	0	0	0	168	168	0	168	0
Telephone (Char)	04-01-91	S/L	8	33,612	0	0	0	0	0	33,612	33,612	0	33,612	0
Plants	06-01-91	S/L	8	557	0	0	0	0	0	557	557	0	557	0
Telephone (Dorches)	07-01-91	S/L	8	2,531	0	0	0	0	0	2,531	2,531	0	2,531	0
Dishes	07-01-91	S/L	8	796	0	0	0	0	0	796	796	0	796	0
Copier	10-01-91	S/L	8	2,634	0	0	0	0	0	2,634	2,634	0	2,634	0
VCR (2)	10-01-91	S/L	8	848	0	0	0	0	0	848	848	0	848	0
Telephone - Berkely	12-01-91	S/L	8	6,537	0	0	0	0	0	6,537	6,537	0	6,537	0
Headset - Polarris	08-26-92	S/L	8	136	0	0	0	0	0	136	136	0	136	0
Monitor - Berkely	12-23-92	S/L	8	138	0	0	0	0	0	138	131	0	131	7
HP 4L Laser	04-25-94	200DBHY	5	708	0	0	0	0	0	708	708	0	708	0
Computer & Software	04-02-95	S/L	8	75,811	0	0	0	0	0	75,811	75,811	0	75,811	0
Pentium 75 Computer	10-01-95	S/L	8	1,615	0	0	0	0	0	1,615	1,615	0	1,615	0

\*\* Asset disposed this year  
~C Carryover basis in like-kind exchange transaction  
~B Excess basis in like-kind exchange transaction

# 2005 Federal Depreciation Schedule

Tndent United Way, Dep'n Only  
57-0314378

05-15-2007

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
<b>Equipment</b>														
Office Furniture	11-19-97	S/L	7	16,866		0	0	0	0	16,866	16,866	0	16,866	0
Office Furniture	01-01-98	S/L	10	2,200		0	0	0	0	2,200	1,870	220	2,090	110
Office Furniture	01-01-98	S/L	10	659		0	0	0	0	659	561	66	627	32
Tel & Data	01-05-98	S/L	10	7,546		0	0	0	0	7,546	6,417	755	7,172	374
Shelving	01-06-98	S/L	10	3,223		0	0	0	0	3,223	2,737	322	3,059	164
Interior Furnishings	01-09-98	S/L	7	108,596		0	0	0	0	108,596	108,596	0	108,596	0
Office Furniture	01-28-98	S/L	10	636		0	0	0	0	636	544	64	608	28
Office Furniture	01-29-98	S/L	7	24,305		0	0	0	0	24,305	24,305	0	24,305	0
Sign	03-26-98	S/L	10	75		0	0	0	0	75	68	7	75	0
Sign	03-30-98	S/L	10	2,843		0	0	0	0	2,843	2,414	284	2,698	145
Office Furniture	04-27-98	S/L	10	1,948		0	0	0	0	1,948	1,658	195	1,853	95
Monitor	07-09-98	200DBHY	5	636		0	0	0	0	636	610	0	610	26
Visual FA System	11-29-98	200DBHY	5	788		0	0	0	0	788	756	0	756	32
Mgr														
Various Equipment	01-01-99	S/LHY	10	898		0	0	0	0	898	675	90	765	133
Various Equipment	01-01-99	S/LHY	10	9,670		0	0	0	0	9,670	6,286	967	7,253	2,417
Mailing Machine	01-29-99	200DBHY	5	2,098		0	0	0	0	2,098	2,022	0	2,022	76
Lap Link Pro	02-11-99	200DBHY	5	140		0	0	0	0	140	134	0	134	6
Printer OL600E	02-22-99	200DBHY	5	158		0	0	0	0	158	150	0	150	8
Computers C6300-	02-25-99	200DBHY	5	2,598		0	0	0	0	2,598	2,494	0	2,494	104
Printer Cable	03-01-99	200DBHY	5	50		0	0	0	0	50	50	0	50	0
Equipment	03-02-99	200DBHY	5	315		0	0	0	0	315	300	0	300	15
17" Monitor	03-02-99	200DBHY	5	270		0	0	0	0	270	260	0	260	10
3 Com 24 Port	03-03-99	200DBHY	5	2,804		0	0	0	0	2,804	2,691	0	2,691	113
MITA AI-4040	05-18-99	200DBHY	5	16,430		0	0	0	0	16,430	15,774	0	15,774	656
Printer														
Compaq Proliant	07-01-99	200DBHY	5	26,083		0	0	0	0	26,083	26,083	0	26,083	0
3000														
APC Smart UPS	07-02-99	200DBHY	7	885		0	0	0	0	885	858	27	885	0
Deskpro EP Cell	07-15-99	200DBHY	5	1,768		0	0	0	0	1,768	1,768	0	1,768	0
400														
Computer-PC	09-29-99	200DBHY	5	2,183		0	0	0	0	2,183	2,183	0	2,183	0
Connect														
Equipment	01-01-00	200DBHY	7	2,326		0	0	0	0	2,326	2,252	74	2,326	0
Equipment	01-01-00	200DBHY	7	141		0	0	0	0	141	139	2	141	0
Compaq & Carry	04-25-00	200DBHY	5	1,535		0	0	0	0	1,535	1,535	0	1,535	0
case														
Office Furniture	05-15-00	200DBHY	7	361		0	0	0	0	361	348	13	361	0

\*\* Asset disposed this year  
~C Carryover basis in like-kind exchange transaction  
~B Excess basis in like-kind exchange transaction

## 2005 Federal Depreciation Schedule

Trident United Way, Dep'n Only  
57-0314378

05-15-2007

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
<b>Equipment</b>														
Proaignia P3-600	05-16-00	200DBHY	5	1,894	0	0	0	0	0	1,894	1,894	0	1,894	0
Equipment	06-08-00	200DBHY	7	261	0	0	0	0	0	261	253	8	261	0
Okidata Okicolor	07-12-00	200DBHY	5	3,620	0	0	0	0	0	3,620	3,411	209	3,620	0
Various Equipment	08-01-00	200DBHY	5	218	0	0	0	0	0	218	206	12	218	0
Financial System	08-29-00	S/L	3	12,500	0	0	0	0	0	12,500	12,500	0	12,500	0
Air Conditioner	09-26-00	200DBHY	7	2,090	0	0	0	0	0	2,090	1,625	186	1,811	279
Batch Trax	09-30-00	S/LHY	3	995	0	0	0	0	0	995	995	0	995	0
Software	10-17-00	200DBHY	5	2,500	0	0	0	0	0	2,500	2,356	144	2,500	0
Consulting	10-18-00	200DBHY	5	1,831	0	0	0	0	0	1,831	1,726	105	1,831	0
Compaq EX 733	10-23-00	200DBHY	7	1,998	0	0	0	0	0	1,998	1,552	178	1,730	268
Office Equip- Arigin	10-24-00	200DBHY	5	2,144	0	0	0	0	0	2,144	2,021	123	2,144	0
Compaq EX 733	10-31-00	200DBHY	5	1,697	0	0	0	0	0	1,697	1,598	98	1,696	1
Computer - Gateway	11-06-00	200DBHY	5	1,294	0	0	0	0	0	1,294	1,219	75	1,294	0
Compaq EX Cel 566	01-05-01	200DBHY	5	562	0	0	0	0	0	562	530	32	562	0
Okipage 8z Printer	01-11-01	200DBHY	5	1,055	0	0	0	0	0	1,055	996	59	1,055	0
Compaq EX Cel 566	01-11-01	200DBHY	5	292	0	0	0	0	0	292	275	17	292	0
17"Monitor-Optique st	01-11-01	200DBHY	5	60	0	0	0	0	0	60	57	3	60	0
CD ROM - Internal	01-11-01	200DBHY	5	291	0	0	0	0	0	291	275	16	291	0
17"Monitor-Optique st	01-11-01	200DBHY	5	291	0	0	0	0	0	291	275	16	291	0
17"Monitor-Optique st	01-11-01	200DBHY	5	1,177	0	0	0	0	0	1,177	1,110	67	1,177	0
Compaq EX Cel 566	02-05-01	200DBHY	5	281	0	0	0	0	0	281	264	17	281	0
Okipage 8z Printer	02-12-01	200DBHY	5	827	0	0	0	0	0	827	779	48	827	0
Okipage 14e Printer	02-14-01	S/L	3	7,790	0	0	0	0	0	7,790	7,790	0	7,790	0
IRis Software	02-19-01	200DBHY	5	1,161	0	0	0	0	0	1,161	1,095	66	1,161	0
Compaq P3-667	03-05-01	200DBHY	5	413	0	0	0	0	0	413	390	23	413	0
Okipage 14e Printer	03-23-01	200DBHY	5	1,317	0	0	0	0	0	1,317	1,241	76	1,317	0
Compaq P3-733	04-06-01	200DBHY	7	329	0	0	0	0	0	329	256	29	285	44
Office Furniture	04-12-01	200DBHY	7	2,654	0	0	0	0	0	2,654	2,061	237	2,298	356
Office Furniture	04-16-01	200DBHY	5	541	0	0	0	0	0	541	509	32	541	0
17" Monitor	04-17-01	200DBHY	7	170	0	0	0	0	0	170	132	15	147	23

\*\* Asset disposed this year  
 ~C Carryover basis in like-kind exchange transaction  
 ~B Excess basis in like-kind exchange transaction

## 2005 Federal Depreciation Schedule

Trident United Way, Dep'n Only  
57-0314378

05-15-2007

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
<b>Equipment</b>														
Compaq P3-733MHz	04-18-01	200DBHY	5	991	0	0	0	0	0	991	933	58	991	0
Office Furniture	04-20-01	200DBHY	7	12,473	0	0	0	0	0	12,473	9,691	1,114	10,805	1,668
Compaq Armada	04-26-01	200DBHY	5	996	0	0	0	0	0	996	939	57	996	0
Compaq Armada	04-26-01	200DBHY	5	996	0	0	0	0	0	996	939	57	996	0
Inspiron 2500 Laptop	05-31-01	200DBHY	5	1,999	0	0	0	0	0	1,999	1,884	115	1,999	0
Hotline Equipment	06-15-01	200DBHY	5	4,974	0	0	0	0	0	4,974	4,688	286	4,974	0
Computer	06-29-01	200DBHY	5	1,236	0	0	0	0	0	1,236	1,120	116	1,236	0
Other equipment	07-01-01	200DBHY	3	3,052	0	0	0	0	0	3,052	3,052	0	3,052	0
Email System	07-16-01	S/LHY	5	6,200	0	0	0	0	0	6,200	4,960	1,240	6,200	0
Compaq Deskpro P111	07-17-01	S/LHY	5	1,463	0	0	0	0	0	1,463	1,172	291	1,463	0
Monitor	07-17-01	S/LHY	5	419	0	0	0	0	0	419	336	83	419	0
Single User IRIS (2)	08-16-01	S/LHY	5	3,000	0	0	0	0	0	3,000	2,400	600	3,000	0
Mita DC-2360 Equipment	09-28-01	S/LHY	5	2,385	0	0	0	0	0	2,385	1,908	477	2,385	0
Deskpro Evo Wkstin	03-30-02	S/LHY	5	1,304	0	0	0	0	0	1,304	1,044	260	1,304	0
Compaq MML 330 Serve	05-09-02	S/LHY	5	3,609	0	0	0	0	0	3,609	2,888	721	3,609	0
Deskpro	05-21-02	S/LHY	5	6,586	0	0	0	0	0	6,586	5,268	1,317	6,585	1
Deskpro computer and monitor	07-16-02	S/LHY	5	4,224	0	0	0	0	0	4,224	2,112	845	2,957	1,267
Computer circuit city	09-30-02	S/LHY	5	1,666	0	0	0	0	0	1,666	833	333	1,166	500
Iris software	10-11-02	S/LHY	5	1,322	0	0	0	0	0	1,322	660	264	924	398
Top giver software	10-31-02	S/LHY	5	4,560	0	0	0	0	0	4,560	2,280	912	3,192	1,368
Telephone system copier	11-25-02	S/LHY	5	11,885	0	0	0	0	0	11,885	5,943	2,377	8,320	3,565
COMPUTER EQUIPMENT	02-03-03	S/LHY	7	44,179	0	0	0	0	0	44,179	15,780	6,313	22,093	22,086
HP LASER JET CABLE DSL ROUTER	04-15-03	S/LHY	5	2,198	0	0	0	0	0	2,198	1,100	440	1,540	658
TELEPHONE EQUIPMENT	09-22-03	S/L	5	550	0	0	0	0	0	550	165	110	275	275
TELEPHONE EQUIPMENT	10-08-03	S/LHY	5	2,161	0	0	0	0	0	2,161	648	432	1,080	1,081
TELEPHONE EQUIPMENT	10-21-03	S/L	5	670	0	0	0	0	0	670	201	134	335	335
TELEPHONE SYSTEM	12-02-03	S/L	5	3,786	0	0	0	0	0	3,786	1,136	757	1,893	1,893
COMPUTER	12-02-03	S/L	5	3,055	0	0	0	0	0	3,055	917	611	1,528	1,527
COMPUTER	12-12-03	S/L	5	1,220	0	0	0	0	0	1,220	366	244	610	610
COMPUTER	01-28-04	S/L	5	747	0	0	0	0	0	747	224	149	373	374

\*\* Asset disposed this year  
~C Carryover basis in like-kind exchange transaction  
~B Excess basis in like-kind exchange transaction

## 2005 Federal Depreciation Schedule

Trident United Way, Dep'n Only  
57-0314378

05-15-2007

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
<b>Equipment</b>														
IRIS SOFTWARE	05-11-04	S/L	3	3,500	0	0	0	0	0	3,500	1,750	1,167	2,917	583
ANTI VIRIS SOFTWARE	05-18-04	S/L	3	903	0	0	0	0	0	903	452	301	753	150
Equipment	06-30-05	S/LHY	5	24,695	0	0	0	0	0	24,695	6,174	2,470	8,644	16,051
HP Computer	08-15-05	S/L	5	1,182	0	0	0	0	0	1,182	0	118	118	1,064
Office Furniture	09-15-05	S/L	7	3,696	0	0	0	0	0	3,696	0	264	264	3,432
Telephone Sysyem	10-18-05	S/L	5	5,679	0	0	0	0	0	5,679	0	568	568	5,111
Office partitions	11-18-05	S/L	5	3,226	0	0	0	0	0	3,226	0	323	323	2,903
Computer equipment	11-30-05	S/L	5	612	0	0	0	0	0	612	0	61	61	551
HO Computer	12-31-05	S/L	5	1,815	0	0	0	0	0	1,815	0	182	182	1,633
<b>Totals.</b>				<b>598,832</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>598,832</b>	<b>493,082</b>	<b>31,144</b>	<b>524,226</b>	<b>74,606</b>
<b>115 Assets</b>														
<b>Grand Totals</b>				<b>2,996,290</b>	<b>490,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,506,290</b>	<b>1,107,768</b>	<b>91,725</b>	<b>1,199,493</b>	<b>1,306,797</b>

### Balance Sheet Reconciliation

Grand Totals:	2,996,290	490,000	0	0	0	0	0	0	0	2,506,290	1,107,768	91,725	1,199,493	1,306,797
Less Future Purchases:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less Current Year Disposals:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>End of Year Totals:</b>	<b>2,996,290</b>	<b>490,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,506,290</b>	<b>1,107,768</b>	<b>91,725</b>	<b>1,199,493</b>	<b>1,306,797</b>

### Buildings and Other Depreciable Assets:

Buildings and Other Depreciable Assets:	2,506,290	Accumulated Depreciation	1,199,493
		Less Accumulated Amortization (See Below):	0
		Prior 179:	0
		Current 179:	0
		Prior Special Depreciation Allowance:	0
		Current Special Depreciation Allowance:	0
		<b>Ending Accumulated Depreciation (Per Balance Sheet)</b>	<b>1,199,493</b>

Land: 490,000

Intangible Assets (Amortizable Only): 0

\*\* Asset disposed this year  
-C Carryover basis in like-kind exchange transaction  
-B Excess basis in like-kind exchange transaction

2006

**TRIDENT UNITED WAY  
BOARD OF DIRECTORS**

Chair *Larry Tarleton*  
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Treasurer *Ken Smith*

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Community Bldg Chair *Len Hutchison*

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 Treasurer: Ken Smith

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**TRIDENT UNITED WAY**  
**BOARD OF DIRECTORS**

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 Community Edg. Chair: Len Hutchison

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 Treasurer *Ken Smith*

**2006**  
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**BOARD OF DIRECTORS**

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