

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax: TRIDENT UNITED WAY; Taxpayer identification number: 57-0314378

Name and title of officer or person subject to tax: BRIDGET BUSH, CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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.

Table with 7 rows (1a-7a) and 2 columns (b Total revenue, b Total tax, etc.)

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 organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 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. [X] I authorize 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 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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: [Handwritten Signature]; Date: 3/25/2022

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. 57669708157. Do not enter all zeros.

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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: 02/14/22

ERO Must Retain This Form - See Instructions. Do Not Submit This Form to the IRS Unless Requested To Do So

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**BRIDGET A. BUSH, CFO**

- The books are in the care of ▶ **P. O. BOX 63305 - NORTH CHARLESTON, SC 29419**  
Telephone No. ▶ **(843) 740-7746** 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 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**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

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

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

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TRIDENT UNITED WAY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 63305</b> City or town, state or province, country, and ZIP or foreign postal code <b>NORTH CHARLESTON, SC 29419-3305</b> <b>F</b> Name and address of principal officer: <b>CHLOE KNIGHT TONNEY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>57-0314378</b> <b>E</b> Telephone number <b>(843) 740-9000</b> <b>G</b> Gross receipts \$ <b>8,345,839.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.TUW.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1944</b>		<b>M</b> State of legal domicile: <b>SC</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CATALYST FOR MEASURABLE COMMUNITY TRANSFORMATION IN EDUCATION, FINANCIAL STABILITY &amp; HEALTH.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>44</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>43</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	<b>72</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>2120</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 7,097,374.	<b>Current Year</b> 6,462,765.
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	63,062.	46,136.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	911,122.	1,517,133.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-1,904.	-29,280.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	8,069,654.	7,996,754.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	3,287,671.	2,207,097.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	3,416,950.	3,289,861.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	14,108.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,520,753.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,697,648.	1,545,532.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	8,402,269.	7,056,598.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	-332,615.	940,156.
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 19,063,609.	<b>End of Year</b> 21,229,103.
<b>21</b>	Total liabilities (Part X, line 26) .....	1,633,288.	1,545,097.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	17,430,321.	19,684,006.

**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.

<b>Sign Here</b>	Signature of officer <b>BRIDGET BUSH, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ZOE DAVIS</b>	Preparer's signature <b>ZOE DAVIS</b>	Date <b>03/28/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01057590</b>
	Firm's name ▶ <b>DAVIS &amp; COMPANY CPAS</b>	Firm's EIN ▶ <b>82-4158464</b>			
	Firm's address ▶ <b>P.O. BOX 1552</b> <b>MOUNT PLEASANT, SC 29465</b>	Phone no. <b>843-881-3315</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TRIDENT UNITED WAY IS A CATALYST FOR MEASURABLE COMMUNITY TRANSFORMATION IN EDUCATION, FINANCIAL STABILITY, AND HEALTH.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,746,924. including grants of \$ 1,317,388.) (Revenue \$ ) COMMUNITY IMPACT - THE COMMUNITY IMPACT TEAM OF TRIDENT UNITED WAY WORKS TO STRENGTHEN OUR COMMUNITY BY FOCUSING ON EDUCATION, FINANCIAL STABILITY, AND HEALTH. THE THREE AREAS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH ARE INTEGRATED, AND TRIDENT UNITED WAY WORKS PROACTIVELY AND COLLABORATIVELY TO CREATE LONG-LASTING CHANGE IN BERKELEY, CHARLESTON AND DORCHESTER COUNTIES USING THE COMMUNITY SOLUTIONS FRAMEWORKS AND THE COLLECTIVE IMPACT DISCIPLINE. TRIDENT UNITED WAY LEADS THREE NETWORKS, KINDERGARTEN READINESS, SAFETYNET ASSISTANCE, AND HEALTHY TRI-COUNTY TO SUPPORT COMMUNITY-LEVEL AND SYSTEMS CHANGE THAT NO ONE ORGANIZATION CAN DO ALONE. EACH IMPACT AREA'S GOALS ARE DETERMINED BY THESE NETWORKS THROUGH DATA AND FEEDBACK. THE FUNDS TRIDENT UNITED WAY COMPETITIVELY AWARDS TO OTHER

4b (Code: ) (Expenses \$ 1,051,757. including grants of \$ 50,000.) (Revenue \$ 34,628.) 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 AND THE EMERGENCY FOOD AND SHELTER (EFSP) PROGRAM. 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 BEGIN 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 2020-2021 INCLUDE THE FOLLOWING: 1. BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS SERVED 1,383

4c (Code: ) (Expenses \$ 202,220. including grants of \$ ) (Revenue \$ ) EDUCATION - TRIDENT UNITED WAY SUPPORTS PROGRAMS AND LEADS COLLABORATIVE PARTNERSHIPS THAT AIM TO PROMOTE BIRTH TO AGE 8 EARLY LEARNING, KINDERGARTEN READINESS AND MITIGATING KEY LEARNING BENCHMARK GAPS. THIS INCLUDES READING ON GRADE-LEVEL BY THIRD GRADE FOR UNDERSERVED STUDENTS LIVING AT <200% OF POVERTY. THE EDUCATION IMPACT AREA WORKS IN THREE WAYS: -CONVENING THE KINDERGARTEN READINESS NETWORK FOR THE TRI-COUNTY CRADLE TO CAREER COLLABORATIVE, WHICH PRIORITIZES SCHOOL READINESS OUTCOMES FOR CHILDREN BIRTH THROUGH AGE EIGHT. THE NETWORK IS LED BY ITS GUIDING TEAM AND REPRESENTATIVES FROM MORE THAN 40 ORGANIZATIONS IN THE REGION. THE NETWORK CREATED A GUIDING FRAMEWORK THAT SUPPORTS IMPROVED KINDERGARTEN READINESS OUTCOMES IN THE TRI-COUNTY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,069,619. including grants of \$ 839,709.) (Revenue \$ 11,508.)

4e Total program service expenses 5,070,520.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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</i> .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 44		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 43		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**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 **►**  
**BRIDGET A. BUSH, CFO - (843) 740-7746**  
**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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(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			
(1) CHLOE KNIGHT TONNEY PRESIDENT AND CEO	50.00	X		X			194,282.	0.	32,996.	
(2) BRIDGET BUSH CHIEF FINANCIAL OFFICER	50.00			X			102,407.	0.	27,524.	
(3) WENDY KOPP ADVANCEMENT COMMITTEE CHAIR	5.00	X					0.	0.	0.	
(4) TIMOTHY GROW AUDIT COMMITTEE CHAIR	5.00	X					0.	0.	0.	
(5) TOM J. LEONARD CAMPAIGN COMMITTEE CHAIR	5.00	X					0.	0.	0.	
(6) BRADLEY DAVIS COMMUNITY IMPACT CHAIR	5.00	X					0.	0.	0.	
(7) MARK E. LEWIS FINANCE COMMITTEE CHAIR	5.00	X					0.	0.	0.	
(8) WENDY BREWER INVESTMENT COMMITTEE CHAIR	5.00	X					0.	0.	0.	
(9) ELIZABETH ROGERS MKTG & COMMUNIC. CHAIR	5.00	X					0.	0.	0.	
(10) RICARDO AGNELLI DIRECTOR	2.00	X					0.	0.	0.	
(11) ERNEST ANDRADE DIRECTOR	2.00	X					0.	0.	0.	
(12) PAMELA BROWNING DIRECTOR	2.00	X					0.	0.	0.	
(13) DONDI COSTIN DIRECTOR	2.00	X					0.	0.	0.	
(14) SARA DEWOLF DIRECTOR	2.00	X					0.	0.	0.	
(15) JESSE DOVE DIRECTOR	2.00	X					0.	0.	0.	
(16) REVECCA ENGELMAN DIRECTOR	2.00	X					0.	0.	0.	
(17) ANNE FOREST 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)	(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			
(18) CHARLES GAINER DIRECTOR	2.00	X						0.	0.	0.
(19) TODD GALLATI DIRECTOR	2.00	X						0.	0.	0.
(20) MAYOR GREGORY HABIB DIRECTOR	2.00	X						0.	0.	0.
(21) SONIA HANSON DIRECTOR	2.00	X						0.	0.	0.
(22) JOHN HARVEY DIRECTOR	2.00	X						0.	0.	0.
(23) EDDIE INGRAM DIRECTOR	2.00	X						0.	0.	0.
(24) FRANCIS G. JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(25) JULIE KORNAHRENS DIRECTOR	2.00	X						0.	0.	0.
(26) TODD LANT DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								296,689.	0.	60,520.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								296,689.	0.	60,520.

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAY ASSOCIATION OF SC, 400 ARBOR LAKE DR, STE 500B, COLUMBIA, SC 29223	211 SYSTEM CONTRACTS AND MEMBER SERVICES	213,424.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KENNETH LOTT III DIRECTOR	2.00	X						0.	0.	0.
(28) VANESSA TURNER MAYBANK DIRECTOR	2.00	X						0.	0.	0.
(29) JANINE MCMANUS DIRECTOR	2.00	X						0.	0.	0.
(30) BARBARA MELVIN DIRECTOR	2.00	X						0.	0.	0.
(31) MARCELA RABENS DIRECTOR	2.00	X						0.	0.	0.
(32) MICHAEL SAMUEL DIRECTOR	2.00	X						0.	0.	0.
(33) TIMOTHY SEASE DIRECTOR	2.00	X						0.	0.	0.
(34) ARNOLD SINGLETON DIRECTOR	2.00	X						0.	0.	0.
(35) REEVES SKEEN DIRECTOR	2.00	X						0.	0.	0.
(36) KENNETH SMITH DIRECTOR	2.00	X						0.	0.	0.
(37) MELANIE STITH DIRECTOR	2.00	X						0.	0.	0.
(38) STEVE SWANSON DIRECTOR	2.00	X						0.	0.	0.
(39) PETER TECKLENBERG DIRECTOR	2.00	X						0.	0.	0.
(40) WILLIAM TURNER III DIRECTOR	2.00	X						0.	0.	0.
(41) FRAN WELCH DIRECTOR	2.00	X						0.	0.	0.
(42) STUART WOODCOCK JR. DIRECTOR	2.00	X						0.	0.	0.
(43) FLEETWOOD HASSELL IMMEDIATE PAST BOARD CHAIR	5.00	X		X				0.	0.	0.
(44) STEPHEN POLSTON BOARD CHAIR	5.00	X		X				0.	0.	0.
(45) ROBERT FEI STRATEGIC PLANNING CHAIR	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	28,473.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	917,484.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,516,808.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 283,779.				
	<b>h Total.</b> Add lines 1a-1f			6,462,765.			
<b>Program Service Revenue</b>	<b>2 a</b> AMERICORP PROGRAM SERVICE FEES	<b>Business Code</b>	519100	34,628.	34,628.		
	<b>b</b> DONOR DESIGNATION FEES		900099	11,508.	11,508.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			46,136.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			332,998.		332,998.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	254,497.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		295,718.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-41,221.			
	<b>d</b> Net rental income or (loss)			-41,221.		-41,221.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,191,877.			
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		0.	7,742.			
<b>c</b> Gain or (loss)	<b>7c</b>		1,191,877.	-7,742.			
<b>d</b> Net gain or (loss)			1,184,135.		1,184,135.		
<b>8 a</b> Gross income from fundraising events (not including \$ 28,473. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			54,238.			
<b>b</b> Less: direct expenses	<b>8b</b>		45,625.				
<b>c</b> Net income or (loss) from fundraising events			8,613.		8,613.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> VOLUNTEER EVENT INCOME	<b>Business Code</b>	900099	3,328.	3,328.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			3,328.			
<b>12 Total revenue.</b> See instructions			7,996,754.	49,464.	0.	1,484,525.	

**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

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	2,207,097.	2,207,097.		
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	395,683.	221,956.	36,410.	137,317.
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	2,292,530.	1,285,981.	210,953.	795,596.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	109,071.	61,183.	10,036.	37,852.
9 Other employee benefits	290,167.	162,768.	26,700.	100,699.
10 Payroll taxes	202,410.	113,541.	18,625.	70,244.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,900.	15,387.	2,347.	8,166.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	14,108.			14,108.
f Investment management fees	55,460.		55,460.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	513,605.	388,115.	40,377.	85,113.
12 Advertising and promotion	302,876.	234,936.		67,940.
13 Office expenses	28,355.	17,724.	6,053.	4,578.
14 Information technology				
15 Royalties				
16 Occupancy	128,407.	84,732.	9,698.	33,977.
17 Travel	7,748.	2,621.	358.	4,769.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,579.	14,942.	4,505.	14,132.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,311.	88,481.	8,783.	35,047.
23 Insurance	44,113.	22,490.	9,679.	11,944.
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 <b>MEMBERSHIP DUES</b>	154,250.	93,127.	12,015.	49,108.
b <b>POSTAGE &amp; PRINTING</b>	88,011.	42,600.	3,961.	41,450.
c <b>BANK CHARGES</b>	27,508.	10,573.	8,776.	8,159.
d <b>EQUIPMENT</b>	3,409.	2,266.	589.	554.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,056,598.	5,070,520.	465,325.	1,520,753.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,457,341.	<b>1</b>	5,677,793.		
	<b>2</b> Savings and temporary cash investments .....	179,408.	<b>2</b>	417,937.		
	<b>3</b> Pledges and grants receivable, net .....	3,040,789.	<b>3</b>	2,235,851.		
	<b>4</b> Accounts receivable, net .....	120,156.	<b>4</b>	124,193.		
	<b>5</b> 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 .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	70,036.	<b>9</b>	64,590.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,802,660.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,884,877.	2,083,948.	<b>10c</b>	1,917,783.	
	<b>11</b> Investments - publicly traded securities .....	9,111,931.	<b>11</b>	10,790,956.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	19,063,609.	<b>16</b>	21,229,103.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,051,072.	<b>17</b>	948,227.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> 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 .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	582,216.	<b>24</b>	596,870.		
	<b>25</b> 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 .....		<b>25</b>			
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,633,288.	<b>26</b>	1,545,097.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	13,807,926.	<b>27</b>	16,575,414.		
	<b>28</b> Net assets with donor restrictions .....	3,622,395.	<b>28</b>	3,108,592.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	17,430,321.	<b>32</b>	19,684,006.		
<b>33</b> Total liabilities and net assets/fund balances .....	19,063,609.	<b>33</b>	21,229,103.			

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,996,754.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,056,598.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	940,156.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	17,430,321.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,090,962.
<b>6</b>	Donated services and use of facilities	<b>6</b>	222,567.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	19,684,006.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,869,346.	8,343,572.	6,582,516.	7,097,374.	6,462,765.	38,355,573.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9,869,346.	8,343,572.	6,582,516.	7,097,374.	6,462,765.	38,355,573.
<b>5</b> 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) .....						1,866,463.
<b>6 Public support.</b> Subtract line 5 from line 4.						36,489,110.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	9,869,346.	8,343,572.	6,582,516.	7,097,374.	6,462,765.	38,355,573.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	577,562.	872,349.	511,900.	892,023.	587,495.	3,441,329.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	79,098.	33,133.	119,476.	80,257.	3,328.	315,292.
<b>11 Total support.</b> Add lines 7 through 10						42,112,194.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	361,428.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	86.65 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	86.34 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			







**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>379,216.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>298,538.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>397,068.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>221,496.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>167,275.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>176,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>152,935.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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? .....

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	5,599,786.	5,841,111.	5,820,851.	5,350,746.	4,777,285.
b Contributions			58,600.	83,927.	220,836.
c Net investment earnings, gains, and losses	1,804,024.	592,669.	339,092.	431,989.	624,234.
d Grants or scholarships					
e Other expenditures for facilities and programs	-282,895.	-833,994.	-377,431.	-45,811.	-271,609.
f Administrative expenses					
g End of year balance	7,120,915.	5,599,786.	5,841,111.	5,820,851.	5,350,746.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  89.5400 %
  - b Permanent endowment  6.5600 %
  - c Term endowment  3.9000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  | X   |    |
| (ii) Related organizations   |     | X  |
| 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	2,954,385.		1,877,136.	1,077,249.
c Leasehold improvements				
d Equipment	358,275.		7,741.	350,534.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,917,783.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	8,840,863.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,090,961.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	222,567.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	295,718.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,609,246.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	7,231,617.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	55,460.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	709,677.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	765,137.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	7,996,754.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,587,178.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	295,718.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	295,718.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,291,460.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	55,460.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	709,678.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	765,138.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	7,056,598.

**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	295,718.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS	709,677.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

COMMERCIAL RENTAL EXPENSES	295,718.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS	709,678.
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**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))
		<b>SING UNITED</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	82,711.			82,711.
	<b>2</b> Less: Contributions .....	28,473.			28,473.
	<b>3</b> Gross income (line 1 minus line 2) .....	54,238.			54,238.
Direct Expenses	<b>4</b> Cash prizes .....	3,500.			3,500.
	<b>5</b> Noncash prizes .....	8,250.			8,250.
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	33,875.			33,875.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				45,625.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				8,613.

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

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





**SCHEDULE I  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DR. CHARLESTON, SC 29405	57-0751835	501(C)(3)	235,786.	0.			GRANTEE
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES - 1684 BROWNSWOOD RD - JOHNS ISLAND, SC 29455	57-0905488	501(C)(3)	123,063.	0.			GRANTEE
COMMUNITIES IN SCHOOLS OF THE CHARLESTON AREA, INC. - 1090 E. MONTAGUE AVE - CHARLESTON, SC 29403	57-0915384	501(C)(3)	120,614.	0.			GRANTEE
ACCESS HEALTH TRI-COUNTY NETWORK 1483 TOBIAS GADSON BLVD, SUITE 109A CHARLESTON, SC 29407	27-4743848	GOVT	120,000.	0.			GRANTEE
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)	112,462.	0.			GRANTEE
PALMETTO COMMUNITY CARE 3547 MEETING STREET ROAD NORTH CHARLESTON, SC 29405	57-0905550	501(C)(3)	89,560.	0.			GRANTEE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **45.**

**3** Enter total number of other organizations listed in the line 1 table **12.**

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

Schedule I (Form 990) 2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS FOR KIDS, INC. 2097 MOUNT PLEASANT STREET CHARLESTON, SC 29403	57-1055054	501(C)(3)	80,696.	0.			GRANTEE
READING PARTNERS - CHARLESTON, SC 6296 RIVERS AVENUE SUITE 305 NORTH CHARLESTON, SC 29406	77-0568469	501(C)(3)	78,174.	0.			GRANTEE
DEE NORTON CHILD ADVOCACY CENTER 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)(3)	77,783.	0.			GRANTEE
TURNING LEAF PROJECT 3765 LEEDS AVE CHARLESTON, SC 29405	46-0671501	501(C)(3)	60,067.	0.			GRANTEE
REACH OUT AND READ 89 SOUTH STREET, SUITE 201 BOSTON, MA 21111	04-3481253	501(C)(3)	56,500.	0.			GRANTEE
SC THRIVE P.O. BOX 23503 LEXINGTON, SC 29224	90-1011409	501(C)(3)	50,000.	0.			GRANTEE
UNITED WAY OF THE MIDLANDS PO BOX 202 COLUMBIA, SC 29901	57-0314396	501(C)(3)	45,270.	0.			GRANTEE
ONE80 PLACE PO BOX 20038 CHARLESTON, SC 29413	57-0789483	501(C)(3)	42,169.	0.			GRANTEE
FLORENCE CRITTENTON PROGRAMS OF SOUTH CAROLINA - 19 SAINT MARGARET STREET - CHARLESTON, SC 29403	57-0342030	501(C)(3)	41,590.	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 non-cash 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)	40,000.	0.			GRANTEE
DORCHESTER CHILDREN'S ADVOCACY CENTER - 303 E. RICHARDSON ST. - SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	39,987.	0.			GRANTEE
CAROLINA YOUTH DEVELOPMENT CENTER 5055 LACKAWANNA BLVD. NORTH CHARLESTON, SC 29406	57-0669877	501(C)(3)	35,250.	0.			GRANTEE
SUMMERVILLE FAMILY YMCA 140 SOUTH CEDAR STREET SUMMERVILLE, SC 29483	57-0643100	501(C)(3)	33,402.	0.			GRANTEE
CHARLESTON PROMISE NEIGHBORHOOD 1819 MEETING STREET ROAD NORTH CHARLESTON, SC 29405	80-0597710	501(C)(3)	28,014.	0.			GRANTEE
CHARLESTON PRO BONO LEGAL SERVICES 111 CHURCH STREET CHARLESTON, SC 29401	20-0737728	501(C)(3)	27,295.	0.			GRANTEE
PALMETTO GOODWILL SERVICES 2150 EAGLE DR. BLDG 100 NORTH CHARLESTON, SC 29406	57-0632511	501(C)(3)	24,000.	0.			GRANTEE
SEACOAST CHRISTIAN COMMUNITY CHURCH, INC. - 750 LONG POINT ROAD - MOUNT PLEASANT, SC 29464	57-1045195	501(C)(3)	21,938.	0.			GRANTEE
EAST COOPER BAPTIST CHURCH 361 EGYPT ROAD MOUNT PLEASANT, SC 29464	57-0697258	CHURCH	21,229.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST EPISCOPAL CHURCH 2304 HIGHWAY 17 MOUNT PLEASANT, SC 29466	57-0771713	CHURCH	20,017.	0.			GRANTEE
FAMILY SERVICES, INC DBA ORIGIN SC 8084 RIVERS AVENUE N. CHARLESTON, SC 29406	57-0324920	501(C)(3)	19,018.	0.			GRANTEE
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	18,800.	0.			GRANTEE
ADDLESTONE HEBREW ACADEMY 1639 WALLENBURG BLVD. CHARLESTON, SC 29407	57-0409223	501(C)(3)	16,850.	0.			GRANTEE
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	57-0961897	501(C)(3)	14,837.	0.			GRANTEE
LONG BRANCH BAPTIST CHURCH OF GREENVILLE - 28 BOLT ST - GREENVILLE, SC 29605	57-0521475	CHURCH	12,000.	0.			GRANTEE
WATER MISSION INTERNATIONAL 1150 MOLLY GREENE WAY N. CHARLESTON, SC 29405	57-1116978	501(C)(3)	11,136.	0.			GRANTEE
UNITED WAY OF CENTRAL SAVANNAH RIVER AREA - 1765 BROAD STREET - AUGUSTA, GA 30904	58-0566155	501(C)(3)	11,128.	0.			GRANTEE
LIFE COVENANT CHURCH 4600 E 2ND ST EDMOND, OK 73034	73-1486708	CHURCH	10,667.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON ORPHAN HOUSE, INC. 5055 LACKAWANNA BLVD. NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	10,514.	0.			GRANTEE
UNITED WAY OF GREATER RICHMOND AND PETERSBURG - PO BOX 11807 - RICHMOND, VA 23230	23-7375346	501(C)(3)	10,067.	0.			GRANTEE
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 18 BEE ST. - CHARLESTON, SC 29425	57-6028985	501(C)(3)	9,930.	0.			GRANTEE
CHARLESTON BAPTIST CHURCH 13 SAN MIGUEL RD. CHARLESTON, SC 29414	57-0776068	CHURCH	9,800.	0.			GRANTEE
EAST COOPER MEALS ON WHEELS, INC. PO BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	9,737.	0.			GRANTEE
TWO RIVERS PRESBYTERIAN CHURCH 1082 EAST MONTAGUE AVENUE NORTH CHARLESTON, SC 29405	20-8223428	CHURCH	9,601.	0.			GRANTEE
MOUNT MORIAH MISSIONARY BAPTIST CHURCH - 7396 RIVERS AVE - NORTH CHARLESTON, SC 29406	57-0815508	CHURCH	9,400.	0.			GRANTEE
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	57-0426335	501(C)(3)	8,625.	0.			GRANTEE
THE CHURCH AT LIFE PARK 1151 GEORGE BROWDER BOULEVARD MOUNT PLEASANT, SC 29466	47-1094917	CHURCH	8,615.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK RIVER UNITED WAY - GEORGETOWN, SC - PO BOX 1065 - GEORGETOWN, SC 29440	57-0526145	501(C)(3)	8,435.	0.			GRANTEE
TRI-COUNTY CRADLE TO CAREER COLLABORATIVE - 1691 TURNBALL AVE, - NORTH CHARLESTON, SC 29405	46-2902337	501(C)(3)	8,350.	0.			GRANTEE
NEWSRING CHURCH PO BOX 1407 ANDERSON, SC 29622	26-4189337	CHURCH	8,100.	0.			GRANTEE
TURNING POINT MINISTRIES 1001 W 2ND AVE GASTONIA, NC 25852	35-2342168	501(C)(3)	7,425.	0.			GRANTEE
UNITED WAY OF THE CENTRAL CAROLINAS, INC. - PO BOX 890685 - CHARLOTTE, NC 28289	56-0529949	501(C)(3)	7,076.	0.			GRANTEE
REDEEMER PRESBYTERIAN CHURCH 43 WENTWORTH ST CHARLESTON, SC 29401	57-1072429	CHURCH	7,000.	0.			GRANTEE
PORTER-GAUD SCHOOL 300 ALBEMARLE RD CHARLESTON, SC 29407	57-0342032	501(C)(3)	6,949.	0.			GRANTEE
UNITED WAY OF PICKENS COUNTY PO BOX 96 EASLEY, SC 29641	57-0476249	501(C)(3)	6,592.	0.			GRANTEE
CHANGED LIVES MINISTRY 470 REID HILL ROAD MONCKS CORNER, SC 29461	81-3308416	501(C)(3)	6,245.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE COASTAL EMPIRE 428 BULL STREET SAVANNAH, GA 31401	58-0623603	501(C)(3)	6,129.	0.			GRANTEE
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL ST NEW ORLEANS, LA 70119	72-0471369	501(C)(3)	6,103.	0.			GRANTEE
CALVARY CHAPEL OF BOISE, INC. 123 S AUTO DRIVE BOISE, ID 83709	82-0373010	CHURCH	5,833.	0.			GRANTEE
CHARLESTON SOUTHERN UNIVERSITY 9200 UNIVERSITY BLVD NORTH CHARLESTON, SC 29407	57-0474291	501(C)(3)	5,132.	0.			GRANTEE
UNITED WAY OF HORRY COUNTY 761 CENTURY CIR CONWAY, SC 29526	57-0558692	501(C)(3)	5,127.	0.			GRANTEE
GIBBES MUSEUM OF ART 135 MEETING STREET CHARLESTON, SC 29401	57-0323047	501(C)(3)	5,115.	0.			GRANTEE

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

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

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

PART I, LINE 2:

A PORTION OF THE GRANTED FUNDS ARE A RESULT OF DIRECT DESIGNATIONS BY DONORS. IN THE CURRENT REPORTING YEAR, THIS AMOUNT IS \$709,678. 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. THERE IS AN ANNUAL REVIEW OF GRANTEE PROGRAM RESULTS AND FUND EXPENDITURES. IN THE CURRENT



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020



**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 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) CHLOE KNIGHT TONNEY PRESIDENT AND CEO	(i)	194,282.	0.	0.	9,750.	23,246.	227,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 1 , LINE 4B:

PERSONS PARTICIPATING 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 2020-2021 FISCAL  
YEAR

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	<b>X</b>	<b>21</b>	<b>283,779.</b>	<b>MARKET VALUE</b>
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three 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>X</b>
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? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
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.		

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

Schedule M (Form 990) 2020



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

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

TRIDENT UNITED WAY

Employer identification number

57-0314378

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

NONPROFIT ORGANIZATIONS ALIGN WITH THE NETWORK PRIORITIES TO ENSURE  
SYNERGY BETWEEN FUNDING AND OTHER TRIDENT UNITED WAY INITIATIVES AND  
AREAS OF FOCUS.

TRIDENT UNITED WAY'S COMMUNITY CHANGE EFFORTS ARE SUPPORTED THROUGH  
HUNDREDS OF WORKPLACE GIVING CAMPAIGNS, INDIVIDUAL GIVING, CORPORATE  
AND FOUNDATION GRANTS, FEDERAL AND STATE GRANTS, AND FEE FOR SERVICE  
ACTIVITIES. MAJOR INITIATIVES INCLUDED THE LAUNCH OF THE 2019-2022  
FUNDING CYCLE ANNOUNCED ON APRIL 23, 2019 OF PROGRAMMATIC GRANT OFFERS  
TO 19 AGENCIES DELIVERING 35 PROGRAMS ACROSS BERKELEY, CHARLESTON, AND  
DORCHESTER COUNTIES. THESE PROGRAMMATIC GRANT OFFERS COMPRISE PROGRAM  
INVESTMENT AND BASIC NEEDS GRANT POOLS TOTALING \$1.2 MILLION IN  
PHILANTHROPIC INVESTMENTS CYCLE. THESE GRANT POOLS ALSO INCLUDE  
COLLECTIVE IMPACT AND COMMUNITY ENGAGEMENT GRANTS ALIGNING WITH THE  
FOUR TRADITIONS OF PHILANTHROPY: RELIEF, IMPROVEMENT, SOCIAL REFORM,  
AND CIVIC ENGAGEMENT.

IN ADDITION TO GRANTS, THE COMMUNITY IMPACT AREA OF TRIDENT UNITED WAY  
SUPPORTS AND PROVIDES CAPACITY-BUILDING TOOLS TO THE COMMUNITY. THESE  
INCLUDE 211, RESOURCE CONNECTION CENTERS, THE AMERICORPS PROGRAM, AND  
CHARITYTRACKER. DETAILED DESCRIPTIONS OF THESE CAPACITY-BUILDING TOOLS  
ARE AS FOLLOWS:

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

Name of the organization TRIDENT UNITED WAY	Employer identification number 57-0314378
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SERVE CALLERS IN OVER ONE HUNDRED LANGUAGES BY DIALING ONE NUMBER AND MAKING ONE PHONE CALL. 2-1-1 IS COMMITTED AS THE FIRST, MOST ESSENTIAL RESOURCE TO ANYONE WHO NEEDS HELP. AN COMMUNITY RESOURCE 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, COMMUNITY RESOURCE 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 THE CALLER WHO MAY NEED FURTHER ASSISTANCE. THE SERVICE IS FREE TO THE COMMUNITY, SERVICE PROVIDERS AND MUNICIPALITIES. 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 2020-2021 FISCAL YEAR INCLUDE 13,589 CALLS RECEIVED AND 33,147 REFERRALS MADE.

BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS:

THE BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS ARE A COLLABORATIVE PARTNERSHIP BETWEEN TRIDENT UNITED WAY AND A HOST OF PARTNERS. THE BERKELEY RESOURCE CONNECTION CENTER IS LOCATED AT 325 E. MAIN STREET, MONCKS CORNER, SC 29461 AND THE DORCHESTER RESOURCE CONNECTION CENTER IS LOCATED AT 1325A BOONEHILL ROAD, ROOM 124, SUMMERVILLE, SC 29485. SERVICES IN THE CENTERS ARE PROVIDED THROUGH A COMMUNITY NETWORK OF 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, AND LOWCOUNTRY FOOD BANK. THE CENTERS ARE SERVICE HUBS WHERE LOW TO MODERATE INCOME

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INDIVIDUALS AND FAMILIES HAVE ACCESS TO PROGRAMS AND RESOURCES SUCH AS EDUCATIONAL RESOURCES, BASIC NEEDS AND RESOURCES TO BECOME SELF-SUFFICIENT. 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 CONTINUUM 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 PROVIDED OVER 7,430 FINANCIAL STABILITY SERVICES TO 1,383 HOUSEHOLDS WITH 3,064 INDIVIDUALS IN THE 2020-2021 FISCAL YEAR. TRIDENT UNITED WAY AND AGENCY PARTNERS PROVIDED \$167,095 IN IMMEDIATE FINANCIAL ASSISTANCE TO THE FAMILIES AND INDIVIDUALS.

**AMERICORPS FAMILY NAVIGATORS:**

THE TRIDENT UNITED WAY AMERICORPS PROGRAM HAS BEEN OPERATING FOR TEN YEARS WITH A GOAL OF BUILDING CAPACITY FOR COMMUNITY ORGANIZATIONS TO PROVIDE SERVICES THAT HELP FAMILIES BECOME MORE FINANCIALLY STABLE. FURTHER, THE TRIDENT UNITED WAY AMERICORPS PROGRAM HAS DEVELOPED A REPUTATION IN THE TRI-COUNTY OF PRODUCING HIGHLY QUALIFIED, TRAINED HUMAN SERVICES PROFESSIONALS. MORE THAN 75% OF ALL TRIDENT UNITED WAY AMERICORPS MEMBERS OVER THE PAST 3 YEARS MOVE ON TO EMPLOYMENT IN LOCAL HUMAN SERVICE ORGANIZATIONS AFTER COMPLETING THEIR SERVICE.

**NOTABLE RESULTS INCLUDE:**

THE AMERICORPS PROGRAM CONNECTED 2,690 FAMILIES TO OVER 6,000 BASIC NEEDS AND CRISIS MITIGATION SERVICES. WE ASSISTED 359 FAMILIES FILE

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STATE AND FEDERAL TAXES AT NO COST OR FEE BRINGING BACK \$1,344,730 IN REFUNDS TO THE COMMUNITY. IN ADDITION, WE PROVIDED 186 CLIENTS WITH BASIC FINANCIAL EDUCATION. THE 16 MEMBERS INCREASED OUR REGION'S SERVICE CAPACITY. PARTNER AGENCIES AGREE TO HOST AMERICORPS MEMBERS AT THEIR ORGANIZATION SITES TO ENHANCE AND FACILITATE CLIENT OUTREACH AND SERVICES. PARTNER AGENCIES PROVIDE A MATCH TO TUW BASED ON MEMBER SERVICE HOURS TO THE AGENCY. THIS YEAR, TUW RECEIVED \$34,628 IN PARTNER AGENCY MATCH FUNDS FOR THE AMERICORPS PROGRAM.

CHARITYTRACKER:

CHARITYTRACKER IS A WEB-BASED TRACKING TOOL PROVIDED TO COMMUNITY PARTNERS AT NO CHARGE THROUGH TRIDENT UNITED WAY. IT IS USED BY TRIDENT UNITED WAY PARTNER ORGANIZATIONS INCLUDING GRANTEES, COMMUNITY PARTNERS AND FAITH-BASED ORGANIZATIONS TO TRACK AND 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. AN ELECTRONIC 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 TO PEOPLE IN NEED. THE SYSTEM IS SECURE AND ONLY AGENCIES AND PARTNERS THAT COMPLETE TRAINING CERTIFICATION CAN USE THE SYSTEM.

-THERE ARE 342 ORGANIZATIONS USING CHARITYTRACKER SYSTEM.

-SERVICES TRACKED PARTNERS USING THE SYSTEM IN THE 2020-2021 FISCAL YEAR PROVIDED 22,391 HOUSEHOLDS, COMPRISED OF 44,334 INDIVIDUALS, WITH \$4,217,736 IN MONETARY ASSISTANCE.



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

HOUSEHOLDS WITH 3,064 INDIVIDUALS PROVIDED WITH 7,430 FINANCIAL STABILITY SERVICES.

2. EMERGENCY FOOD AND SHELTER (EFSP) PROGRAM - THROUGH TRIDENT UNITED WAY'S WORK WITH THE SAFETY NET ASSISTANCE NETWORK, EFSP AWARDED \$697,061 IN 3 PHASES. THIS INCLUDES 36 PARTNERS AND 71 PROGRAMS OVER THE 3 PHASES IN BERKELEY, CHARLESTON AND DORCHESTER COUNTIES.

3. CHARITYTRACKER - THROUGH THE MORE THAN 340 AGENCIES, CHURCHES AND FAITH-BASED ORGANIZATIONS USING CHARITYTRACKER, 22,391 HOUSEHOLDS WITH 44,334 HOUSEHOLD MEMBERS WERE ASSISTED WITH THE VALUE OF ASSISTANCE EQUALING \$4,217,736.

4. SC THRIVE - THRIVE HUB - MORE THAN 3,313 APPLICATIONS FOR WORK SUPPORT AND BENEFITS WERE COMPLETED. THE TAX FILING ASSISTANCE SERVICES PROVIDED MORE THAN 1,898 STATE AND/OR FEDERAL TAX RETURN FILINGS FOR FREE THROUGHOUT THE TRI-COUNTY AREA BRINGING BACK \$1,344,730 IN REFUNDS BACK INTO THE COMMUNITY. THIS SAVED MORE THAN \$270,000 IN FILING FEES.

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

-PROVIDING TRIDENT UNITED WAY PROGRAM INVESTMENT AND BASIC NEEDS GRANTS TO ORGANIZATIONS THAT ALIGN WITH NETWORK PRIORITIES.

-FUNDING AND COLLABORATIVELY WORKING WITH THE FOUR TRI-COUNTY SCHOOL DISTRICTS TO CONDUCT THE READING BY THIRD INNOVATION PROJECT IN SELECT SCHOOLS, WITH THE GOAL OF HELPING CHILDREN ACHIEVE THE BENCHMARK OF READING AT GRADE-LEVEL BY THIRD GRADE AND SCALING EFFECTIVE PRACTICES.

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

HEALTH-

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TRIDENT UNITED WAY HAS PARTNERED WITH MUSC HEALTH AND ROPER ST. FRANCIS HEALTHCARE TO CONTINUE TO SERVE AS THE BACKBONE ORGANIZATION FOR THE HEALTHY TRI-COUNTY NETWORK, A MULTI-SECTOR, REGIONAL COLLECTIVE IMPACT INITIATIVE WITH THE GOAL OF IMPROVING HEALTH OUTCOMES IN BERKELEY, CHARLESTON, AND DORCHESTER COUNTIES IN SOUTH CAROLINA (WWW.HEALTHYTRICOUNTY.COM). THE LONG-TERM ASPIRATIONAL GOAL OF HEALTHY TRI-COUNTY IS TO IMPROVE THE HEALTH AND WELL-BEING OF EVERY PERSON AND COMMUNITY WITHIN THE TRI-COUNTY REGION. THE FOLLOWING ARE HIGHLIGHTS OF ACCOMPLISHMENTS:

-HEALTHY TRI-COUNTY/TRIDENT UNITED WAY RENEWED THE ACCELERATOR GRANT TO FUND DIABETES PREVENTION PROGRAM FOR RURAL DIABETES 'HOTSPOTS' IN HOLLYWOOD AND MONCKS CORNER, SC.

- THE CONVERSATIONS ON RACE AND HEALTH EQUITY PRESENTED A SERIES ON THE COVID-19 PANDEMIC THAT BEGAN WITH A CONVERSATION ON THE COMMON MENTAL HEALTH ISSUES IN COMMUNITIES OF COLOR THAT HAVE BEEN AMPLIFIED BY THE PANDEMIC FOLLOWED BY CONVERSATIONS OF VACCINE HESITANCY AND MITIGATING FACTORS.

- MORE THAN 320 REGISTRANTS, 240 ATTENDEES AND 40 HEALTH RESOURCE PARTNERS PARTICIPATED IN THE TRI-COUNTY HEALTH SYMPOSIUM IN NOVEMBER 2021.

- THE INAUGURAL HEALTHY TRI-COUNTY ACCOMPLISHMENTS REPORT 2019 - 2021 WAS LAUNCHED IN JUNE 2021. THIS REPORT HIGHLIGHTED THE PROGRESS MADE BY HEALTHY TRI-COUNTY SUBCOMMITTEES AND COMMUNITY PARTNERS TOWARD THE GOALS OUTLINED IN THE OUR HEALTH, OUR FUTURE: TRI-COUNTY HEALTH IMPROVEMENT PLAN (TCHIP) 2018 - 2023. KEY ACCOMPLISHMENTS OVER THE LAST THREE YEARS WERE FEATURED ALONG WITH AN IMPERATIVE CALL TO ACTION TO AMPLIFY HEALTH IMPROVEMENT AND HEALTH EQUITY IN THE REGION.

- HEALTHY TRI-COUNTY COMMUNITY HUB LAUNCHED AN ONLINE GUIDE OF

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PROVIDERS AND RESOURCES:

WWW.HEALTHYTRICOUNTY.COM/COMMUNITY-RESOURCE-HUB

EXPENSES \$ 357,170. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 ARE THOUGHT LEADERS ON COMMITTEES AND COUNCILS, AS WELL AS DECISION-MAKERS ABOUT COMMUNITY INVESTMENTS AND SUPPORT MISSION FULFILLMENT. TRIDENT UNITED WAY 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 EVENT IN LOCAL SCHOOLS AND THE COMMUNITY'S LARGEST VOLUNTEER EVENT DURING TRIDENT UNITED WAY'S DAYS OF CARING. IN THE 2020-2021 FISCAL YEAR TUW ENGAGED MORE THAN 2,120 VOLUNTEERS, COMPLETED 130 COMMUNITY PROJECTS, FOR A TOTAL OF 4,126 HOURS OF SERVICE, WITH 165 COMPANIES FINDING WAYS TO GIVE BACK AND BUILD TEAM AND COMMUNITY SPIRIT. THE TIME AND SKILLS CONTRIBUTED BY THE TRIDENT UNITED WAY VOLUNTEERS SAVED OUR COMMUNITY MORE THAN \$105,089.

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**2. COMMUNICATION WITH KEY CONSTITUENTS AND ACROSS THE COMMUNITY**

INCLUDES YEAR-ROUND STRATEGIC EFFORTS. TRIDENT UNITED WAY DISTRIBUTES EMAIL NEWSLETTERS 6 TIMES PER YEAR TO MORE THAN 30,000 RECIPIENTS FOR EACH ISSUE. ANNUALLY TRIDENT UNITED WAY SENDS TARGETED EMAIL COMMUNICATIONS TO THE HEALTHY TRI-COUNTY NETWORK SIX TIMES PER YEAR AND DONOR NETWORK EMAIL NEWSLETTERS PERIODICALLY. THE ORGANIZATION'S WEBSITE (TUW.ORG) AND LINKEDIN PRESENCE ARE UPDATED WEEKLY WITH NEW INFORMATION ABOUT IMPACT AND EVENTS. TRIDENT UNITED WAY POSTS INFORMATION AND ENGAGES WITH FOLLOWERS DAILY ON ITS FACEBOOK, INSTAGRAM AND TWITTER ACCOUNTS. 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 SUPPORT OF THOSE WHO CAN HELP.

**DONOR DESIGNATION FEES:**

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 INVEST IN 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.

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TOTAL DONOR DESIGNATION FEES RECEIVED DURING THE FY 2020-2021 WERE

\$11,508.

REQUESTS ARE PROCESSED BY TRIDENT UNITED WAY AND PAYMENTS MADE TO

DESIGNATED ORGANIZATIONS ARE 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 AN ANNUAL BASIS, CONFIRMING THE ORGANIZATION HAS AN

ACTIVE 501(C)(3) STATUS WITH THE INTERNAL REVENUE SERVICE AND COMPLETES

ADDITIONAL VERIFICATIONS AS MAY BE REQUIRED BY UNITED WAY WORLDWIDE. NO

FURTHER OVERSIGHT IS PROVIDED BY TRIDENT UNITED WAY ON 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 \$ 712,449. INCLUDING GRANTS OF \$ 839,709. REVENUE \$ 11,508.

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FORM 990, PART VI, SECTION A, LINE 1:

PER THE TUW BYLAWS, THE PRESIDENT/CEO SERVES AS AN EX-OFFICIO, NON-VOTING MEMBER OF THE BOARD OF DIRECTORS, THUS 44 TOTAL AND 43 INDEPENDENT.

FORM 990, PART VI, SECTION 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 AND CHIEF EXECUTIVE OFFICER OF TRIDENT UNITED WAY. THE RETURN IS THEN REVIEWED BY THE AUDIT COMMITTEE OF TRIDENT UNITED WAY AND RECOMMENDED FOR FILING. THE AUDIT COMMITTEE PROVIDES THE COMPLETED FORM 990 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 UPON REQUEST FROM THE ORGANIZATION