

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

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	5,521,631.
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

2023 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.

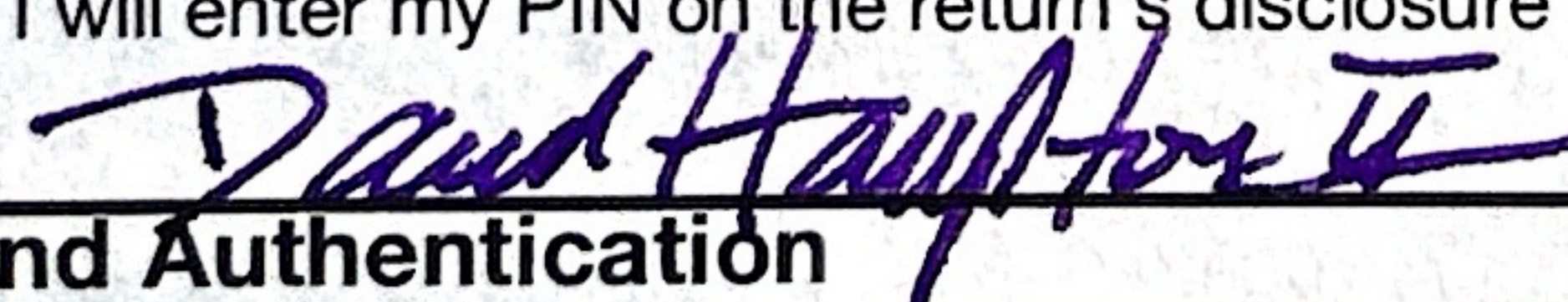
PIN: check one box only

☒ 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 2023 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 2023 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



Date

4/30/2025

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 2023 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

04/10/25

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 (2023)

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

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

OMB No. 1545-0047

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 File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. TRIDENT UNITED WAY	Taxpayer identification number (TIN) 57-0314378
	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		

• 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 **ANDREA BOCCUCCI, CONTROLLER**
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 **25**, 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 **23**, and ending **JUN 30**, 20 **24**

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 **8868** (Rev. 1-2024)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

TRIDENT UNITED WAY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 63305

Room/suite

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

D Employer identification number

57-0314378

E Telephone number

(843) 740-9000

G Gross receipts \$

5,956,582.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ 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: FOCUS ON SUPPORTING FINANCIALLY STABLE FAMILIES IN THE TRI-COUNTY.
	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) 43
	4	Number of independent voting members of the governing body (Part VI, line 1b) 42
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 60
	6	Total number of volunteers (estimate if necessary) 3602
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 5,724,250.
	9	Program service revenue (Part VIII, line 2g) 11,000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 447,072.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -71,499.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,110,823.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,938,920.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 1,648,080.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,934,258.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,594,698.
19	Revenue less expenses. Subtract line 18 from line 12 516,125.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 20,337,609.
	21	Total liabilities (Part X, line 26) 1,146,120.
	22	Net assets or fund balances. Subtract line 21 from line 20 19,191,489.

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			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	ZOE DAVIS	ZOE DAVIS	05/01/25	P01057590
Preparer Use Only	Firm's name	Firm's EIN		
	DAVIS & COMPANY CPAS	82-4158464		
Preparer Use Only	Firm's address	Phone no.		
	P.O. BOX 1552 MOUNT PLEASANT, SC 29465	843-881-3315		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

TRIDENT UNITED WAY IS A CATALYST FOR MEASURABLE COMMUNITY TRANSFORMATION IN EDUCATION, FINANCIAL STABILITY, AND HEALTH.

DURING FY23/24 TRIDENT UNITED WAY OPERATED UNDER THE MISSION "TRIDENT

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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 1,379,994. including grants of \$ 332,608.) (Revenue \$)

COMMUNITY IMPACT

THE COMMUNITY IMPACT TEAM OF TRIDENT UNITED WAY WORKS TO STRENGTHEN OUR COMMUNITY BY TAKING AN INTEGRATIVE APPROACH WITH THREE KEY AREAS OF IMPACT: EDUCATION, FINANCIAL STABILITY AND HEALTH. TRIDENT UNITED WAY WORKS PROACTIVELY AND COLLABORATIVELY TO CREATE POSITIVE, LONG-LASTING CHANGE IN BERKELEY, CHARLESTON AND DORCHESTER COUNTIES.

TRIDENT UNITED WAY'S COMMUNITY CHANGE EFFORTS ARE SUPPORTED THROUGH HUNDREDS OF LOCAL WORKPLACE GIVING CAMPAIGNS, INDIVIDUAL GIVING, CORPORATE AND FOUNDATION GRANTS, FEDERAL AND STATE GRANTS AND FEES FOR SERVICE ACTIVITIES.

4b (Code:) (Expenses \$ 1,659,554. including grants of \$ 267,058.) (Revenue \$ 97,561.)

FINANCIAL STABILITY

INITIATIVES THAT SUPPORT THE FINANCIAL STABILITY FRAMEWORK INCLUDE THE AMERICORPS FINANCIAL STABILITY PROJECT, RESOURCE CONNECTION CENTERS IN BERKELEY AND DORCHESTER COUNTIES, SC THRIVE-THRIVE HUB ONLINE APPLICATION TOOL, CHARITYTRACKER, BARRIERS TO EMPLOYMENT AND FOODSHARE BERKELEY COUNTY. THE INTEGRATION OF TWO IMPACT AREAS, BASIC NEEDS AND INCOME, INTO ONE BEGAN IN 2010 RESULTING IN A MODEL OF CHANGE - FINANCIAL STABILITY, WHICH CONSISTS OF INTERRELATED STEPS THAT BEGINS WITH ADDRESSING BASIC NEEDS, FOLLOWED BY INCREASING BASIC SKILLS, THEN INCREASING INCOME AND SAVINGS, AND FINALLY, GAINING AND SUSTAINING ASSETS. HIGHLIGHTS OF THE ACCOMPLISHMENTS FOR 2023-2024 INCLUDE THE FOLLOWING:

4c (Code:) (Expenses \$ 211,603. including grants of \$ 96,498.) (Revenue \$)

EDUCATION

TRIDENT UNITED WAY SUPPORTS PROGRAMS AND LEADS COLLABORATIVE PARTNERSHIPS THAT AIM TO IMPROVE EDUCATIONAL OUTCOMES FOR ALL STUDENTS WITH A GOAL OF SUPPORTING ALL CHILDREN FROM BIRTH TO BE PREPARED FOR SCHOOL, MEET GRADE-LEVEL STANDARDS AND GRADUATE FROM HIGH SCHOOL PREPARED FOR EMPLOYMENT OR HIGHER EDUCATION.

ADDITIONAL INITIATIVES INCLUDED THREE ANNUAL VOLUNTEER PROGRAMS: READ ACROSS AMERICA DAY, THE AFRICAN AMERICAN LEADERSHIP COUNCIL ANNUAL BOOK DRIVE AND THE YOUNG LEADERS UNITED ANNUAL SCHOOL SUPPLY DRIVE. THE YOUNG LEADERS UNITED ANNUAL SCHOOL SUPPLY DRIVE REACHED 600+ STUDENTS IN 8+ SCHOOLS AND COMMUNITY BASED EVENTS BY PROVIDING BACKPACKS AND

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,085,077. including grants of \$ 628,967.) (Revenue \$)

4e Total program service expenses 5,336,228.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 60		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	43			
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.				
b Enter the number of voting members included on line 1a, above, who are independent		42		
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?		
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	
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	
b Other officers or key employees of the organization		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?		

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
ANDREA BOCCUCCI, CONTROLLER - (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) DAN CURIA DIRECTOR	2.00	X						0.	0.	0.
(6) REBECCA ENGELMAN DIRECTOR	2.00	X						0.	0.	0.
(7) ROBERT FEI DIRECTOR	2.00	X						0.	0.	0.
(8) SHAWAN GILLIANS 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) MICHAEL SCARAFILE DIRECTOR	2.00	X						0.	0.	0.
(22) GEONA SHAW JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(23) MELANIE STITH DIRECTOR	2.00	X						0.	0.	0.
(24) RICHARD WARING DIRECTOR	2.00	X						0.	0.	0.
(25) FRANCES WELCH DIRECTOR	2.00	X						0.	0.	0.
(26) JEREMY WILLITS DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								645,056.	0.	132,615.
d Total (add lines 1b and 1c)								645,056.	0.	132,615.

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

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
TOTAL COMFORT SOLUTIONS, 4760 GOER DR, STE E, NORTH CHARLESTON, SC 29406	HVAC SERVICES	424,092.
ESYSTEMS SOLUTIONS, LLC PO BOX 207, CHARLESTON, SC 29402	INFORMATION TECHNOLOGY SERVICES	188,382.

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

2

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) STUART E. WOODCOCK DIRECTOR	2.00	X						0.	0.	0.
(28) DAVID ZAAS DIRECTOR	2.00	X						0.	0.	0.
(29) WILLIAM ZOBEL DIRECTOR	2.00	X						0.	0.	0.
(30) NATASHA CHATMAN DIRECTOR	2.00	X						0.	0.	0.
(31) DAVID J HAMPTON PRESIDENT & CEO	50.00	X		X				218,658.	0.	36,294.
(32) BRADLEY DAVIS INTERIM PRESIDENT & CEO	50.00	X		X				56,100.	0.	0.
(33) DAVID J WASSERMAN CHIEF FINANCIAL OFFICER	50.00			X				154,191.	0.	30,330.
(34) CHRISTINE BOUDOLF VP COMM & VOL ENGAGEMENT	50.00				X			110,554.	0.	22,711.
(35) CATHERINE EASLEY ASSOC VP OF COMMUNITY IMPACT	50.00				X			105,553.	0.	43,280.
(36) MARK LEWIS BOARD CHAIR	5.00	X		X				0.	0.	0.
(37) BARBARA MELVIN BOARD CHAIR ELECT	5.00	X		X				0.	0.	0.
(38) WENDY KOPP ADVANCEMENT COMMITTEE CHAIR	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) JENNIFER BROWN AFRICAN AMERICAN LEADERSHIP COUNCIL	5.00	X		X				0.	0.	0.
(42) COURTNEY HOWARD COMMUNITY IMPACT COMMITTEE CHAIR	5.00	X		X				0.	0.	0.
(43) BOB LOWE 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 CHAIR	5.00	X		X				0.	0.	0.
(46) DUSTI ANNAN WOMEN UNITED CHAIR	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

332201
04-01-23

Part VIII Statement of RevenueCheck 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	15,450.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	535,674.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,150,329.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		4,701,453.			
Program Service Revenue	2 a	FOODSHARE BERKELEY COUNTY REVENUE	Business Code	561000	60,203.	60,203.	
	b	AMERICORP PROGRAM SERVICE FEES	561000	37,358.	37,358.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		97,561.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		519,858.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	180,743.			
b		Less: rental expenses ...	(ii) Personal	315,145.			
c		Rental income or (loss)		-134,402.			
d		Net rental income or (loss)		-134,402.			-134,402.
7 a		Gross amount from sales of assets other than inventory	(i) Securities	91,843.	325,000.		
b		Less: cost or other basis and sales expenses	(ii) Other	0.	49,392.		
c		Gain or (loss)		91,843.	275,608.		
d		Net gain or (loss)		367,451.			367,451.
8 a		Gross income from fundraising events (not including \$ 15,450. of contributions reported on line 1c). See Part IV, line 18		2,570.			
b		Less: direct expenses		70,414.			
c		Net income or (loss) from fundraising events		-67,844.			-67,844.
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER	Business Code	900099	37,554.	37,554.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		37,554.			
	12	Total revenue. See instructions		5,521,631.	135,115.	0.	685,063.

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	1,327,681.	1,327,681.		
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	777,671.	486,954.	52,031.	238,686.
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	2,536,822.	1,588,483.	169,728.	778,611.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,924.	66,326.	7,087.	32,511.
9 Other employee benefits	320,576.	200,735.	21,449.	98,392.
10 Payroll taxes	192,592.	120,595.	12,886.	59,111.
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	74,672.		74,672.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,010,445.	681,128.	103,220.	226,097.
12 Advertising and promotion	194,107.	183,213.	5,462.	5,432.
13 Office expenses	191,524.	157,226.	9,821.	24,477.
14 Information technology				
15 Royalties				
16 Occupancy	222,345.	178,442.	9,529.	34,374.
17 Travel	52,828.	45,784.	335.	6,709.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	109,983.	54,835.	41,159.	13,989.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,099.	99,038.	10,257.	45,804.
23 Insurance	44,138.	26,529.	3,079.	14,530.
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	127,418.	75,316.	10,339.	41,763.
b POSTAGE & PRINTING	58,518.	32,524.	2,581.	23,413.
c BANK CHARGES	16,698.	11,419.	1,098.	4,181.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,519,041.	5,336,228.	534,733.	1,648,080.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,011,895.	1	915,559.
	2 Savings and temporary cash investments	4,277,742.	2	3,342,240.
	3 Pledges and grants receivable, net	1,320,396.	3	1,137,405.
	4 Accounts receivable, net	92,916.	4	175,339.
	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	43,925.	9	43,272.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,277,604.		
	b Less: accumulated depreciation	10b 2,208,880.	10c	2,068,724.
	11 Investments - publicly traded securities	11,206,769.	11	10,995,076.
	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	302,743.	15	215,555.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,337,609.	16	18,893,170.	
Liabilities	17 Accounts payable and accrued expenses	843,377.	17	931,703.
	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	302,743.	25	215,555.
	26 Total liabilities. Add lines 17 through 25	1,146,120.	26	1,147,258.
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	17,020,664.	27	15,624,126.
	28 Net assets with donor restrictions	2,170,825.	28	2,121,786.
	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	19,191,489.	32	17,745,912.
	33 Total liabilities and net assets/fund balances	20,337,609.	33	18,893,170.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	5,521,631.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,519,041.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,997,410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,191,489.
5	Net unrealized gains (losses) on investments	5	461,763.
6	Donated services and use of facilities	6	90,070.
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	17,745,912.

Part XII Financial Statements and ReportingCheck 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 _____		

Form 990 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,097,374.	6,462,765.	6,871,672.	5,724,250.	4,701,453.	30,857,514.
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	7,097,374.	6,462,765.	6,871,672.	5,724,250.	4,701,453.	30,857,514.
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)						1,094,983.
6 Public support. Subtract line 5 from line 4.						29,762,531.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7,097,374.	6,462,765.	6,871,672.	5,724,250.	4,701,453.	30,857,514.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	892,023.	587,495.	340,580.	462,975.	519,858.	2,802,931.
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.)	80,257.	3,328.	9,370.	4,561.	37,554.	135,070.
11 Total support. Add lines 7 through 10						33,795,515.
12 Gross receipts from related activities, etc. (see instructions)					12	366,875.

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** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	88.07 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	89.60 %

16a 33 1/3% support test - 2023. 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 ☒**b 33 1/3% support test - 2022.** 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 ☐**17a 10% -facts-and-circumstances test - 2023.** 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 ☐**b 10% -facts-and-circumstances test - 2022.** 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 ☐**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 ☐

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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 (<i>describe in Part VI</i>). 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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

2023

*** Not Open to Public Inspection ***

323171 04-01-23

Schedule B
(Form 990)

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

2023

Name of the organization

TRIDENT UNITED WAY

Employer identification number

57-0314378

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

☒ 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

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		\$ 333,217.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

57-0314378

Part II

[illegible]

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

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

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

2023

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations

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	6,815,725.	6,313,052.	7,120,915.	5,599,786.	5,841,111.
b Contributions			21,250.		
c Net investment earnings, gains, and losses	277,048.	502,673.	-792,131.	1,804,024.	592,669.
d Grants or scholarships					
e Other expenditures for facilities and programs			-36,982.	-282,895.	-833,994.
f Administrative expenses					
g End of year balance	7,092,775.	6,815,725.	6,313,052.	7,120,915.	5,599,786.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 89.7000 %
- b Permanent endowment 6.6000 %
- c Term endowment 3.7000 %

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:

- (i) Unrelated organizations? _____
- (ii) Related organizations? _____

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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	3,382,073.		1,820,818.	1,561,255.
c Leasehold improvements				
d Equipment	405,531.		388,062.	17,469.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,068,724.

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	118,843.
(3) CURRENT PORTION LEASE LIABILITY	96,712.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	215,555.

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	5,860,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	461,763.
b	Donated services and use of facilities	2b	90,070.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	385,559.
e	Add lines 2a through 2d	2e	937,392.
3	Subtract line 2e from line 1	3	4,922,992.
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	74,672.
b	Other (Describe in Part XIII.)	4b	523,967.
c	Add lines 4a and 4b	4c	598,639.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,521,631.

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	7,305,961.
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	385,559.
e	Add lines 2a through 2d	2e	385,559.
3	Subtract line 2e from line 1	3	6,920,402.
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	74,672.
b	Other (Describe in Part XIII.)	4b	523,967.
c	Add lines 4a and 4b	4c	598,639.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,519,041.

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

Part XIII Supplemental Information (continued)

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	315,145.
SPECIAL EVENTS	70,414.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	385,559.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS	523,967.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

COMMERCIAL RENTAL EXPENSES	315,145.
SPECIAL EVENTS	70,414.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	385,559.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS	523,967.
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Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

TRIDENT UNITED WAY

Employer identification number

57-0314378

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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	18,020.			18,020.
	2 Less: Contributions	15,450.			15,450.
	3 Gross income (line 1 minus line 2)	2,570.			2,570.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,500.			2,500.
	7 Food and beverages	8,986.			8,986.
	8 Entertainment				
	9 Other direct expenses	58,928.			58,928.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				70,414.
11 Net income summary. Subtract line 10 from line 3, column (d)				-67,844.	

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: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV		Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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
ADDLESTONE HEBREW ACADEMY 1675 WALLENBERG BLVD. CHARLESTON, SC 29407	57-0409223	CHURCH	8,500.	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 - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	15,000.	0.			GRANTEE
BLACK RIVER UNITED WAY - GEORGETOWN, SC - PO BOX 1065 - GEORGETOWN, SC 29440-1065	57-0526145	501(C)(3)	14,441.	0.			GRANTEE
CAMP HAPPY DAYS 1 CARRIAGE LN BLDG C CHARLESTON, SC 29407	57-0755466	501(C)(3)	8,000.	0.			GRANTEE
CHARLESTON HABITAT FOR HUMANITY 731 MEETING ST CHARLESTON, SC 29413	57-0889919	501(C)(3)	15,000.	0.			GRANTEE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 36.
- 3 Enter total number of other organizations listed in the line 1 table 3.

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

Schedule I (Form 990) 2023

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
CHARLESTON LEGAL ACCESS 3775 SPRUILL AVE NORTH CHARLESTON, SC 29405	81-1013976	501(C)(3)	15,000.	0.			GRANTEE
CHARLESTON PRO BONO LEGAL SERVICES 111 CHURCH ST CHARLESTON, SC 29401	20-0737728	501(C)(3)	31,500.	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 - PO BOX 1889 - CLEMSON, SC 29633	57-0426335	501(C)(3)	13,681.	0.			GRANTEE
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	57-0426335	501(C)(3)	10,000.	0.			GRANTEE
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST. CHARLESTON, SC 29424	23-7069236	501(C)(3)	10,000.	0.			GRANTEE
COMMUNITIES IN SCHOOLS OF SOUTH CAROLINA - 1691 TURNBALL AVE - NORTH CHARLESTON, SC 29405	57-0931840	501(C)(3)	90,000.	0.			GRANTEE
CONGREGATION DOR TIKVAH PO BOX 80301 NORTH CHARLESTON, SC 29416	45-5626741	CHURCH	8,500.	0.			GRANTEE
DEE NORTON CHILD ADVOCACY CENTER 1061 KING ST CHARLESTON, SC 29403	57-0905724	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
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)	6,194.	0.			GRANTEE
FAMILY SERVICES, INC DBA ORIGIN SC P.O. BOX 118006 CHARLESTON, SC 29406	57-0324920	501(C)(3)	98,333.	0.			GRANTEE
ICNA RELIEF USA - SHIFA FREE CLINIC IN MOUNT PLEASANT, SC - 68 MARINA DR - CHARLESTON, SC 29492	04-3810161	501(C)(3)	18,500.	0.			GRANTEE
HELPING AND LENDING OUTREACH SUPPORT - 4995 LACROSS RD - NORTH CHARLESTON, SC 29406	20-0858549	501(C)(3)	62,534.	0.			GRANTEE
JAMES ISLAND OUTREACH 1853 MAYBANK HIGHWAY JAMES ISLAND, SC 29412	57-0907554	501(C)(3)	13,400.	0.			GRANTEE
JEWISH FAMILY OF SERVICES OF GREATER CHARLESTON - 176 CROGHAN SPUR ROAD, SUITE 100 - CHARLESTON, SC 29407	85-3901332	501(C)(3)	25,000.	0.			GRANTEE
KAY PHILLIPS CHILD ADVOCACY CENTER 303 EAST RICHARDSON AVE SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	10,850.	0.			GRANTEE
LANDMARKS FOR FAMILIES, INC. 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	22,662.	0.			GRANTEE
LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DR. CHARLESTON, SC 29405	57-0751835	501(C)(3)	22,471.	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
LOWCOUNTRY ORPHAN RELIEF PO BOX 70185 NORTH CHARLESTON, SC 29415	26-1108081	501(C)(3)	5,156.	0.			GRANTEE
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 18 BEE ST. - CHARLESTON, SC 29425	57-6028985	501(C)(3)	22,617.	0.			GRANTEE
MY SISTER'S HOUSE, INC. PO BOX 71171 NORTH CHARLESTON, SC 29415	57-0730861	501(C)(3)	30,078.	0.			GRANTEE
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES - 1684 BROWNSWOOD RD - JOHNS ISLAND, SC 29455	57-0905488	501(C)(3)	58,333.	0.			GRANTEE
PALMETTO COMMUNITY CARE 3547 MEETING STREET RD NORTH CHARLESTON, SC 29405	57-0905550	501(C)(3)	12,000.	0.			GRANTEE
ROPER ST. FRANCIS HEALTHCARE 8536 PALMETTO COMMERCE PARKWAY LADSON, SC 29456	57-0831165	GOVT	45,715.	0.			GRANTEE
SC THRIVE P.O. BOX 23503 LEXINGTON, SC 29224	90-1011409	501(C)(3)	53,600.	0.			GRANTEE
SECOND CHANCE BIKES 38 ASHLEY AVE CHARLESTON, SC 29401	82-4670279	501(C)(3)	15,000.	0.			GRANTEE
UNITED WAY OF THE MIDLANDS PO BOX 202 COLUMBIA, SC 29901-0202	57-0314396	501(C)(3)	5,121.	0.			GRANTEE

(h) Purpose of grant or assistance

GRANTEE

GRANTEE

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 \$523,967.

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)**

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

2023

Open to Public
Inspection

Name of the organization

TRIDENT UNITED WAY

Employer identification number

57-0314378

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) 2023

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)	218,658.	0.	0.	22,500.	13,794.	254,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID J WASSERMAN CHIEF FINANCIAL OFFICER	(i)	154,191.	0.	0.	30,000.	330.	184,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(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 2023-2024 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, lines 29 or 30.
Attach to Form 990.

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

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2023

Open to Public
Inspection

Name of the organization

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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	9	146,800.	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

30a During the year, did the organization receive by contribution any property reported in 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2023

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

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 the latest information.

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Inspection

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED WAY IS A CATALYST FOR MEASURABLE COMMUNITY TRANSFORMATION IN
EDUCATION, FINANCIAL STABILITY AND HEALTH." THIS MISSION GUIDED THE
ORGANIZATION'S PROGRAMS AND PARTNERSHIPS THROUGHOUT THE FISCAL YEAR.

INFORMED BY ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) DATA,
TRIDENT UNITED WAY'S BOARD HAS VOTED TO FOCUS IN FY24-25 ON FINANCIALLY
STABLE FAMILIES AND KICKED OFF A STRATEGIC PLANNING PROCESS TO BUILD
PROGRAMS AND PARTNERSHIPS IN THIS AREA. WHILE THE UPDATED MISSION
STATEMENT IS STILL IN DEVELOPMENT, THE ORGANIZATION REMAINS FOCUSED ON
IMPROVING LIVES ACROSS THE TRI-COUNTY REGION THROUGH COLLABORATIVE,
COMMUNITY DRIVEN SOLUTIONS.

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

FOR FISCAL YEAR 2023-2024, TRIDENT UNITED WAY FUNDED COMMUNITY PARTNERS
WITH OVER \$400,000 IN CHANGEMAKER GRANTS. APPROXIMATELY HALF OF THE
FUNDING WAS CAPACITY BUILDING FUNDS FOR AGENCIES AND THE OTHER HALF OF
THE FUNDING WAS IN SUPPORT OF ALICE HOUSEHOLDS.

UNITED FOR ALICE

ALICE REPRESENTS THE ASSET LIMITED, INCOME CONSTRAINED AND EMPLOYED
FAMILIES AND INDIVIDUALS WHO LIVE AND WORK IN THE TRI-COUNTY. ALICE
FAMILIES MAKE MORE THAN THE FEDERAL POVERTY LEVEL BUT FALL BELOW THE
ALICE THRESHOLD. THAT THRESHOLD IS AN INCOME AT WHICH INDIVIDUALS AND
FAMILIES ARE ABLE TO AFFORD THEIR BASIC NEEDS. THE ALICE THRESHOLD IS
BASED ON BUDGETS THAT INCLUDE COSTS FOR EVERYDAY ESSENTIALS LIKE
HOUSING, TRANSPORTATION, FOOD AND CHILDCARE. TRIDENT UNITED WAY IS

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

Schedule O (Form 990) 2023

Name of the organization

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PAVING THE WAY TO FINANCIAL STABILITY FOR ALICE INDIVIDUALS AND FAMILIES. WITH OUR EXPANSIVE NETWORK OF NONPROFIT PARTNERS, VOLUNTEERS AND DONORS, WE CONNECT ALICE TO IMMEDIATE SUPPORT AND ASSISTANCE PROGRAMS THAT OPEN OPPORTUNITIES FOR LONGTERM CHANGE.

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

2-1-1 SERVICE:

2-1-1 IS A FREE, CONFIDENTIAL REFERRAL AND INFORMATION SERVICE THAT CONNECTS PEOPLE FROM ALL COMMUNITIES AND OF ALL AGES TO A COMMUNITY RESOURCE SPECIALIST WHO WILL HELP THEM FIND LOCAL HEALTH AND HUMAN SERVICES. THE CALL CENTER IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK TO SERVE CALLERS IN OVER 100 LANGUAGES VIA PHONE, TEXT OR ONLINE. 2-1-1 IS COMMITTED TO BEING AN ESSENTIAL RESOURCE TO ANYONE WHO NEEDS HELP. AN INFORMATION AND REFERRAL (I&R) SPECIALIST ASSESSES CALLERS' NEEDS AND HELPS THE CALLER DETERMINE OPTIONS AND BEST COURSE OF ACTION IN A NON-THREATENING, NON-JUDGMENTAL AND CONFIDENTIAL MANNER. ADDITIONALLY, I&R SPECIALISTS ARE TRAINED TO DETERMINE WHETHER A CALLER MAY BE ELIGIBLE FOR OTHER PROGRAMS, TO INTERVENE IN CRISIS SITUATIONS AND TO ADVOCATE ON BEHALF OF A CALLER WHO MAY NEED FURTHER ASSISTANCE. 2-1-1 IS A FREE SERVICE TO THE COMMUNITY. TRIDENT UNITED WAY CONTRACTS WITH THE UNITED WAY OF ASSOCIATION OF SC, WHICH MANAGES THE CALL CENTER AND PROVIDES UP-TO-DATE, TIMELY, LOCAL INFORMATION ABOUT RESOURCES IN THE TRI-COUNTY TO TRI-COUNTY CALLERS. HIGHLIGHTS OF SERVICES FOR THE 2023-2024 FISCAL YEAR INCLUDE 13,267 CALLS RECEIVED, 33,131 REFERRALS MADE FOR THE TRI-COUNTY, AND 10,407 WEBSITE VISITS STATEWIDE.

BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS:

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THE BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS ARE A COLLABORATIVE PARTNERSHIP BETWEEN TRIDENT UNITED WAY AND OVER 10 LOCAL NONPROFIT PARTNERS. THE BERKELEY RESOURCE CONNECTION CENTER IS LOCATED AT 500 S LIVE OAK DR, MONCKS CORNER, SC 29461 AND THE DORCHESTER RESOURCE CONNECTION CENTER IS LOCATED AT 115 DEVON RD UNIT #14, SUMMERVILLE, SC 29483.

SERVICES IN THE CENTERS ARE PROVIDED THROUGH A NETWORK OF COMMUNITY PARTNERS IN AN INTEGRATED SERVICE DELIVERY SYSTEM. PARTNERS LOCATED IN THE CENTERS INCLUDE DORCHESTER ADULT EDUCATION, SC WORKS, VOCATIONAL REHABILITATION, SALVATION ARMY, PALMETTO GOODWILL, PALMETTO CAP, SC THRIVE, ORIGIN SC, ACCESSHEALTH, LOWCOUNTRY FOOD BANK AND FOODSHARE BERKELEY COUNTY. THE CENTERS ARE SERVICE HUBS WHERE LOW-TO-MODERATE INCOME INDIVIDUALS AND FAMILIES HAVE ACCESS TO PROGRAMS AND RESOURCES SUCH AS EDUCATIONAL RESOURCES, BASIC NEEDS SUPPORT AND RESOURCES TO BECOME FINANCIALLY STABLE. THE RESOURCE CONNECTION CENTERS TAKE AN INTEGRATED APPROACH TO SERVICE DELIVERY, WHICH INCLUDES BUNDLING AND SEQUENCING OF SERVICES, LEADING TO LONG-LASTING FINANCIAL CHANGE FOR CLIENTS AND THEIR FAMILIES. THE CENTERS OPERATE USING A CONTINUUM FRAMEWORK THAT BEGINS WITH ADDRESSING BASIC NEEDS AND MOVES INDIVIDUALS ALONG A PATH TO ACHIEVE THE GOAL OF GAINING AND SUSTAINING ASSETS. SERVING INDIVIDUALS COLLABORATIVELY IS A SHARED DESIRE TO CREATE BETTER FINANCIAL OUTCOMES FOR INDIVIDUALS AND FAMILIES IN THE TRI-COUNTY AREA.

THE RESOURCE CONNECTION CENTERS SERVED 10,453 INDIVIDUALS DURING THE 2023-2024 FISCAL YEAR.

AMERICORPS FAMILY NAVIGATORS:

Name of the organization

TRIDENT UNITED WAY

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THE TRIDENT UNITED WAY AMERICORPS PROGRAM HAS BEEN OPERATING FOR A DECADE WITH A GOAL OF BUILDING CAPACITY FOR COMMUNITY ORGANIZATIONS TO PROVIDE SERVICES THAT HELP INDIVIDUALS AND FAMILIES BECOME MORE FINANCIALLY STABLE. FURTHER, THE TRIDENT UNITED WAY AMERICORPS PROGRAM HAS DEVELOPED A REPUTATION IN THE TRI-COUNTY FOR PRODUCING HIGHLY QUALIFIED, TRAINED HUMAN SERVICES PROFESSIONALS.

NOTABLE RESULTS INCLUDE:

TRIDENT UNITED WAY'S SEVEN AMERICORPS MEMBERS CONNECTED 1,240 HOUSEHOLDS, INCLUDING 2,160 INDIVIDUALS, TO 2,642 SERVICES, INCLUDING 1,876 BASIC NEEDS SERVICES.

CHARITYTRACKER:

CHARITYTRACKER IS A WEB-BASED TRACKING TOOL PROVIDED BY TRIDENT UNITED WAY TO TRI-COUNTY NONPROFIT PARTNERS AT NO CHARGE. IT IS USED BY TRIDENT UNITED WAY PARTNER ORGANIZATIONS INCLUDING GRANTEES, COMMUNITY PARTNERS AND FAITH-BASED ORGANIZATIONS TO TRACK AND SAFELY SHARE CONFIDENTIAL INFORMATION ON INDIVIDUALS RECEIVING FINANCIAL STABILITY AND OTHER HUMAN SERVICES. THE TOOL MITIGATES ISSUES RELATED TO TRANSPORTATION AND PROVIDES ACCOUNTABILITY FOR THOSE BEING SERVED, AS WELL AS AGENCIES AND PARTNERS WORKING COLLECTIVELY TO MOVE INDIVIDUALS INTO FINANCIAL STABILITY. A BULLETIN BOARD FEATURE ALLOWS PARTNERS TO POST SERVICES PROVIDED, SUCH AS CLASSES AND EVENTS, AND ALERTS ALLOW PARTNERS TO POST EMERGENCY NEEDS SO THAT RESOURCES CAN BE DISTRIBUTED QUICKLY AND EFFICIENTLY THROUGHOUT THE COMMUNITY. THE SYSTEM IS SECURE AND ONLY AGENCIES AND PARTNERS THAT COMPLETE A TRAINING CERTIFICATION CAN USE THE SYSTEM. 404 LOCAL NONPROFIT PARTNERS USED THE SYSTEM IN THE 2023-2024 FISCAL YEAR, PROVIDING 13,461 HOUSEHOLDS, COMPRISED OF 36,295

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INDIVIDUALS, WITH 99,341 SERVICES. THE ESTIMATED VALUE OF THESE SERVICES WAS \$1,562,894.

FOODSHARE BERKELEY COUNTY:

FOODSHARE BERKELEY COUNTY IS MAKING STRIDES IN ADDRESSING FOOD INSECURITY IN OUR COMMUNITY. 52,811 POUNDS OF FOOD HAVE BEEN DISTRIBUTED TO 523 CUSTOMERS, IN OVER 3,000 BOXES IN FISCAL YEAR 2023-2024. OVER 60% OF THE BOXES ORDERED WERE PURCHASED WITH SNAP FUNDS.

SC THRIVE:

TRIDENT UNITED WAY PARTNER, SC THRIVE, UTILIZES THRIVE HUB, A WEB-BASED SYSTEM THAT ALLOWS COUNSELORS TO HELP CLIENTS APPLY FOR MULTIPLE RESOURCES DURING A SINGLE INTERVIEW. FOR FISCAL YEAR 2023-2024, 1,077 INDIVIDUALS COMPLETED FREE TAX RETURNS. INDIVIDUALS SAVED \$294,021 IN TAX PREPARATION FEES AND THE COMPLETED RETURNS HAVE AN ESTIMATED REFUND VALUE OF \$1,918,137.

BARRIERS TO EMPLOYMENT:

BARRIERS TO EMPLOYMENT IS A PROGRAM DESIGNED TO HELP INDIVIDUALS OBTAIN CHILDCARE, TRANSPORTATION, EQUIPMENT AND OTHER EXPENSES THAT ARE PREVENTING THEM FROM FINDING AND KEEPING A JOB. DURING FISCAL YEAR 2023-2024, 81 CLIENTS AND 117 HOUSEHOLD MEMBERS WERE SERVED. \$35,440 WAS SPENT FROM THE FUND, WITH AN AVERAGE PER CLIENT SPEND OF \$437.

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

SCHOOL SUPPLIES. 1,000 BOOKS BEFORE KINDERGARTEN HAD PARTICIPATION FROM 150 CHILDREN. CHILDREN RECEIVE TRACKING SHEETS AND MILESTONE REWARDS

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FOR HAVING 100, 500 OR 1,000 BOOKS READ. THE TRIDENT UNITED WAY TEAM ALSO LED AN EARLY LEARNING SUMMIT THAT INCLUDED A PRESENTATION ON ALICE DATA REGARDING THE COST OF CHILDCARE IN TRI-COUNTY HOUSEHOLDS AND COLLABORATION AMONG BUSINESSES, THE EDUCATION COMMUNITY AND PARENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HEALTH

THROUGH PARTNERSHIPS WITH ROPER ST. FRANCIS, MEDICAL UNIVERSITY OF SOUTH CAROLINA AND THE DUKE ENDOWMENT, TRIDENT UNITED WAY SUPPORTS 7 PROGRAMS THAT SEEK TO IMPROVE NUTRITION AND OVERALL WELLBEING IN THE TRI-COUNTY. THESE PROGRAMS TOGETHER HELP ACHIEVE GOALS FOR THE OVERALL WELLBEING OF OUR TRI-COUNTY AREA AS SET THROUGH THE HEALTHY TRI-COUNTY HEALTH IMPROVEMENT PLAN. FOR FISCAL YEAR 2023-2024, 30,000 POUNDS OF FOOD WAS DISTRIBUTED THROUGH FRESH FOOD PANTRIES, PRODUCE DELIVERIES AND COMMUNITY GARDENS. APPROXIMATELY 7,000 PEOPLE RECEIVED HEALTH EDUCATION SURROUNDING NUTRITION, PHYSICAL ACTIVITY AND CHRONIC DISEASE PREVENTION.

CONNECTING THE COMMUNITY

CONNECTING THE COMMUNITY INCLUDES INITIATIVES THAT PROVIDE COMMUNITY SERVICE OPPORTUNITIES AND INFORMATION ABOUT THE WORK OF TRIDENT UNITED WAY ACROSS THE TRI-COUNTY REGION. THE PRIMARY INITIATIVES ARE STRATEGIC VOLUNTEER ENGAGEMENT AND STAKEHOLDER AND COMMUNITY COMMUNICATION AS FOLLOWS:

1. STRATEGIC VOLUNTEER ENGAGEMENT SUPPORTS BOTH INTERNAL AND EXTERNAL VOLUNTEER ENGAGEMENT TO PROVIDE IMPACTFUL VOLUNTEER MATCHING OPPORTUNITIES. VOLUNTEERS FOR TRIDENT UNITED WAY SERVE AS

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THOUGHT-LEADERS ON COMMITTEES AND COUNCILS, AS WELL AS DECISION-MAKERS ABOUT COMMUNITY INVESTMENTS AND SUPPORT MISSION FULFILLMENT. TRIDENT UNITED WAY'S NONPROFIT PARTNERS AND CORPORATE PARTNERS CREATE A PIPELINE OF VOLUNTEERS FOR THE ORGANIZATION IN ALL LEVELS OF ENGAGEMENT BY OFFERING TAILOR-MADE VOLUNTEER OPPORTUNITIES TO CORPORATE PARTNERS THAT MAY RANGE FROM SUPPLY DRIVES TO HOME BUILDS AND CAN TAKE PLACE AT AN OFFICE OR IN THE COMMUNITY. ADDITIONALLY, TRIDENT UNITED WAY SUPPORTS THE STRATEGIC GROWTH OF SIGNATURE VOLUNTEER EVENTS SUCH AS READ ACROSS AMERICA DAY IN LOCAL SCHOOLS AND THE COMMUNITY'S LARGEST VOLUNTEER EVENT, TRIDENT UNITED WAY'S DAYS OF CARING. IN THE 2023-2024 FISCAL YEAR, TRIDENT UNITED WAY ENGAGED MORE THAN 3,600 VOLUNTEERS FOR ALMOST 13,000 HOURS OF SERVICE. THE TIME AND SKILLS CONTRIBUTED BY THE TRIDENT UNITED WAY VOLUNTEERS PROVIDED AN ESTIMATED COMMUNITY BENEFIT OF OVER \$387,500.

2. COMMUNICATION WITH KEY CONSTITUENTS AND ACROSS THE COMMUNITY INCLUDES YEAR-ROUND STRATEGIC EFFORTS. TRIDENT UNITED WAY DISTRIBUTES BI-MONTHLY EMAIL NEWSLETTERS TO MORE THAN 30,000 RECIPIENTS FOR EACH ISSUE. THE ORGANIZATION'S WEBSITE (TUW.ORG) AND SOCIAL MEDIA CHANNELS ARE UPDATED MULTIPLE TIMES EACH WEEK WITH NEW INFORMATION ABOUT IMPACT AND EVENTS. TRIDENT UNITED WAY POSTS INFORMATION AND ENGAGES WITH FOLLOWERS DAILY ON ITS FACEBOOK, INSTAGRAM, YOUTUBE AND LINKED IN. THROUGH MULTIPLE COMMUNICATIONS TACTICS, TRIDENT UNITED WAY AIMS TO ENGAGE WITH AUDIENCES AND REPORT ON ITS WORK TO DONORS, POTENTIAL DONORS, AND THE COMMUNITY-AT-LARGE, ANNOUNCE VOLUNTEER AND GRANT OPPORTUNITIES AND CELEBRATE THE IMPACT OF VOLUNTEER TIME. STRATEGIC COMMUNICATIONS ARE ALSO VITAL TO RAISING AWARENESS OF THE MYRIAD COMMUNITY RESOURCES AVAILABLE TO THOSE IN NEED AND TO SEEKING THE

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SUPPORT OF THOSE WHO CAN HELP. TO THAT END, TRIDENT UNITED WAY WORKS WITH LOCAL MEDIA TO SHARE INFORMATION AND PROMOTE OFFERINGS AND ACTIVITIES TO THE COMMUNITY.

DONOR DESIGNATIONS:

THE PURPOSE OF TRIDENT UNITED WAY'S ANNUAL FUNDRAISING CAMPAIGNS IS TO DEVELOP AND ENHANCE THE RESOURCES AVAILABLE FOR TRIDENT UNITED WAY'S COMMUNITY IMPACT MISSION. COMMUNITY VOLUNTEERS STRATEGICALLY INVEST THOSE RESOURCES IN THE TRI-COUNTY COMMUNITY TO CREATE LASTING, MEASURABLE CHANGE ON THE MOST PRESSING ISSUES FACING FAMILIES AND INDIVIDUALS.

TRIDENT UNITED WAY PROMOTES INVESTING IN THE COMMUNITY IMPACT WORK AS THE MOST EFFECTIVE WAY TO FINANCIALLY SUPPORT THE TRI-COUNTY COMMUNITY ABOVE ANY FORM OF DESIGNATED GIVING.

DONORS MAY ELECT ALL OR A PORTION OF THEIR PLEDGE/CONTRIBUTION AS DESIGNATED TO 501(C)(3) ORGANIZATIONS, OTHER THAN TRIDENT UNITED WAY.

REQUESTS ARE PROCESSED BY TRIDENT UNITED WAY AND PAYMENTS MADE TO DESIGNATED ORGANIZATIONS IS AS FOLLOWS:

* TRIDENT UNITED WAY HONORS DONOR DESIGNATIONS TO ANY VERIFIED 501(C)(3) ORGANIZATION OF \$50 OR MORE PER ORGANIZATION. VERIFICATION CONSISTS OF, ON A QUARTERLY BASIS, CONFIRMING THE ORGANIZATION HAS AN ACTIVE 501(C)(3) STATUS WITH THE INTERNAL REVENUE SERVICE AND COMPLETING ADDITIONAL VERIFICATIONS AS MAY BE REQUIRED BY UNITED WAY WORLDWIDE. NO FURTHER OVERSIGHT IS PROVIDED BY TRIDENT UNITED WAY ON

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THE USE OF DESIGNATED FUNDS.

* TRIDENT UNITED WAY DEDUCTS FUNDRAISING AND ADMINISTRATIVE FEES AT THE RATE OF 15 PERCENT (WITH A MINIMUM OF \$5 AND A MAXIMUM OF \$75) PER DESIGNATION.

* TRIDENT UNITED WAY SENDS PAYMENTS TO VERIFIED DESIGNATED ORGANIZATIONS (NET OF THE FUNDRAISING AND ADMINISTRATIVE FEE) ON A QUARTERLY BASIS (JANUARY, APRIL, JULY AND OCTOBER).

* GIFTS OR PAYMENTS MADE BY CASH, CHECK, CREDIT CARD OR STOCK WILL BE PAID OUT TO THE ORGANIZATION IN THE MONTH FOLLOWING THE QUARTER IN WHICH PLEDGE PAYMENT(S) ARE RECEIVED FROM THE DONOR. FOR EXAMPLE, DONOR PLEDGE PAYMENTS RECEIVED IN JANUARY, FEBRUARY OR MARCH WILL BE PAID IN APRIL; PAYMENTS RECEIVED IN APRIL, MAY AND JUNE WILL BE PAID IN JULY.

* TRIDENT UNITED WAY HAS A DONOR PRIVACY POLICY AND WILL NOT RELEASE THE NAMES OF INDIVIDUALS WITHOUT AUTHORIZATION FOR THE RELEASE OF SUCH INFORMATION. IF A DONOR PROVIDES AUTHORIZATION, TRIDENT UNITED WAY WILL SEND DONOR INFORMATION TO THE DESIGNATED ORGANIZATION.

EXPENSES \$ 2,085,077. INCLUDING GRANTS OF \$ 628,967. REVENUE \$ 0.

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 43 TOTAL AND 42 INDEPENDENT.

FORM 990, PART VI, SECTION A, LINE 2:

DR. FRANCES WELCH AND DR. COURTNEY HOWARD ARE BOTH EMPLOYEES WITH COLLEGE

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OF CHARLESTON. MS. DUSTI ANNAN AND DR. DAVID ZAAS ARE BOTH EMPLOYEES OF MUSC. BRENDA SZYMANOWSKI AND CASSANDRA PRICE ARE BOTH EMPLOYEES OF ASTENJOHNSON. MR. DAN CURIA AND MS. GEONA SHAW JOHNSON ARE BOTH EMPLOYEES OF THE CITY OF CHARLESTON. 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.

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FORM 990, PART VII

SECTION A. NATASHA CHATMAN WAS A MEMBER OF THE BOARD DURING FY23/24 AND
RESIGNED HER ROLE AS A DIRECTOR BEFORE ACCEPTING THE ROLE OF CHIEF
IMPACT OFFICER FOR TRIDENT UNITED WAY.

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

PROFESSIONAL FEES AND CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	681,128.
MANAGEMENT AND GENERAL EXPENSES	103,220.
FUNDRAISING EXPENSES	226,097.
TOTAL EXPENSES	1,010,445.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,010,445.