

**990**  
Form  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

<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 TRIDENT UNITED WAY		<b>D</b> Employer identification number 57-0314378
	Doing business as		<b>E</b> Telephone number (843) 740-9000
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 63305	Room/suite	<b>G</b> Gross receipts \$ 7,446,608
	City or town, state or province, country, and ZIP or foreign postal code NORTH CHARLESTON, SC 294193305		
<b>F</b> Name and address of principal officer: CHLOE KNIGHT TONNEY PO BOX 63305 NORTH CHARLESTON, SC 294193305		<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: ▶ WWW.TUW.ORG			
<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: 1944
			<b>M</b> State of legal domicile: SC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: CATALYST FOR COMMUNITY TRANSFORMATION BY COLLECTIVE IMPACT IN EDUC, FIN STABILITY & HEALTH.		
	<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>	36
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	35	
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	68	
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6,728	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	8,343,572	6,582,516
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,133	108,626
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	809,304	491,040
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,523	31,710
		9,234,532	7,213,892
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,284,195	4,240,229
	<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)	3,049,433	3,051,125
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	60,133	36,814
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,454,328		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,553,374	1,715,851
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,947,135	9,044,019
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	287,397	-1,830,127	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	20,677,821	19,380,310
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	862,349	1,199,572
		19,815,472	18,180,738

**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.

Signature of officer: BRIDGET BUSH CHIEF FINANCIAL OFFICER  
 Date: 2020-10-30

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ZOE DAVIS	Preparer's signature ZOE DAVIS	Date 2020-10-23	Check <input type="checkbox"/> if self-employed	PTIN P01057590
	Firm's name ▶ DAVIS & COMPANY CPAS			Firm's EIN ▶ 82-4158464	
	Firm's address ▶ PO BOX 1552 MOUNT PLEASANT, SC 29465			Phone no. (843) 881-3315	

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

1 Briefly describe the organization's mission:

TRIDENT UNITED WAY IS A CATALYST FOR MEASURABLE COMMUNITY TRANSFORMATION THROUGH COLLECTIVE IMPACT 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 No

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

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

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

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

4a (Code: ) (Expenses \$ 1,512,562 including grants of \$ 621,746 ) (Revenue \$ 49,617 )

FINANCIAL STABILITY- INITIATIVES THAT SUPPORT THE FINANCIAL STABILITY FRAMEWORK INCLUDE THE AMERICORPS FINANCIAL STABILITY PROJECT, PROSPERITY CENTERS IN BERKELEY AND DORCHESTER COUNTIES, SC THRIVE-THE BENEFIT BANK ONLINE APPLICATION TOOL, CHARITYTRACKER AND THE EMERGENCY FOOD AND SHELTER (EFSP) PROGRAM. THE INTEGRATION OF THESE TWO IMPACT AREAS INTO ONE BEGAN IN 2010 RESULTED IN A MODEL OF CHANGE - FINANCIAL STABILITY, WHICH CONSISTS OF INTERRELATED STEPS THAT BEGINS WITH ADDRESSING BASIC NEEDS, FOLLOWED BY INCREASING BASIC SKILLS, THEN INCREASING INCOME AND SAVINGS, AND FINALLY, GAINING AND SUSTAINING ASSETS. HIGHLIGHTS OF THE ACCOMPLISHMENTS FOR 2018-2019 INCLUDE THE FOLLOWING: 1) AMERICORPS - 1,672 INDIVIDUALS WERE SERVED: RECEIVING 2,153 SERVICES, WITH 303 INDIVIDUALS RECEIVING BASIC FINANCIAL EDUCATION. THE 18 AMERICORPS MEMBERS INCREASED OUR REGION'S SERVICE CAPACITY BY PROVIDING 18,597 HOURS OF SERVICE. PARTNER AGENCIES AGREE TO HOST AMERICORPS MEMBERS AT THEIR ORGANIZATION SITES TO ENHANCE AND FACILITATE CLIENT OUTREACH AND SERVICES. PARTNER AGENCIES PAY A FEE TO TUW BASED ON MEMBER SERVICE HOURS TO THE AGENCY. IN THE FY 2018-2019, TUW RECEIVED \$49,671 IN PARTNER AGENCY REVENUE FOR THE AMERICORPS PROGRAM. 2) BERKELEY AND DORCHESTER PROSPERITY CENTERS SERVED 1,379 CLIENTS, WITH 3,365 FINANCIAL STABILITY SERVICES PROVIDED. 3) EMERGENCY FOOD AND SHELTER (EFSP) PROGRAM - THROUGH TRIDENT UNITED WAY'S WORK WITH THE SAFETY NET ASSISTANCE NETWORK, EFSP AWARDED \$318,876 TO 36 PROGRAMS. 4) CHARITYTRACKER - THROUGH THE OVER 320 ORGANIZATIONS USING CHARITYTRACKER, 28,492 HOUSEHOLDS WERE ASSISTED WITH THE VALUE OF ASSISTANCE EQUALING \$1,444,819. 5 ) SC THRIVE - THE BENEFIT BANK - OVER 3,341 APPLICATIONS FOR WORK SUPPORT AND BENEFITS WERE COMPLETED. THE TAX PREPARATION ASSISTANCE PROVIDED OVER 3,364 STATE AND/OR FEDERAL TAX RETURN FILINGS FOR FREE THROUGHOUT THE TRI-COUNTY AREA BRINGING BACK \$4,674,713 BACK INTO THE COMMUNITY.

4b (Code: ) (Expenses \$ 1,714,733 including grants of \$ 1,387,951 ) (Revenue \$ )

EDUCATION- TRIDENT UNITED WAY (TUW) SUPPORTS PROGRAMS AND LEADS COLLABORATIVE PARTNERSHIPS THAT AIM TO PROMOTE EARLY READINESS AND INTERVENTION AND ELIMINATE ACADEMIC PERFORMANCE GAPS BETWEEN STUDENTS RESULTING FROM POVERTY AND SOCIOECONOMIC CONDITIONS (TUW FUNDS BASED ON SERVICES BEING DELIVERED TO <200% OF POVERTY AND PLACE PROGRAMMING IN HIGH NEEDS SCHOOLS) IN ENGLISH LANGUAGE ARTS AND MATHEMATICS. TO HELP REACH THE EDUCATION GOAL, TUW LEADS SEVERAL EFFORTS. THE FIRST IS THROUGH PROGRAMMATIC INVESTMENTS IN ORGANIZATIONS THAT SERVE STUDENTS OF FAMILIES WITH HOUSEHOLD INCOME OF 200% OF THE FEDERAL POVERTY INDEX OR BELOW. THE SECOND IS THE CONVENING OF THE KINDERGARTEN READINESS NETWORK FOR THE TRI-COUNTY CRADLE TO CAREER COLLABORATIVE, WHICH PRIORITIZES SCHOOL READINESS OUTCOMES FOR CHILDREN BIRTH THROUGH AGE EIGHT. FINALLY, TUW IS WORKING COLLABORATIVELY WITH MULTIPLE SCHOOL DISTRICTS AND COMMUNITY PARTNERS TO CONDUCT THE READING BY THIRD INNOVATION PROJECT, WITH THE GOAL OF HELPING CHILDREN ACHIEVE THE BENCHMARK OF READING AT GRADE-LEVEL BY THIRD GRADE AND SCALING EFFECTIVE PRACTICES. HIGHLIGHTS OF ACCOMPLISHMENTS FOR 2018-2019 INCLUDE THE FOLLOWING:1) KINDERGARTEN READINESS NETWORK - THE NETWORK, LED BY ITS GUIDING TEAM AND REPRESENTATIVES OF OVER 40 ORGANIZATIONS IN THE REGION, FURTHER DEVELOPED A GUIDING FRAMEWORK THAT SUPPORTS IMPROVED KINDERGARTEN READINESS OUTCOMES IN THE TRI-COUNTY. THIS FRAMEWORK WILL GUIDE FUTURE CATALYTIC PROJECTS AND ACTIVITIES THAT LEAD TO RESULTS AND POSITIVE SYSTEMS-LEVEL CHANGE.2) TRI-COUNTY READING BY THIRD PROJECT- SERVING 1,907 STUDENTS IN 12 SCHOOLS ACROSS 4 DISTRICTS. APPROXIMATELY 165 EDUCATORS HAVE BEEN TRAINED BY THE UNIVERSITY OF FLORIDA LITERARY INITIATIVE IN THE FIRST TWO YEARS OF THE PROJECT. THE PROJECTS TRAIN TEACHERS IN ENGLISH LANGUAGE ARTS INSTRUCTIONAL PRACTICES.

4c (Code: ) (Expenses \$ 1,191,283 including grants of \$ 966,975 ) (Revenue \$ )

HEALTH- 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 (HTC) 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 HTC IS TO IMPROVE THE HEALTH AND WELL-BEING OF EVERY PERSON AND COMMUNITY WITHIN THE TRI-COUNTY REGION. OCTOBER 30, 2018 MARKED THE RELEASE OF "OUR HEALTH, OUR FUTURE: TRI-COUNTY HEALTH IMPROVEMENT PLAN 2018-2023", THE FIRST COMPREHENSIVE HEALTH IMPROVEMENT PLAN IN OUR REGION PROVIDING CONCRETE RECOMMENDATIONS AND ACTION STEPS FOR IMPROVING HEALTH OUTCOMES. MORE THAN 80 VOLUNTEERS REPRESENTING 60 ORGANIZATIONS INVESTED APPROXIMATELY 2,300 HOURS IN CREATING THE TRI-COUNTY HEALTH IMPROVEMENT PLAN.A HIGH PRIORITY OF TRIDENT UNITED WAY IS SUPPORTING THE IMPLEMENTATION OF "OUR HEALTH, OUR FUTURE: TRI-COUNTY HEALTH IMPROVEMENT PLAN 2018-2023" IN OUR REGION TO PROVIDE CONCRETE RECOMMENDATIONS AND ACTION STEPS FOR IMPROVING HEALTH OUTCOMES THAT CAN BE CARRIED OUT BY A WIDE RANGE OF LOCAL ORGANIZATIONS, GROUPS AND INDIVIDUALS. OTHER PRIORITIES OF TUW INCLUDE SUPPORTING WORKGROUPS OPERATING UNDER THE UMBRELLA OF HTC, INCLUDING THE TRI-COUNTY DIABETES COALITION, HTC EXECUTIVE COMMITTEE, IMMUNIZATION WORK GROUP, AND TRI-COUNTY HEALTH DATA WORKGROUP.

(Code: ) (Expenses \$ 2,679,847 including grants of \$ 1,263,557 ) (Revenue \$ 59,009 )

COMMUNITY IMPACT- COMMUNITY IMPACT WORKS TO STRENGTHEN OUR COMMUNITY BY FOCUSING ON EDUCATION, FINANCIAL STABILITY AND HEALTH. WE SEE THESE AREAS AS INTEGRATED AND WORK PROACTIVELY AND COLLABORATIVELY TO CREATE LONG-LASTING CHANGE IN BERKELEY, CHARLESTON AND DORCHESTER COUNTIES USING THE COLLECTIVE IMPACT DISCIPLINE. THE COMMUNITY CHANGE LED BY TUW IS 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 WITH ANNOUNCEMENT ON APRIL 23, 2019 OF GRANT OFFERS TO 19 AGENCIES DELIVERING 35 PROGRAMS ACROSS BERKELEY, CHARLESTON AND DORCHESTER COUNTIES. THESE GRANT OFFERS COMPRISE PROGRAM INVESTMENT AND BASIC NEEDS GRANT POOLS TOTALING \$1.2 MILLION IN PHILANTHROPIC INVESTMENTS CYCLE. THESE 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, COMMUNITY IMPACT PROVIDES CAPACITY BUILDING TOOLS TO THE COMMUNITY FREE OF CHARGE. THESE INCLUDE 211, CHARITYTRACKER AND THE AMERICORPS PROGRAM.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, 24 HOURS A DAY, SEVEN DAYS A WEEK, IN MULTIPLE 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 INFORMATION AND REFERRAL (I&R) SPECIALIST ASSESSES CALLERS' NEEDS AND HELPS THE CALLER DETERMINE OPTIONS AND BEST COURSE OF ACTION IN A NON-THREATENING, NON-JUDGMENTAL AND CONFIDENTIAL MANNER. ADDITIONALLY, I&R SPECIALISTS ARE TRAINED TO DETERMINE WHETHER A CALLER MAY BE ELIGIBLE FOR OTHER PROGRAMS, TO INTERVENE IN CRISIS-SITUATIONS AND TO ADVOCATE ON BEHALF OF THE CALLER WHO MAY NEED ADDITIONAL ASSISTANCE. THE SERVICE IS FREE. 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 2018-2019 FISCAL YEAR INCLUDE 11,299 CALLS RECEIVED AND 24,595 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. 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 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 3,365 FINANCIAL STABILITY SERVICES TO 1,379 INDIVIDUALS IN THE 2018-2019 FISCAL YEAR. TUW AND AGENCY PARTNERS PROVIDED \$38,965 IN IMMEDIATE FINANCIAL ASSISTANCE TO THE FAMILIES AND INDIVIDUALS.AMERICORPS FAMILY NAVIGATORS:THE TUW AMERICORPS PROGRAM HAS BEEN OPERATING FOR TEN YEARS WITH A GOAL OF BUILDING CAPACITY

FOR ORGANIZATIONS TO PROVIDE SERVICES THAT HELP FAMILIES BECOME MORE FINANCIALLY STABLE. FURTHER, THE TUW AMERICORPS PROGRAM HAS DEVELOPED A REPUTATION IN THE TRI-COUNTY OF PRODUCING HIGHLY QUALIFIED, TRAINED HUMAN SERVICES PROFESSIONALS. OVER 75% OF ALL TUW AMERICORPS MEMBERS OVER THE PAST 3 YEARS MOVE ON TO EMPLOYMENT IN LOCAL HUMAN SERVICE ORGANIZATIONS AFTER COMPLETING THEIR SERVICE. NOTABLE RESULTS INCLUDE:-17 AMERICORPS MEMBERS PROVIDED BASIC NEEDS/CRISIS MITIGATION TO 825 FAMILIES. THOSE SERVICES INCLUDED PROVIDING ASSISTANCE TO 1,424 CLIENTS TO ACCESS BENEFITS AND ASSISTANCE WITH FILING 1,296 FEDERAL AND STATE TAX RETURNS FREE OF CHARGE.CHARITYTRACKER:CHARITYTRACKER IS A WEB-BASED TRACKING TOOL PROVIDED TO COMMUNITY PARTNERS AT NO CHARGE THROUGH TRIDENT UNITED WAY. IT IS USED BY TUW PARTNER ORGANIZATIONS INCLUDING TUW GRANTEES, COMMUNITY PARTNERS AND FAITH-BASED ORGANIZATIONS TO TRACK AND SHARE CONFIDENTIAL INFORMATION ON INDIVIDUALS RECEIVING FINANCIAL STABILITY SERVICES. THE TOOL MITIGATES ISSUES RELATED TO TRANSPORTATION AND PROVIDES ACCOUNTABILITY FOR THOSE BEING SERVED, AS WELL AS AGENCIES AND PARTNERS WORKING COLLECTIVELY TO MOVE INDIVIDUALS INTO FINANCIAL STABILITY. A BULLETIN BOARD FEATURE ALLOWS PARTNERS TO POST SERVICES PROVIDED, SUCH AS CLASSES AND EVENTS, AND ALERTS ALLOW PARTNERS TO POST EMERGENCY NEEDS SO THAT RESOURCES CAN BE DISTRIBUTED QUICKLY AND EFFICIENTLY TO PEOPLE IN NEED. THE SYSTEM IS SECURE AND ONLY AGENCIES AND PARTNERS THAT COMPLETE TRAINING CERTIFICATION CAN USE THE SYSTEM.-THERE ARE 320 ORGANIZATIONS USING CHARITYTRACKER SYSTEM.-SERVICES TRACKED PARTNERS USING THE SYSTEM IN THE 2018-2019 FISCAL YEAR PROVIDED 14,480 HOUSEHOLDS, COMPRISED OF 28,492 INDIVIDUALS, WITH \$1,444,819 IN MONETARY ASSISTANCE. ON AVERAGE, EACH HOUSEHOLD IS PROVIDED 3 INSTANCES OF ASSISTANCE.

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

CONNECTING THE COMMUNITY:CONNECTING THE COMMUNITY INCLUDES INITIATIVES THAT DIRECTLY SERVE 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 TUW ARE THOUGHT LEADERS ON COMMITTEES AND COUNCILS, AS WELL AS DECISION-MAKERS ABOUT COMMUNITY INVESTMENTS AND SUPPORT MISSION FULFILLMENT. TUW NONPROFIT PARTNERS AND CORPORATE PARTNERS CREATE A PIPELINE OF VOLUNTEERS FOR TUW 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, TUW SUPPORTS THE STRATEGIC GROWTH OF SIGNATURE VOLUNTEER EVENTS SUCH AS READ ACROSS AMERICA DAY EVENT IN LOCAL SCHOOLS AND THE COMMUNITY'S LARGEST SINGLE DAY OF VOLUNTEERING DURING TRIDENT UNITED WAY'S DAY OF CARING. IN THE 2018-2019 FISCAL YEAR TUW ENGAGED OVER 6,728 VOLUNTEERS, COMPLETED 383 COMMUNITY PROJECTS, FOR A TOTAL OF 30,735 HOURS OF SERVICE, WITH 171 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 \$341,450. 2) COMMUNICATION WITH KEY CONSTITUENTS AND ACROSS THE COMMUNITY IS A YEAR-ROUND STRATEGIC EFFORT. TUW DISTRIBUTES QUARTERLY EMAIL NEWSLETTERS TO MORE THAN 25,000 RECIPIENTS. ANNUALLY TUW SENDS TARGETED EMAIL COMMUNICATIONS TO THE HEALTHY TRI-COUNTY NETWORK SIX TIMES PERS YEAR AND DONOR NETWORK EMAIL NEWSLETTERS QUARTERLY. TUW ALSO UPDATES ITS WEBSITE (TUW.ORG) AND LINKEDIN PRESENCE WEEKLY WITH NEW INFORMATION AND EVENTS. TUW POSTS INFORMATION AND ENGAGES WITH FOLLOWERS DAILY ON ITS FACEBOOK AND TWITTER ACCOUNTS. THROUGH THESE VARIOUS TOOLS, TUW AIMS TO ENGAGE WITH AUDIENCES AND REPORT ON ITS WORK TO DONORS, POTENTIAL DONORS, AND THE COMMUNITY-AT-LARGE, ANNOUNCE FUNDING AND VOLUNTEER 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 HAVE THE ABILITY TO HELP.

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

DONOR DESIGNATION FEES:THE PURPOSE OF TRIDENT UNITED WAY'S ANNUAL FUNDRAISING CAMPAIGNS ARE TO DEVELOP AND ENHANCE THE RESOURCES AVAILABLE FOR TRIDENT UNITED WAY'S COMMUNITY IMPACT WORK. COMMUNITY VOLUNTEERS STRATEGICALLY INVEST THOSE RESOURCES IN THE TRI-COUNTY COMMUNITY IN ORDER 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. REQUESTS ARE PROCESSED BY TRIDENT UNITED WAY AND PAYMENTS OUT TO DESIGNATED ORGANIZATIONS IS AS FOLLOWS:-TRIDENT UNITED WAY HONORS DONOR DESIGNATIONS TO ANY VERIFIED 501(C)(3) ORGANIZATION OF \$50 OR MORE PER ORGANIZATION. VERIFICATION CONSISTS OF, ON 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.-TO PROTECT THE PRIVACY OF OUR DONORS, TRIDENT UNITED WAY 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.-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.TOTAL DONOR DESIGNATION FEES RECEIVED DURING THE FY 2018-2019 WERE \$59,009.

<b>4d</b>	Other program services (Describe in Schedule O.)	(Expenses \$	2,679,847	including grants of \$	1,263,557	) (Revenue \$	59,009
<b>4e</b>	<b>Total program service expenses</b>		<b>7,098,425</b>				

**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> . . . . .	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<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> . . . . .	Yes	
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .	Yes	
<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> . . . . .		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> (see instructions) . . . . .	Yes	
<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> . . . . .		No
<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> . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

<p><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></p>	<p><b>21</b></p>	<p>Yes</p>	
<p><b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p><b>22</b></p>		<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p>	<p><b>23</b></p>	<p>Yes</p>	
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p>	<p><b>24a</b></p>		<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p><b>24b</b></p>		
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p>	<p><b>24c</b></p>		
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p><b>24d</b></p>		
<p><b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p>	<p><b>25a</b></p>		<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p>	<p><b>25b</b></p>		<p>No</p>
<p><b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i></p>	<p><b>26</b></p>		<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p>	<p><b>27</b></p>		<p>No</p>
<p><b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p><b>28a</b></p>		<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p><b>28b</b></p>		<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p><b>28c</b></p>		<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p><b>29</b></p>	<p>Yes</p>	
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p><b>30</b></p>		<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p><b>31</b></p>		<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p><b>32</b></p>		<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p><b>34</b></p>		<p>No</p>
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>		<p>No</p>
<p><b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p><b>35b</b></p>		
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p><b>36</b></p>		<p>No</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p><b>37</b></p>		<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.</p>	<p><b>38</b></p>	<p>Yes</p>	

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 columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-tables for lines 1a-1b, 2a-2b, 7d, 10a-10b, 11a-11b, and 13a-13c.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (36), 1b (35), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (States), 18 (Public inspection), 19 (Governing documents), 20 (Books and records).

**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, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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) ROBERT F FEI BOARD CHAIR	5.00	X		X				0	0	0
(2) FLEETWOOD S HASSELL INCOMING BOARD CHAIR	5.00	X		X				0	0	0
(3) PJ BROWNING IMMEDIATE PAST CHAIR	5.00	X		X				0	0	0
(4) KENNETH F SMITH TREASURER/FINANCE CHAIR	5.00	X		X				0	0	0
(5) STEPHEN POLSTON AUDIT CHAIR	5.00	X						0	0	0
(6) JESSE C DOVE INVESTMENT COMMITTEE CHAIR	5.00	X						0	0	0
(7) FRANK BULLARD III CAMPAIGN CHAIR	5.00	X						0	0	0
(8) DANIEL P MOONEY STRATEGIC PLANNING CHAIR	5.00	X						0	0	0
(9) ELIZABETH ROGERS MKTG & COMMUNIC. CHAIR	5.00	X						0	0	0
(10) BRADLEY DAVIS COMMUNITY IMPACT CHAIR	5.00	X						0	0	0
(11) WENDY M BREWER DIRECTOR	2.00	X						0	0	0
(12) PATRICK J CAWLEY MD DIRECTOR	2.00	X						0	0	0
(13) SARA E DEWOLF DIRECTOR	2.00	X						0	0	0
(14) REBECCA J ENGELMAN DIRECTOR	2.00	X						0	0	0
(15) CHARLES GAINER DIRECTOR	2.00	X						0	0	0
(16) TIMOTHY A GROW DIRECTOR	2.00	X						0	0	0
(17) CAROLYN D HUNTER DIRECTOR	2.00	X						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) EDDIE D INGRAM DIRECTOR	2.00	X						0	0	0
(19) ADOLPH LANZA DIRECTOR	2.00	X						0	0	0
(20) KENNETH LOTT III DIRECTOR	2.00	X						0	0	0
(21) ASHLEY MANCINI YOUNG PHIL. SOCIETY CHAIR	5.00	X						0	0	0
(22) VANESSA TURNER MAYBANK DIRECTOR	2.00	X						0	0	0
(23) JANINE M MCMANUS DIRECTOR	2.00	X						0	0	0
(24) BARBARA L MELVIN DIRECTOR	2.00	X						0	0	0
(25) KAREN E NELSON DIRECTOR	2.00	X						0	0	0
(26) KRISTEN L OLSON DIRECTOR	2.00	X						0	0	0
(27) MARCELA RABENS DIRECTOR	2.00	X						0	0	0
(28) TIMOTHY SEASE DIRECTOR	2.00	X						0	0	0
(29) REEVES SKEEN DIRECTOR	2.00	X						0	0	0
(30) DONALD SMITH JR AFRICAN AMER. LEADERSHIP COUNCIL CHAIR	5.00	X						0	0	0
(31) STEVE SWANSON DIRECTOR	2.00	X						0	0	0
(32) PETER TECKLENBURG DIRECTOR	2.00	X						0	0	0
(33) WILLIAM TURNER III DIRECTOR	2.00	X						0	0	0
(34) KATHRYN WHITAKER WOMEN UNITED CHAIR	5.00	X						0	0	0
(35) MICHAEL WILSON DIRECTOR	2.00	X						0	0	0
(36) CHLOE KNIGHT TONNEY PRESIDENT&CEO AS OF 3/2019	50.00	X		X				0	0	0
(37) CHRISTOPHER KERRIGAN PRESIDENT&CEO UNTIL 4/2019	50.00	X		X			212,565	0	0	37,731
(38) BRIDGET BUSH CHIEF FINANCIAL OFFICER	50.00			X			110,308	0	0	10,949
(39) MERRIDITH CROWE CHIEF OPERATING OFFICER	50.00			X			113,615	0	0	24,576
(40) AMANDA LAWRENCE VICE PRES COMMUNITY IMPACT	50.00					X	102,306	0	0	14,652

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

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	538,794	0	87,908

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
<b>4</b> 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	Yes	
<b>5</b> 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		No

**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	MEMBER SERVICES	243,750
ESYSTEMS SOLUTIONS LLC PO BOX 207 CHARLESTON, SC 29402	CONTRACTED IT SERVICES	107,162

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

Part VIII Statement of Revenue

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

Main table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,240,229	4,240,229		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	436,490	258,651	38,128	139,711
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	2,032,731	1,204,535	177,558	650,638
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	131,380	77,852	11,476	42,052
<b>9</b> Other employee benefits . . . . .	258,544	153,205	22,584	82,755
<b>10</b> Payroll taxes . . . . .	191,980	113,762	16,769	61,449
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	36,814			36,814
<b>f</b> Investment management fees . . . . .	75,947		75,947	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	695,445	563,428	39,617	92,400
<b>12</b> Advertising and promotion . . . . .	96,120	32,689	5,000	58,431
<b>13</b> Office expenses . . . . .	50,756	35,839	1,584	13,333
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	142,832	91,034	12,377	39,421
<b>17</b> Travel . . . . .	50,182	27,203	4,511	18,468
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	206,456	52,575	55,008	98,873
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	101,141	66,498	6,947	27,696
<b>23</b> Insurance . . . . .	35,888	22,837	1,747	11,304
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIP DUES	123,213	73,476	12,807	36,930
<b>b</b> POSTAGE & PRINTING	122,986	80,352	3,280	39,354
<b>c</b> BANK CHARGES	12,025	3,915	3,560	4,550
<b>d</b> OTHER GRANTS	2,100		2,050	50
<b>e</b> All other expenses	760	345	316	99
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	9,044,019	7,098,425	491,266	1,454,328
<b>26</b> <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	3,217,731	<b>1</b>	2,016,769
	<b>2</b> Savings and temporary cash investments	736,279	<b>2</b>	3,663,019
	<b>3</b> Pledges and grants receivable, net . . . . .	3,913,783	<b>3</b>	3,223,177
	<b>4</b> Accounts receivable, net . . . . .	86,773	<b>4</b>	60,521
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Complete Part II of Schedule L 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 . . . . .	110,763	<b>9</b>	167,926
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,634,889		
	<b>b</b> Less: accumulated depreciation	1,567,604	<b>10c</b>	2,067,285
	<b>11</b> Investments—publicly traded securities . . . . .	10,849,752	<b>11</b>	8,181,613
	<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 34) . . . . .	20,677,821	<b>16</b>	19,380,310	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	862,349	<b>17</b>	1,199,572
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<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 . . . . .		<b>24</b>	
	<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 . . . . .	862,349	<b>26</b>	1,199,572
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	15,240,418	<b>27</b>	14,370,979
	<b>28</b> Temporarily restricted net assets	3,922,696	<b>28</b>	3,192,130
	<b>29</b> Permanently restricted net assets . . . . .	652,358	<b>29</b>	617,629
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	19,815,472	<b>33</b>	18,180,738	
<b>34</b> Total liabilities and net assets/fund balances	20,677,821	<b>34</b>	19,380,310	

**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>	7,213,892
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,044,019
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,830,127
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	19,815,472
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	195,393
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<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 in 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 33,	<b>10</b>	18,180,738

**Part XII Financial Statements and Reporting**

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

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**3a** 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?

**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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>1</b>		
<b>2a</b>		No
<b>b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRIDENT UNITED WAY

Employer identification number

57-0314378

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
\_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,364,193	10,100,851	9,869,346	8,343,572	6,582,516	45,260,478
<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	10,364,193	10,100,851	9,869,346	8,343,572	6,582,516	45,260,478
<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).						2,993,490
<b>6 Public support.</b> Subtract line 5 from line 4.						42,266,988

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2018	(f) Total
<b>7</b> Amounts from line 4.	10,364,193	10,100,851	9,869,346	8,343,572	6,582,516	45,260,478
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	427,423	370,340	577,562	872,349	511,900	2,759,574
<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	231,707
<b>11 Total support.</b> Add lines 7 through 10.						48,251,759

**12** Gross receipts from related activities, etc. (see instructions) **12** 933,830

**13 First five 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>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	87.600 %
<b>15</b> Public support percentage for 2013 Schedule A, Part II, line 14	<b>15</b>	89.960 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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)2010	(b)2011	(c)2012	(d)2013	(e)2018	(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)2010	(b)2011	(c)2012	(d)2013	(e)2018	(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 five 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 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 <b>Part VI</b> 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 <b>Part VI</b> 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 (b) and (c) 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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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</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</b> <b>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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</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 II of Schedule L (Form 990).</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 <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b 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)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

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

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

**2** Activities Test. **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations. **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<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. **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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <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)		

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2009. . . . . X			
<b>b</b> From 2010. . . . . X			
<b>c</b> From 2011. . . . . X			
<b>d</b> From 2012. . . . . X			
<b>e</b> From 2013. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> From 2010. . . . . X			
<b>b</b> From 2011. . . . . X			
<b>c</b> From 2012. . . . . X			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2018. . . . .			

**Part VI Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
------------------	-------------

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

Attach to Form 990, 990-EZ, or 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

- 527 political organization
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 other 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
TRIDENT UNITED WAY

Employer identification number  
57-0314378

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

**Name of organization**  
TRIDENT UNITED WAY

**Employer identification number**  
57-0314378

**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
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> TRIDENT UNITED WAY	<b>Employer identification number</b> 57-0314378
---	---

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

▶ **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.**

**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		
<b>5</b> 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	
<b>6</b> 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" to 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 (e.g., recreation or education)  Preservation of an 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 Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, 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)? . . . . .  Yes  No

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

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

**1a** If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items:

**a** Revenue included in 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 are a 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 programs
  - 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" to 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	5,820,851	5,350,746	4,777,285	5,106,308	4,921,621
<b>b</b> Contributions . . . . .	58,600	83,927	220,836		
<b>c</b> Net investment earnings, gains, and losses	339,092	431,989	624,234	-68,340	215,859
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	-377,431	-45,811	-271,609	-260,683	-31,172
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	5,841,111	5,820,851	5,350,746	4,777,285	5,106,308

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 89.430 %
  - b** Permanent endowment ▶ 10.570 %
  - c** Temporarily restricted endowment ▶ .....
- The percentages in 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 |
|--|------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> No |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |
- 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' to 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
<b>1a</b> Land . . . . .		490,000		490,000
<b>b</b> Buildings		1,174,808	616,945	557,863
<b>c</b> Leasehold improvements		1,651,330	697,365	953,965
<b>d</b> Equipment . . . . .		318,751	253,294	65,457
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				2,067,285



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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	6,440,204
<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>	195,393	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	232,716	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		428,109
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	6,012,095
<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>	75,947	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,125,850	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		1,201,797
<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>	7,213,892

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	8,074,938
<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>	232,716	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		232,716
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	7,842,222
<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>	75,947	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,125,850	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		1,201,797
<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>	9,044,019

**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.

Return Reference	Explanation
PART V, LINE 4:	TRIDENT UNITED WAY IS A LOCAL NON-PROFIT ORGANIZATION INVOLVED IN FUNDRAISING AND VOLUNTEERING IN A THREE-COUNTY REGION - CHARLESTON, BERKELEY, AND DORCHESTER COUNTIES. THE TRIDENT UNITED WAY ENDOWMENT FUND (THE FUND) HAS AN INVESTMENT POLICY STATEMENT THAT IS REVIEWED AT LEAST ANNUALLY. THE FUND PLACES EMPHASIS ON PROVIDING ANNUAL CASH INFUSIONS TO OPERATIONS TO HELP SUPPLEMENT OPERATING EXPENSES.
PART X, LINE 2:	INTERNAL REVENUE CODE AND COMPARABLE STATE LAW AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE IS SUBJECT TO FEDERAL INCOME TAX. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS MAINTAINED ITS TAX EXEMPT STATUS AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION COULD BE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COMMERCIAL RENTAL EXPENSES 232,716.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 1,125,850.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COMMERCIAL RENTAL EXPENSES 232,716.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 1,125,850.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization TRIDENT UNITED WAY

Employer identification number

57-0314378

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Row 1: OFFICE TEAM, CAMPAIGN SPECIALISTS, Yes, 495,000, 36,814, 458,186.

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

SC

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<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 . . . . .				
Revenue	<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) . . . . . ▶				
Revenue	<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: \_\_\_\_\_

-----

-----

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

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

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

Return Reference	Explanation
------------------	-------------

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include organizations like ADDESTONE HEBREW ACADEMY, AMERICAN CANCER SOCIETY INC, ANTIPOCH COMMUNITY MINISTRIES, etc.

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

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 \$1,125,850. A PORTION OF THE GRANTED FUNDS ARE A RESULT OF A FUNDING PROCESS THROUGH 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. IN THE CURRENT REPORTING YEAR THIS AMOUNT WAS \$3,114,279.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
Attach to Form 990.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization TRIDENT UNITED WAY

Employer identification number

57-0314378

Part I Questions Regarding Compensation

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3 Indicate which, if any, of the following the filing 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.
Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

- 4 During the year, did any person listed in 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 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5 For persons listed in 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," to line 5a or 5b, describe in Part III.

- 6 For persons listed in 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," to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**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 in 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 are not 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER KERRIGAN PRESIDENT & CEO UNTIL 4/2019	(i)	178,600	26,150	7,815	10,734	26,997	250,296	0
	(ii)	0	0	0	0	0	0	0

**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.

Return Reference	Explanation
PART I, 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 2018-2019 FISCAL YEAR.

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization  
TRIDENT UNITED WAY

**Employer identification number**  
57-0314378

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	16	221,947	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ ) . . . . .				
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

	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 is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.**

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

Return Reference

Explanation

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**2018**

**Open to Public Inspection**

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

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury

Internal Revenue Service  
Name of the organization  
TRIDENT UNITED WAY

Employer identification number

57-0314378

Return Reference	Explanation
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 36 TOTAL AND 35 INDEPENDENT.
FORM 990, PART VI, SECTION A, LINE 2	HUGH LANE JR. AND FLEETWOOD HASSELL ARE BOTH KEY EMPLOYEES WITH THE BANK OF SOUTH CAROLINA.
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 AT REQUEST FROM THE ORGANIZATION
FORM 990, PART XII, LINE 2C:	SAME AS PRIOR YEAR.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**