

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

TRIDENT UNITED WAY

EIN or SSN

57-0314378

Name and title of officer or person subject to tax

DJ HAMPTON

CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6,147,271.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DCPAS LLC DBA DAVIS & COMPANY CPAS to enter my PIN 14378
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

David Hampton

Date

4/2/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57211908157

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ZOE DAVIS

Date

03/11/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. TRIDENT UNITED WAY	Taxpayer identification number (TIN) 57-0314378
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 63305	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH CHARLESTON, SC 29419-3305	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ANDREW SHELTON, CHIEF FINANCIAL OFFICER**
P. O. BOX 63305 - NORTH CHARLESTON, SC 29419

Telephone No. **(843) 740-7745** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRIDENT UNITED WAY		D Employer identification number 57-0314378
	Doing business as		E Telephone number (843) 740-9000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 63305		G Gross receipts \$ 9,678,428.
	City or town, state or province, country, and ZIP or foreign postal code NORTH CHARLESTON, SC 29419-3305		
F Name and address of principal officer: DJ HAMPTON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.TUW.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1944** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRIDENT UNITED WAY IS UNITING THE TRI-COUNTY TO UPLIFT FAMILIES OUT OF POVERTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	75
	6 Total number of volunteers (estimate if necessary)	6	3174
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,701,453.	Current Year 5,462,428.
	9 Program service revenue (Part VIII, line 2g)	97,561.	116,341.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	887,309.	543,586.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-164,692.	24,916.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,521,631.	6,147,271.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,327,681.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,933,585.	5,222,035.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		2,107,918.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,257,775.	2,527,322.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,519,041.	8,899,409.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,997,410.	-2,752,138.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 18,893,170.	End of Year 17,058,618.
	21 Total liabilities (Part X, line 26)	1,147,258.	1,335,245.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,745,912.	15,723,373.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DJ HAMPTON, CHIEF EXECUTIVE OFFICER Type or print name and title			
Paid Preparer Use Only	Preparer's name ZOE DAVIS	Preparer's signature ZOE DAVIS	Date 04/03/26	Check if self-employed <input checked="" type="checkbox"/> PTIN P01057590
	Firm's name DAVIS & COMPANY CPAS	Firm's EIN 82-4158464	Phone no. 843-881-3315	
	Firm's address P.O. BOX 1552 MOUNT PLEASANT, SC 29465			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TRIDENT UNITED WAY IS UNITING THE TRI-COUNTY TO UPLIFT FAMILIES OUT OF POVERTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,555,946. including grants of \$ 320,048.) (Revenue \$ 0.)

COMMUNITY IMPACT

TRIDENT UNITED WAY EXISTS TO STRENGTHEN WORKING FAMILIES ACROSS BERKELEY, CHARLESTON, AND DORCHESTER COUNTIES. TODAY, MORE THAN ONE-THIRD OF HOUSEHOLDS IN OUR REGION ARE ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) - FAMILIES WHO WORK HARD YET STILL STRUGGLE TO AFFORD THE BASICS DUE TO RISING HOUSING COSTS, INCOME VOLATILITY, AND FINANCIAL SHOCKS. THESE INCLUDE CHILDCARE WORKERS, HOSPITALITY STAFF, MEDICAL ASSISTANTS, TEACHERS' AIDES, RETAIL EMPLOYEES, AND OTHER FRONTLINE WORKERS WHO KEEP OUR REGION RUNNING, YET REMAIN ONE UNEXPECTED EXPENSE AWAY FROM HARDSHIP.

IN 2025, TRIDENT UNITED WAY ESTABLISHED A BOLD GOAL: UPLIFT 15,000 FAMILIES OUT OF POVERTY BY 2035. ACHIEVING THIS GOAL REQUIRES BUILDING

4b (Code:) (Expenses \$ 1,652,037. including grants of \$ 87,887.) (Revenue \$ 116,341.)

FINANCIAL STABILITY

FINANCIAL STABILITY SUPPORT HELPS FAMILIES MAINTAIN INCOME, MANAGE EXPENSES, AND REDUCE FINANCIAL STRESS - ENSURING THAT SHORT-TERM CRISES DO NOT BECOME LONG-TERM SETBACKS. THIS WORK IS GROUNDED IN TRUSTED RELATIONSHIPS, COORDINATED REFERRAL SYSTEMS, AND FAMILY-CENTERED COACHING DELIVERED ACROSS MULTIPLE ACCESS POINTS IN THE STRONG FAMILIES, STRONG COMMUNITY INITIATIVE.

1) FAMILY COACHING MODEL

AT THE CENTER OF TRIDENT UNITED WAY'S WORK IS A STRUCTURED COACHING APPROACH GROUNDED IN FINANCIAL EMPOWERMENT, GOAL-SETTING, AND ACCOUNTABILITY. FAMILY COACHES HELP HOUSEHOLDS STABILIZE INCOME, ACCESS RESOURCES, IMPROVE CREDIT, REDUCE EXPENSES, AND BUILD SAVINGS. COACHING

4c (Code:) (Expenses \$ 1,210,038. including grants of \$ 21,500.) (Revenue \$ 0.)

CONNECTING THE COMMUNITY

CONNECTING THE COMMUNITY INCLUDES INITIATIVES THAT PROVIDE MEANINGFUL COMMUNITY SERVICE OPPORTUNITIES AND CLEAR INFORMATION ABOUT THE WORK OF TRIDENT UNITED WAY ACROSS THE TRI-COUNTY REGION. THIS WORK CENTERS ON STRATEGIC VOLUNTEER ENGAGEMENT AND STAKEHOLDER AND COMMUNITY COMMUNICATIONS - CREATING MULTIPLE WAYS FOR INDIVIDUALS, COMPANIES, AND PARTNERS TO SUPPORT THE STRONG FAMILIES, STRONG COMMUNITY INITIATIVE.

1) STRATEGIC VOLUNTEER ENGAGEMENT

STRATEGIC VOLUNTEER ENGAGEMENT IS DESIGNED TO ALIGN VOLUNTEER INTERESTS WITH COMMUNITY-IDENTIFIED NEEDS, CREATING HIGH-IMPACT SERVICE EXPERIENCES FOR CORPORATE PARTNERS, DONORS, AND INDIVIDUAL VOLUNTEERS. ENGAGEMENT RANGES FROM LEADERSHIP SERVICE ON COUNCILS AND COMMITTEES TO

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,687,771. including grants of \$ 720,617.) (Revenue \$)

4e Total program service expenses 6,105,792.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 44		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 43		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
ANDREW SHELTON, CHIEF FINANCIAL OFFICER - (843)740-7745
P. O. BOX 63305, NORTH CHARLESTON, SC 29419

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHARINE ALMQUIST DIRECTOR	2.00	X						0.	0.	0.
(2) RITA BERRY DIRECTOR	2.00	X						0.	0.	0.
(3) PJ BROWNING DIRECTOR	2.00	X						0.	0.	0.
(4) ERIC CRAINE DIRECTOR	2.00	X						0.	0.	0.
(5) BRAD DAVIS DIRECTOR	2.00	X						0.	0.	0.
(6) KEITH B. FAULKNER DIRECTOR	2.00	X						0.	0.	0.
(7) ROBERT FEI DIRECTOR	2.00	X						0.	0.	0.
(8) TRAVIS FRANK DIRECTOR	2.00	X						0.	0.	0.
(9) MOLLIE GORE DIRECTOR	2.00	X						0.	0.	0.
(10) GREGORY HABIB DIRECTOR	2.00	X						0.	0.	0.
(11) SCOTT HOWELL DIRECTOR	2.00	X						0.	0.	0.
(12) DEON JACKSON, JR. DIRECTOR	2.00	X						0.	0.	0.
(13) FRANCIS JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(14) JULIE KORNAHRENS DIRECTOR	2.00	X						0.	0.	0.
(15) TODD LANT DIRECTOR	2.00	X						0.	0.	0.
(16) MARK LATTANZIO DIRECTOR	2.00	X						0.	0.	0.
(17) KATIE MCCRAVY DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAUREN NILAN DIRECTOR	2.00	X						0.	0.	0.
(19) REV. MARION PLATT DIRECTOR	2.00	X						0.	0.	0.
(20) CASSANDRA PRICE DIRECTOR	2.00	X						0.	0.	0.
(21) MARCELA RABENS DIRECTOR	2.00	X						0.	0.	0.
(22) MICHAEL SCARAFILE DIRECTOR	2.00	X						0.	0.	0.
(23) GEONA SHAW JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(24) JEROME SMALLS DIRECTOR	2.00	X						0.	0.	0.
(25) RICHARD WARING DIRECTOR	2.00	X						0.	0.	0.
(26) FRANCES WELCH DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								679,118.	0.	137,121.
d Total (add lines 1b and 1c)								679,118.	0.	137,121.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ESYSTEMS SOLUTIONS, LLC PO BOX 207, CHARLESTON, SC 29402	INFORMATION TECHNOLOGY SERVICES	179,814.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEREMY WILLITS DIRECTOR	2.00	X					0.	0.	0.	
(28) STUART E. WOODCOCK DIRECTOR	2.00	X					0.	0.	0.	
(29) WILLIAM ZOBEL DIRECTOR	2.00	X					0.	0.	0.	
(30) JIMMY STATON DIRECTOR	2.00	X					0.	0.	0.	
(31) DAVID J HAMPTON PRESIDENT & CEO	50.00	X		X			262,429.	0.	55,846.	
(32) DAVID J WASSERMAN CHIEF FINANCIAL OFFICER	50.00			X			147,308.	0.	32,302.	
(33) NATASHA CHATMAN CHIEF INNOVATION OFFICER	50.00			X			118,160.	0.	30,357.	
(34) BRIDGET LAIRD CHIEF ADVANCEMENT OFFICER	50.00			X			40,916.	0.	2,107.	
(35) ILZE ASTAD CHIEF IMPACT OFFICER	50.00			X			110,305.	0.	16,509.	
(36) BARBARA MELVIN BOARD CHAIR	5.00	X		X			0.	0.	0.	
(37) WENDY KOPP ADVANCEMENT COMMITTEE CHAI	5.00	X		X			0.	0.	0.	
(38) MELANIE STITH BOARD CHAIR ELECT	5.00	X		X			0.	0.	0.	
(39) MICHAEL SAMUEL CAMPAIGN CABINET CHAIR	5.00	X		X			0.	0.	0.	
(40) CHRISTOPHER GLENN AUDIT COMMITTEE CHAIR	5.00	X		X			0.	0.	0.	
(41) RUHAMAH GROOMS AFRICAN AMERICAN LEADERSHIP COUNCIL	5.00	X		X			0.	0.	0.	
(42) COURTNEY HOWARD COMMUNITY IMPACT COMMITTEE	5.00	X		X			0.	0.	0.	
(43) SHAWAN GILLIANS FINANCE CHAIR	5.00	X		X			0.	0.	0.	
(44) BRENDA SZYMANOWSKI INVESTMENT COMMITTEE CHAIR	5.00	X		X			0.	0.	0.	
(45) PETER LAMOTTE MARKETING & COMMUNICATIONS	5.00	X		X			0.	0.	0.	
(46) BRIANNA JOHNSON WOMEN UNITED CHAIR	5.00	X		X			0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	19,050.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	302,425.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,140,953.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		5,462,428.				
Program Service Revenue	2 a FOODSHARE BERKELEY COUNTY REVENUE	Business Code	561000	95,563.	95,563.		
	b AMERICORP PROGRAM SERVICE FEES		561000	20,778.	20,778.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			116,341.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			508,442.		508,442.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	192,741.			
			(ii) Personal				
	b Less: rental expenses ...	6b		198,688.			
	c Rental income or (loss)	6c		-5,947.			
	d Net rental income or (loss)			-5,947.		-5,947.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,345,756.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		3,310,612.			
	c Gain or (loss)	7c		35,144.			
d Net gain or (loss)			35,144.	35,144.			
8 a Gross income from fundraising events (not including \$ 19,050. of contributions reported on line 1c). See Part IV, line 18	8a		6,100.				
b Less: direct expenses	8b		21,857.				
c Net income or (loss) from fundraising events			-15,757.		-15,757.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER	Business Code	900099	46,620.	46,620.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			46,620.			
12 Total revenue. See instructions			6,147,271.	198,105.	0.	486,738.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,150,052.	1,150,052.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	816,239.	519,851.	69,500.	226,888.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,494,279.	2,225,458.	297,524.	971,297.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	179,393.	114,266.	15,256.	49,871.
9 Other employee benefits	422,284.	268,947.	35,956.	117,381.
10 Payroll taxes	309,840.	197,333.	26,382.	86,125.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	68,367.		68,367.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,250,158.	713,953.	108,719.	427,486.
12 Advertising and promotion	117,915.	111,813.	49.	6,053.
13 Office expenses	157,134.	119,602.	4,270.	33,262.
14 Information technology				
15 Royalties				
16 Occupancy	287,556.	244,982.	10,173.	32,401.
17 Travel	46,852.	31,046.	6,419.	9,387.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	116,598.	79,267.	15,838.	21,493.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	187,257.	124,942.	10,882.	51,433.
23 Insurance	44,678.	27,686.	3,145.	13,847.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	100,128.	59,074.	7,900.	33,154.
b POSTAGE & PRINTING	68,347.	40,175.	3,762.	24,410.
c EVENTS	59,138.	58,797.		341.
d BANK CHARGES	23,194.	18,548.	1,557.	3,089.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,899,409.	6,105,792.	685,699.	2,107,918.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	915,559.	1	1,085,328.	
	2 Savings and temporary cash investments	3,342,240.	2	1,664,990.	
	3 Pledges and grants receivable, net	1,137,405.	3	1,475,500.	
	4 Accounts receivable, net	175,339.	4	91,988.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	43,272.	9	60,500.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,300,704.			
	b Less: accumulated depreciation	10b 2,397,118.	2,068,724.	10c	1,903,586.
	11 Investments - publicly traded securities	10,995,076.	11	10,471,600.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	215,555.	15	305,126.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,893,170.	16	17,058,618.		
Liabilities	17 Accounts payable and accrued expenses	931,703.	17	1,030,119.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	215,555.	25	305,126.	
	26 Total liabilities. Add lines 17 through 25	1,147,258.	26	1,335,245.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	15,624,126.	27	13,152,091.	
	28 Net assets with donor restrictions	2,121,786.	28	2,571,282.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	17,745,912.	32	15,723,373.	
33 Total liabilities and net assets/fund balances	18,893,170.	33	17,058,618.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,147,271.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,899,409.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,752,138.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,745,912.
5	Net unrealized gains (losses) on investments	5	670,966.
6	Donated services and use of facilities	6	58,633.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,723,373.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,462,765.	6,871,672.	5,724,250.	4,701,453.	5,462,428.	29,222,568.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	6,462,765.	6,871,672.	5,724,250.	4,701,453.	5,462,428.	29,222,568.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,089,214.
6 Public support. Subtract line 5 from line 4.						28,133,354.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6,462,765.	6,871,672.	5,724,250.	4,701,453.	5,462,428.	29,222,568.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	587,495.	340,580.	462,975.	519,858.	508,442.	2,419,350.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,328.	9,370.	4,561.	37,554.	46,620.	101,433.
11 Total support. Add lines 7 through 10						31,743,351.
12 Gross receipts from related activities, etc. (see instructions)					12	449,579.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	88.63 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	88.07 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here []

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions []

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

TRIDENT UNITED WAY

Employer identification number

57-0314378

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization TRIDENT UNITED WAY	Employer identification number 57-0314378
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 235,141.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TRIDENT UNITED WAY	Employer identification number 57-0314378
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization TRIDENT UNITED WAY	Employer identification number 57-0314378
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **TRIDENT UNITED WAY** Employer identification number **57-0314378**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,092,775.	6,815,725.	6,313,052.	7,120,915.	5,599,786.
b Contributions				21,250.	
c Net investment earnings, gains, and losses	407,676.	277,048.	502,673.	-792,131.	1,804,024.
d Grants or scholarships					
e Other expenditures for facilities and programs				-36,982.	-282,895.
f Administrative expenses					
g End of year balance	7,500,451.	7,092,775.	6,815,725.	6,313,052.	7,120,915.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 90.0000 %
 - b** Permanent endowment 6.0000 %
 - c** Term endowment 4.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|----------------|----|
| (i) Unrelated organizations? | 3a(i) X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	490,000.			490,000.
b Buildings	3,392,037.		2,009,057.	1,382,980.
c Leasehold improvements				
d Equipment	405,531.		388,061.	17,470.
e Other	13,136.			13,136.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,903,586.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	190,521.
(3) CURRENT PORTION LEASE LIABILITY	114,605.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	305,126.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	6,629,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	670,966.
b	Donated services and use of facilities	2b	58,633.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	198,688.
e	Add lines 2a through 2d	2e	928,287.
3	Subtract line 2e from line 1	3	5,700,820.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,367.
b	Other (Describe in Part XIII.)	4b	378,084.
c	Add lines 4a and 4b	4c	446,451.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,147,271.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,651,646.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	198,688.
e	Add lines 2a through 2d	2e	198,688.
3	Subtract line 2e from line 1	3	8,452,958.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,367.
b	Other (Describe in Part XIII.)	4b	378,084.
c	Add lines 4a and 4b	4c	446,451.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,899,409.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TRIDENT UNITED WAY IS A LOCAL NON-PROFIT ORGANIZATION INVOLVED IN FUNDRAISING AND VOLUNTEERING IN A THREE-COUNTY REGION - CHARLESTON, BERKELEY, AND DORCHESTER COUNTIES. THE TRIDENT UNITED WAY ENDOWMENT FUND (THE FUND) HAS AN INVESTMENT POLICY STATEMENT THAT IS REVIEWED AT LEAST ANNUALLY. THE FUND PLACES EMPHASIS ON PROVIDING ANNUAL CASH INFUSIONS TO OPERATIONS TO HELP SUPPLEMENT OPERATING EXPENSES.

PART X, LINE 2:

INTERNAL REVENUE CODE AND COMPARABLE STATE LAW AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE IS SUBJECT TO FEDERAL INCOME TAX. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS MAINTAINED ITS TAX EXEMPT STATUS AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION COULD BE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COMMERCIAL RENTAL EXPENSES 198,688.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		STATE OF OUR FAMILIES (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	25,150.			25,150.
	2 Less: Contributions	19,050.			19,050.
	3 Gross income (line 1 minus line 2)	6,100.			6,100.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,940.			6,940.
	7 Food and beverages	9,505.			9,505.
	8 Entertainment				
	9 Other direct expenses	5,412.			5,412.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				21,857.
11 Net income summary. Subtract line 10 from line 3, column (d)				-15,757.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **TRIDENT UNITED WAY** Employer identification number **57-0314378**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A SECOND CHANCE RESOURCE CENTER NETWORK UNITED, INC. - PO BOX 40605 - NORTH CHARLESTON, SC 29423	81-0749656	501(C)(3)	10,000.	0.			GRANTEE
ADDLESTONE HEBREW ACADEMY 1675 WALLENBERG BLVD. CHARLESTON, SC 29407	57-0409223	CHURCH	8,339.	0.			GRANTEE
AMERICAN COLLEGE OF THE BUILDING ARTS - 649 MEETING ST - CHARLESTON, SC 29403	57-1075250	501(C)(3)	5,000.	0.			GRANTEE
AMOR HEALING KITCHEN 944 PORTABELLA LN CHARLESTON, SC 29412	82-3998998	501(C)(3)	15,000.	0.			GRANTEE
BARRIER ISLAND FREE MEDICAL CLINIC-103123-BARRIER ISLAND FREE MEDICAL CLINI - 3226 MAYBANK HIGHWAY STE A-1 - JOHNS ISLAND, SC	20-5628911	501(C)(3)	17,500.	0.			GRANTEE
BLACK RIVER UNITED WAY - GEORGETOWN, SC - PO BOX 1065 - GEORGETOWN, SC 29440-1065	57-0526145	501(C)(3)	13,871.	0.			GRANTEE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 46.

3 Enter total number of other organizations listed in the line 1 table 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR BIRDS OF PREY, AVIAN CONSERVATION CENTER - PO BOX 1247 - CHARLESTON, SC 29402	57-0966813	501(C)(3)	5,500.	0.			GRANTEE
CHARLESTON HABITAT FOR HUMANITY 731 MEETING ST CHARLESTON, SC 29413	57-0889919	501(C)(3)	15,000.	0.			GRANTEE
CHARLESTON LEGAL ACCESS 3775 SPRUILL AVESTE B NORTH CHARLESTON, SC 29405	81-1013976	501(C)(3)	13,080.	0.			GRANTEE
CHARLESTON PRO BONO LEGAL SERVICES 111 CHURCH ST CHARLESTON, SC 29401	20-0737728	501(C)(3)	10,000.	0.			GRANTEE
CHARLESTON TRIDENT URBAN LEAGUE 303 EAST RICHARDSON AVE SUMMERVILLE, SC 29483	27-1078099	501(C)(3)	50,000.	0.			GRANTEE
CHILDREN IN CRISIS IN DORCHESTER COUNTY	57-0426335	501(C)(3)	14,575.	0.			GRANTEE
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	57-0426335	501(C)(3)	9,221.	0.			GRANTEE
COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA - 1691 TURNBULL AVE - NORTH CHARLESTON, SC 29405	23-7390313	501(C)(3)	6,078.	0.			GRANTEE
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST.SOTTILE HOUSE CHARLESTON, SC 29424	23-7069236	501(C)(3)	10,032.	0.			GRANTEE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF SOUTH CAROLINA - 1691 TURNBALL AVE - NORTH CHARLESTON, SC 29405	57-0931840	501(C)(3)	180,056.	0.			GRANTEE
CONGREGATION DOR TIKVAH PO BOX 80301 NORTH CHARLESTON, SC 29416	45-5626741	CHURCH	8,339.	0.			GRANTEE
DORCHESTER CHILDREN'S ADVOCACY CENTER - 303 EAST RICHARDSON AVE - SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	6,641.	0.			GRANTEE
DORCHESTER COUNTY COMMUNITY OUTREACH DBA LOWCOUNTRY HOME OF HOPE - PO BOX 2994 - SUMMERVILLE, SC 29484	47-3909720	501(C)(3)	13,500.	0.			GRANTEE
DORCHESTER SENIORS, INC. 312 N LAUREL ST SUMMERVILLE, SC 29483	57-0703785	501(C)(3)	15,000.	0.			GRANTEE
FAMILY SERVICES, INC DBA ORIGIN SC P.O. BOX 118006 CHARLESTON, SC 29406	57-0324920	501(C)(3)	66,431.	0.			GRANTEE
HELPING AND LENDING OUTREACH SUPPORT - 4995 LACROSS RDSTE 1300 - NORTH CHARLESTON, SC 29406	20-0858549	501(C)(3)	16,303.	0.			GRANTEE
I AM VOICES 10070 DORCHESTER RD SUMMERVILLE, SC 29485	82-3159217	501(C)(3)	15,000.	0.			GRANTEE
ICNA RELIEF USA - SHIFA FREE CLINIC IN MOUNT PLEASANT, SC - 68 MARINA DRUNIT A-5 - CHARLESTON, SC 29492	04-3810161	501(C)(3)	14,781.	0.			GRANTEE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY OF SERVICES OF GREATER CHARLESTON - 176 CROGHAN SPUR ROAD, SUITE 100ALBEMARLE POINTE CENTER - CHARLESTON, SC	85-3901332	501(C)(3)	20,000.	0.			GRANTEE
LANDMARKS FOR FAMILIES, INC. 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 29415	57-0669877	501(C)(3)	6,753.	0.			GRANTEE
TRICOUNTY CRADLE TO CAREER COLLABORATIVE - 2180 MCMILLAN AVE 71544 - NORTH CHARLESTON, SC 29415	46-2902337	501(C)(3)	5,000.	0.			GRANTEE
LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DR. CHARLESTON, SC 29405	57-0751835	501(C)(3)	8,511.	0.			GRANTEE
LOWCOUNTRY ORPHAN RELIEF PO BOX 70185 NORTH CHARLESTON, SC 29415	26-1108081	501(C)(3)	6,581.	0.			GRANTEE
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 18 BEE ST.MSC 450 - CHARLESTON, SC 29425	57-6028985	501(C)(3)	36,250.	0.			GRANTEE
MY SISTER'S HOUSE, INC. PO BOX 71171 NORTH CHARLESTON, SC 29415	57-0730861	501(C)(3)	17,906.	0.			GRANTEE
NORTH CHARLESTON DENTAL OUTREACH 3625 AZALEA DR NORTH CHARLESTON, SC 29405	27-1629125	501(C)(3)	15,000.	0.			GRANTEE
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES - 1684 BROWNSWOOD RD - JOHNS ISLAND, SC 29455	57-0905488	501(C)(3)	15,000.	0.			GRANTEE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMETTO COMMUNITY CARE 3547 MEETING STREET RD NORTH CHARLESTON, SC 29405	57-0905550	501(C)(3)	15,000.	0.			GRANTEE
PATTISON'S ACADEMY 1087 E MONTAGUE AVE NORTH CHARLESTON, SC 29405	20-3419262	501(C)(3)	14,300.	0.			GRANTEE
STAR GOSPEL MISSION 474 MEETING ST CHARLESTON, CA 29403	57-6025786	501(C)(3)	15,000.	0.			GRANTEE
TRIDENT LITERACY ASSOCIATION, INC. 5416-B RIVERS AVENUE NORTH CHARLESTON, SC 29406	57-0721308	501(C)(3)	16,080.	0.			GRANTEE
UNITED CHARITABLE 44921 GEORGE WASHINGTON BLVDSTE 230 ASHBURN, VA 20147	20-4286082	501(C)(3)	20,000.	0.			GRANTEE
UNITED WAY OF CENTRAL ALABAMA PO BOX 320189 BIRMINGHAM, AL 35232-0189	63-0288846	501(C)(3)	7,447.	0.			GRANTEE
UNITED WAY OF CENTRAL FLORIDA PO BOX 1357 HIGHLAND CITY, FL 33846-1357	59-2116280	501(C)(3)	5,613.	0.			GRANTEE
UNITED WAY OF GREATER RICHMOND AND PETERSBURG - 7814 CAROUSEL LANE SUITE 400 - RICHMOND, VA 23294	23-7375346	501(C)(3)	15,819.	0.			GRANTEE
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607-2529	57-0362066	501(C)(3)	8,186.	0.			GRANTEE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF HORRY COUNTY PO BOX 673 CONWAY, SC 29526-0673	57-0558692	501(C)(3)	5,163.	0.			GRANTEE
UNITED WAY OF THE CAPE FEAR AREA 127 GRACE STREET WILMINGTON, NC 28401	56-0529949	501(C)(3)	5,567.	0.			GRANTEE
UNITED WAY MARION COUNTY, INC 1401 NE 2ND ST OCALA, FL 34470-6837	59-0946642	501(C)(3)	12,590.	0.			GRANTEE
UNITED WAY OF THE MIDLANDS PO BOX 202 COLUMBIA, SC 29901-0202	57-0314396	501(C)(3)	16,463.	0.			GRANTEE
WAGNALLS MEMORIAL FOUNDATION PO BOX 217 LITHOPOLIS, OH 43136	31-4379589	501(C)(3)	7,000.	0.			GRANTEE
WATER MISSIONS INTERNATIONAL 1150 MOLLY GREENE WAYBLDG. 1605 N. CHARLESTON, SC 29405	57-1116978	501(C)(3)	15,338.	0.			GRANTEE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A PORTION OF THE GRANTED FUNDS ARE A RESULT OF DIRECT DESIGNATIONS BY DONORS. IN THE CURRENT REPORTING YEAR THIS AMOUNT IS \$399,941.

A PORTION OF THE GRANTED FUNDS ARE A RESULT OF A FUNDING PROCESS OVERSEEN BY THE COMMUNITY IMPACT COMMITTEE. THE COMMUNITY IMPACT COMMITTEE, ALONG WITH THE SUBCOMMITTEES OF THE FINANCIAL REVIEW COMMITTEE AND PROGRAM REVIEW COMMITTEE, CONSISTS OF COMMUNITY VOLUNTEERS THAT SELECT GRANT RECIPIENTS BASED ON FORMAL APPLICATIONS AND PROGRAM MONITORING.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization TRIDENT UNITED WAY	Employer identification number 57-0314378
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID J HAMPTON PRESIDENT & CEO	(i)	262,429.	0.	0.	22,998.	32,848.	318,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID J WASSERMAN CHIEF FINANCIAL OFFICER	(i)	147,308.	0.	0.	30,500.	1,802.	179,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

PERSONS PARTICIPANTING IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

THERE ARE BALANCES IN A 457(B) AND 457(F) SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN OF TRIDENT UNITED WAY FOR CHRISTOPHER F. KERRIGAN. THERE

WERE NO CONTRIBUTIONS TO THESE PLANS DURING THE 2024-2025 FISCAL YEAR.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization **TRIDENT UNITED WAY** Employer identification number **57-0314378**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	81,576.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization TRIDENT UNITED WAY	Employer identification number 57-0314378
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

A REGIONAL STABILITY INFRASTRUCTURE THAT SURROUNDS FAMILIES WITH COORDINATED, HUMAN-CENTERED SUPPORT ACROSS MULTIPLE ACCESS POINTS - WORKPLACES, SCHOOLS, HOUSING COMMUNITIES, AND NEIGHBORHOOD HUBS. THIS STRATEGY IS DELIVERED THROUGH THE STRONG FAMILIES, STRONG COMMUNITY INITIATIVE, WHICH BRINGS TOGETHER:

1)CENTERS FOR STRONG FAMILIES

COMMUNITY-BASED HUBS IN MONCKS CORNER (500 S LIVE OAK DR, MONCKS CORNER, SC 29461) AND SUMMERVILLE (133 EAST 1ST NORTH ST, SUITE 3, SUMMERVILLE, SC 29483) SERVE AS TRUSTED ENTRY POINTS WHERE FAMILIES CONNECT WITH FINANCIAL COACHING, WORKFORCE NAVIGATION, STABILIZATION RESOURCES, AND COORDINATED REFERRALS. IN THE CENTERS ARE PROVIDED THROUGH A NETWORK OF COMMUNITY PARTNERS INCLUDING ADULT EDUCATION, CHARLESTON LEGAL ACCESS, CHARLESTON PRO BONO LEGAL SERVICES, FOODSHARE SOUTH CAROLINA, MEDICAL UNIVERSITY OF SOUTH CAROLINA, LOWCOUNTRY FOOD BANK, ORIGIN SC, PALMETTO COMMUNITY ACTION PARTNERSHIP, PALMETTO GOODWILL, ROPER SAINT FRANCIS, SALVATION ARMY, SC THRIVE, SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE, SC WORKS, VOCATIONAL REHABILITATION, AND YOUNG MOMS TOGETHER. DURING FY 2024-2025, THE CENTERS FOR STRONG FAMILIES SERVED 6,219 HOUSEHOLDS COMPRISING 12,367 HOUSEHOLD MEMBERS AND PROVIDED 18,380 INSTANCES OF ASSISTANCE.

2)THRIVE@ ACCESS POINTS

TO REDUCE BARRIERS AND INCREASE ENGAGEMENT, TRIDENT UNITED WAY IS BUILDING A MULTI-ACCESS-POINT APPROACH THAT EMBEDS SERVICES WHERE FAMILIES ALREADY LIVE AND WORK. THIS INCLUDES THRIVE@WORK (SUPPORTING EMPLOYEES IN PARTNER COMPANIES), THRIVE@SCHOOL (SUPPORTING FAMILIES CONNECTED TO SCHOOL SYSTEMS), AND FUTURE PATHWAYS SUCH AS THRIVE@HOME AND THRIVE@WORSHIP, WHICH WILL EXTEND SUPPORT INTO HOUSING COMMUNITIES AND FAITH-BASED SETTINGS.

3)CHANGEMAKER GRANTS

TRIDENT UNITED WAY INVESTED OVER \$500,000 IN CHANGEMAKER GRANTS SUPPORTING NONPROFIT PARTNERS ALIGNED WITH STRONG FAMILIES, STRONG COMMUNITY - STABILIZING FAMILIES, STRENGTHENING SERVICES, AND ADVANCING EQUITY FOR ALICE HOUSEHOLDS.

4)CHARITYTRACKER NETWORK

TRIDENT UNITED WAY PROVIDES CHARITYTRACKER, A SECURE, COORDINATION TOOL CONNECTING MORE THAN 400 NONPROFIT PARTNERS AT NO COST. IN FY 2024-2025, THIS NETWORK SUPPORTED 13,844 HOUSEHOLDS, 27,189 INDIVIDUALS, AND 89,547 DOCUMENTED SERVICES. THIS COORDINATED APPROACH REDUCES DUPLICATION, IMPROVES ACCESS TO SUPPORT, AND STRENGTHENS LONG-TERM FAMILY STABILITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IS DELIVERED ACROSS CENTERS FOR STRONG FAMILIES AND THRIVE@ ACCESS POINTS TO ENSURE SUPPORT IS AVAILABLE WHERE FAMILIES ALREADY ARE.

2)AMERICORPS FAMILY NAVIGATORS

TRIDENT UNITED WAY'S AMERICORPS PROGRAM BUILDS LOCAL WORKFORCE CAPACITY IN HUMAN SERVICES WHILE DIRECTLY SERVING FAMILIES SEEKING FINANCIAL STABILITY. AMERICORPS FAMILY NAVIGATORS PROVIDE INDIVIDUALIZED COACHING, RESOURCE NAVIGATION, BENEFITS ACCESS, AND REFERRALS - STRENGTHENING THE REGIONAL INFRASTRUCTURE OF SUPPORT FOR ALICE HOUSEHOLDS. DURING FY 2024-2025, AMERICORPS MEMBERS CONNECTED FAMILIES

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TO COORDINATED SERVICES THAT ADDRESSED BASIC NEEDS, EMPLOYMENT BARRIERS, INCOME STABILIZATION, AND LONG-TERM FINANCIAL PLANNING. IN TOTAL, AMERICORPS MEMBERS SUPPORTED 2,025 HOUSEHOLDS - INCLUDING 4,325 INDIVIDUALS - AND CONNECTED THEM TO 5,261 SERVICES, 3,116 OF WHICH ADDRESSED IMMEDIATE BASIC NEEDS. THE PROGRAM ALSO HELPED DEVELOP A STRONG PIPELINE OF TRAINED PROFESSIONALS PREPARED TO CONTINUE CAREERS IN THE NONPROFIT AND HUMAN SERVICES SECTOR.

3) BARRIERS TO EMPLOYMENT

BARRIERS TO EMPLOYMENT PROVIDES SHORT-TERM FINANCIAL ASSISTANCE TO HELP INDIVIDUALS OVERCOME OBSTACLES THAT PREVENT THEM FROM FINDING OR KEEPING A JOB - SUCH AS TRANSPORTATION, CHILDCARE, UNIFORMS, EQUIPMENT, CERTIFICATION FEES, AND OTHER WORK-RELATED COSTS. THIS RESOURCE ALLOWS FAMILIES TO MAINTAIN STABLE EMPLOYMENT AND AVOID INCOME DISRUPTION DURING PERIODS OF FINANCIAL STRAIN.

4) 2-1-1 INFORMATION & REFERRAL SERVICE

2-1-1 PROVIDES FREE, CONFIDENTIAL, 24/7 CONNECTION TO ESSENTIAL HUMAN SERVICES VIA PHONE, TEXT, AND WEB. DURING FY 2024-2025, TRI-COUNTY RESIDENTS PLACED 17,084 CALLS, RESULTING IN 40,337 REFERRALS AND 19,515 WEBSITE VISITS FOR ASSISTANCE WITH HOUSING, UTILITIES, FOOD, AND EMPLOYMENT RESOURCES. TRIDENT UNITED WAY CONTRACTS WITH THE UNITED WAY OF ASSOCIATION OF SC, WHICH MANAGES THE CALL CENTER AND PROVIDES UP-TO-DATE, LOCAL INFORMATION ABOUT RESOURCES IN THE TRI-COUNTY TO TRI-COUNTY CALLERS.

5) VOLUNTEER INCOME TAX ASSISTANCE (VITA)

THROUGH PARTNERSHIP WITH THE IRS, FREE TAX PREPARATION SERVICES WERE PROVIDED TO INDIVIDUALS AND FAMILIES WITH LOW-TO-MODERATE INCOME. IN FY 2024-2025, MORE THAN 450 INDIVIDUALS RECEIVED FREE FEDERAL RETURNS GENERATING \$354,514 IN REFUNDS INCLUDING \$156,635 IN EARNED CREDITS. THESE SERVICES HELP FAMILIES KEEP MORE OF WHAT THEY EARN AND REDUCE RELIANCE ON HIGH-FEE TAX PREPARERS.

6) FOODSHARE

FOODSHARE EXPANDED ACCESS TO FRESH, AFFORDABLE PRODUCE ACROSS THE REGION BY ADDING NEW DISTRIBUTION PARTNERS AND STRENGTHENING RURAL DELIVERY POINTS, HELPING MORE FAMILIES STAY CONNECTED TO HEALTHY FOOD YEAR-ROUND. FOODSHARE BERKELEY COUNTY IS MAKING MEANINGFUL STRIDES IN ADDRESSING FOOD INSECURITY - DISTRIBUTING MORE THAN 70,000 POUNDS OF PRODUCE TO 1,041 CUSTOMERS, TOTALING OVER 4,300 BOXES IN FY 2024-2025, WITH SLIGHTLY MORE THAN 50% OF BOXES PURCHASED USING SNAP BENEFITS. THE PROGRAM ALSO IMPROVED CUSTOMER RETENTION AND LONG-TERM PARTICIPATION, REFLECTING STRONG SATISFACTION AND CONTINUED COMMUNITY DEMAND.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HANDS-ON COMMUNITY PROJECTS, OFFERING MULTIPLE ENTRY POINTS FOR COMMUNITY MEMBERS TO CONTRIBUTE. CORPORATE AND NONPROFIT PARTNERS ALSO PARTICIPATE IN CUSTOMIZED VOLUNTEER EXPERIENCES THROUGH TRIDENT UNITED WAY'S ENGAGE+ PLATFORM, WHICH SUPPORTS PLANNING, FACILITATION, AND IMPACT TRACKING.

A CORNERSTONE OF THIS WORK IS DAYS OF CARING, THE REGION'S LARGEST VOLUNTEER ACTIVATION EVENT. OVER THREE DAYS OF SERVICE IN 2025, MORE THAN 2,000 VOLUNTEERS COMPLETED 151 PROJECTS AT 75 NONPROFITS, SCHOOLS, AND COMMUNITY AGENCIES, CONTRIBUTING OVER 8,000 VOLUNTEER HOURS AND GENERATING AN ESTIMATED \$265,000 IN COMMUNITY BENEFIT. DAYS OF CARING CONTINUES TO SERVE AS A SIGNATURE PLATFORM FOR CORPORATE ENGAGEMENT, VOLUNTEER LEADERSHIP, AND LARGE-SCALE COMMUNITY MOBILIZATION.

2) STAKEHOLDER AND COMMUNITY COMMUNICATIONS

TRIDENT UNITED WAY ALSO MAINTAINS YEAR-ROUND COMMUNICATION WITH DONORS,

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PARTNERS, AND THE BROADER COMMUNITY THROUGH EMAIL NEWSLETTERS, THE ORGANIZATION'S WEBSITE, SOCIAL MEDIA PLATFORMS, AND MEDIA PARTNERSHIPS. THESE COMMUNICATIONS SHARE PROGRAM UPDATES, PROMOTE RESOURCES, HIGHLIGHT IMPACT, AND ENCOURAGE ONGOING COMMUNITY ENGAGEMENT - HELPING ENSURE THAT RESIDENTS, PARTNERS, AND SUPPORTERS REMAIN INFORMED AND CONNECTED TO THE MISSION OF STRONG FAMILIES, STRONG COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 1A:
PER THE TUW BYLAWS, THE PRESIDENT/CEO SERVES AS AN EX-OFFICIO, NON-VOTING MEMBER OF THE BOARD OF DIRECTORS, THUS 44 TOTAL AND 43 INDEPENDENT.

FORM 990, PART VI, SECTION A, LINE 2:
DR. FRANCES WELCH AND DR. COURTNEY HOWARD ARE BOTH EMPLOYEES WITH COLLEGE OF CHARLESTON. BRENDA SZYMANOWSKI AND CASSANDRA PRICE ARE BOTH EMPLOYEES OF ASTENJOHNSON. MS. BARBARA MELVIN & MR. TRAVIS FRANK ARE BOTH EMPLOYEES OF THE SC PORTS AUTHORITY. MS. SHAWAN GILLIANS & MS. MOLLIE GORE ARE BOTH EMPLOYEES OF SANTEE COOPER.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. A DETAILED REVIEW IS COMPLETED BY THE CHIEF FINANCIAL OFFICER OF TRIDENT UNITED WAY. THE COMPLETED FORM 990 IS PROVIDED TO ALL TRIDENT UNITED WAY BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY REQUIRES THE BOARD OF DIRECTORS TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR AND DISCLOSE ALL RELATED PARTY TRANSACTIONS WITH THE ORGANIZATION AND OTHER BOARD OF DIRECTOR MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL CEO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:
THREE YEARS OF AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE TUW.ORG WEBSITE. OTHER GOVERNING DOCUMENTS, FORM 1023 AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE AT REQUEST FROM THE ORGANIZATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES AND CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	713,953.
MANAGEMENT AND GENERAL EXPENSES	108,719.
FUNDRAISING EXPENSES	427,486.
TOTAL EXPENSES	1,250,158.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,250,158.