

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization TRIDENT UNITED WAY
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 63305
City or town, state or province, country, and ZIP or foreign postal code
NORTH CHARLESTON, SC 294193305

D Employer identification number 57-0314378
E Telephone number (843) 740-9000
G Gross receipts \$ 7,915,188

F Name and address of principal officer: BRAD DAVIS, PO BOX 63305, NORTH CHARLESTON, SC 294193305

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

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

J Website: WWW.TUW.ORG

H(c) Group exemption number

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1944 M State of legal domicile: SC

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership, revenue, expenses, and asset balances.

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.

Sign Here Signature of officer: DAVID WASSERMAN CHIEF FINANCIAL OFFICER

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.

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 BY 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 \$ 2,103,699 including grants of \$ 1,347,016 ) (Revenue \$ )

COMMUNITY IMPACTTHE COMMUNITY IMPACT TEAM OF TRIDENT UNITED WAY WORKS TO STRENGTHEN OUR COMMUNITY BY FOCUSING ON EDUCATION, FINANCIAL STABILITY, AND HEALTH. THE THREE AREAS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH ARE INTEGRATED, AND TRIDENT UNITED WAY WORKS PROACTIVELY AND COLLABORATIVELY TO CREATE LONG-LASTING CHANGE IN BERKELEY, CHARLESTON AND DORCHESTER COUNTIES USING THE COMMUNITY SOLUTIONS FRAMEWORKS AND THE COLLECTIVE IMPACT DISCIPLINE. TRIDENT UNITED WAY LEADS THREE NETWORKS, KINDERGARTEN READINESS, SAFETYNET ASSISTANCE, AND HEALTHY TRI-COUNTY TO SUPPORT COMMUNITY-LEVEL AND SYSTEMS CHANGE THAT NO ONE ORGANIZATION CAN DO ALONE. EACH IMPACT AREA'S GOALS ARE DETERMINED BY THESE NETWORKS THROUGH DATA AND FEEDBACK. THE FUNDS TRIDENT UNITED WAY GRANTS OUT TO OTHER NONPROFIT ORGANIZATIONS ALIGN WITH THE NETWORK PRIORITIES TO ENSURE SYNERGY BETWEEN FUNDING AND OTHER TRIDENT UNITED WAY INITIATIVES AND AREAS OF FOCUS. TRIDENT UNITED WAY'S COMMUNITY CHANGE EFFORTS ARE SUPPORTED THROUGH HUNDREDS OF WORKPLACE GIVING CAMPAIGNS, INDIVIDUAL GIVING, CORPORATE AND FOUNDATION GRANTS, FEDERAL AND STATE GRANTS, AND FEE FOR SERVICE ACTIVITIES. MAJOR INITIATIVES INCLUDED THE LAUNCH OF THE 2019-2022 FUNDING CYCLE ANNOUNCED ON APRIL 23, 2019 OF PROGRAMMATIC GRANT OFFERS TO 19 AGENCIES DELIVERING 35 PROGRAMS ACROSS BERKELEY, CHARLESTON, AND DORCHESTER COUNTIES. THESE PROGRAMMATIC GRANT OFFERS COMPRISE PROGRAM INVESTMENT AND BASIC NEEDS GRANT POOLS TOTALING \$1.2 MILLION IN PHILANTHROPIC INVESTMENTS CYCLE. THESE GRANT POOLS ALSO INCLUDE COLLECTIVE IMPACT AND COMMUNITY ENGAGEMENT GRANTS ALIGNING WITH THE FOUR TRADITIONS OF PHILANTHROPY: RELIEF, IMPROVEMENT, SOCIAL REFORM, AND CIVIC ENGAGEMENT. 2-1-1 SERVICE: 2-1-1 IS A FREE, CONFIDENTIAL REFERRAL AND INFORMATION SERVICE THAT CONNECTS PEOPLE FROM ALL COMMUNITIES AND OF ALL AGES TO A COMMUNITY RESOURCE SPECIALIST WHO WILL HELP THEM FIND LOCAL HEALTH AND HUMAN SERVICES. THE CALL CENTER IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK TO SERVE CALLERS IN OVER ONE HUNDRED LANGUAGES BY DIALING ONE NUMBER AND MAKING ONE PHONE CALL. 2-1-1 IS COMMITTED AS THE FIRST, MOST ESSENTIAL RESOURCE TO ANYONE WHO NEEDS HELP. AN 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 FURTHER ASSISTANCE. THE SERVICE IS FREE TO THE COMMUNITY. TRIDENT UNITED WAY CONTRACTS WITH THE UNITED WAY OF ASSOCIATION OF SC, WHICH MANAGES THE CALL CENTER AND PROVIDES UP-TO-DATE, TIMELY, LOCAL INFORMATION ABOUT RESOURCES IN THE TRI-COUNTY TO TRI-COUNTY CALLERS. HIGHLIGHTS OF SERVICES FOR THE 2021-2022 FISCAL YEAR INCLUDE 13,702 CALLS RECEIVED AND 24,286 REFERRALS MADE. BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS: THE BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS ARE A COLLABORATIVE PARTNERSHIP BETWEEN TRIDENT UNITED WAY AND A HOST OF PARTNERS. THE BERKELEY RESOURCE CONNECTION CENTER IS LOCATED AT 325 E. MAIN STREET, MONCKS CORNER, SC 29461 AND THE DORCHESTER RESOURCE CONNECTION CENTER IS LOCATED AT 1325A BOONEHILL ROAD, ROOM 124, SUMMERVILLE, SC 29485. SERVICES IN THE CENTERS ARE PROVIDED THROUGH A COMMUNITY NETWORK OF PARTNERS IN AN INTEGRATED SERVICE DELIVERY SYSTEM. PARTNERS LOCATED IN THE CENTERS INCLUDE DORCHESTER ADULT EDUCATION, SC WORKS, VOCATIONAL REHABILITATION, SALVATION ARMY, PALMETTO GOODWILL, PALMETTO CAP, SC THRIVE, ORIGIN SC, ACCESSHEALTH, AND LOWCOUNTRY FOOD BANK. THE CENTERS ARE SERVICE HUBS WHERE LOW TO MODERATE INCOME 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 SERVED OVER 3,000 COMMUNITY MEMBERS DURING THE 2021-2022 FISCAL YEAR. AMERICORPS FAMILY NAVIGATORS: THE TRIDENT UNITED WAY AMERICORPS PROGRAM HAS BEEN OPERATING FOR OVER TEN YEARS WITH A GOAL OF BUILDING CAPACITY FOR COMMUNITY ORGANIZATIONS TO PROVIDE SERVICES THAT HELP FAMILIES BECOME MORE FINANCIALLY STABLE. FURTHER, THE TRIDENT UNITED WAY AMERICORPS PROGRAM HAS DEVELOPED A REPUTATION IN THE TRI-COUNTY OF PRODUCING HIGHLY QUALIFIED, TRAINED HUMAN SERVICES PROFESSIONALS. MORE THAN 75% OF ALL TRIDENT UNITED WAY AMERICORPS MEMBERS OVER THE PAST 3 YEARS MOVE ON TO EMPLOYMENT IN LOCAL HUMAN SERVICE ORGANIZATIONS AFTER COMPLETING THEIR SERVICE. NOTABLE RESULTS INCLUDE: THE AMERICORPS PROGRAM CONNECTED 3,416 HOUSEHOLDS TO BASIC NEEDS AND CRISIS MITIGATION SERVICES. THE 11 MEMBERS INCREASED OUR REGION'S SERVICE CAPACITY. PARTNER AGENCIES AGREE TO HOST AMERICORPS MEMBERS AT THEIR ORGANIZATION SITES TO ENHANCE AND FACILITATE CLIENT OUTREACH AND SERVICES. PARTNER AGENCIES PROVIDE A MATCH TO TUW BASED ON MEMBER SERVICE HOURS TO THE AGENCY. CHARITYTRACKER: CHARITYTRACKER IS A WEB-BASED TRACKING TOOL PROVIDED TO COMMUNITY PARTNERS AT NO CHARGE THROUGH TRIDENT UNITED WAY. IT IS USED BY TRIDENT UNITED WAY PARTNER ORGANIZATIONS INCLUDING GRANTEEES, COMMUNITY PARTNERS AND FAITH-BASED ORGANIZATIONS TO TRACK AND SHARE CONFIDENTIAL INFORMATION ON INDIVIDUALS RECEIVING FINANCIAL STABILITY AND OTHER HUMAN SERVICES. THE TOOL MITIGATES ISSUES RELATED TO TRANSPORTATION AND PROVIDES ACCOUNTABILITY FOR THOSE BEING SERVED, AS WELL AS AGENCIES AND PARTNERS WORKING COLLECTIVELY TO MOVE INDIVIDUALS INTO FINANCIAL STABILITY. 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. SERVICES TRACKED PARTNERS USING THE SYSTEM IN THE 2021-2022 FISCAL YEAR PROVIDED 11,640 HOUSEHOLDS, COMPRISED OF 21,709 INDIVIDUALS, WITH \$3,024,592 IN MONETARY ASSISTANCE.

4b (Code: ) (Expenses \$ 1,795,670 including grants of \$ 881,291 ) (Revenue \$ )

FINANCIAL STABILITY - INITIATIVES THAT SUPPORT THE FINANCIAL STABILITY FRAMEWORK INCLUDE THE AMERICORPS FINANCIAL STABILITY PROJECT, RESOURCE CONNECTION CENTERS IN BERKELEY AND DORCHESTER COUNTIES, SC THRIVE-THRIVE HUB ONLINE APPLICATION TOOL, CHARITYTRACKER AND THE EMERGENCY FOOD AND SHELTER (EFSP) PROGRAM. THE INTEGRATION OF TWO IMPACT AREAS, BASIC NEEDS AND INCOME, INTO ONE BEGAN IN 2010 RESULTING IN A MODEL OF CHANGE - FINANCIAL STABILITY, WHICH CONSISTS OF INTERRELATED STEPS THAT BEGIN WITH ADDRESSING BASIC NEEDS, FOLLOWED BY INCREASING BASIC SKILLS, THEN INCREASING INCOME AND SAVINGS, AND FINALLY, GAINING AND SUSTAINING ASSETS. HIGHLIGHTS OF THE ACCOMPLISHMENTS FOR 2021-2022 INCLUDE THE FOLLOWING:

4c (Code: ) (Expenses \$ 209,836 including grants of \$ ) (Revenue \$ )

EDUCATION - TRIDENT UNITED WAY SUPPORTS PROGRAMS AND LEADS COLLABORATIVE PARTNERSHIPS THAT AIM TO PROMOTE BIRTH TO AGE 8 EARLY LEARNING, KINDERGARTEN READINESS AND MITIGATING KEY LEARNING BENCHMARK GAPS. THIS INCLUDES READING ON GRADE-LEVEL BY THIRD GRADE FOR UNDERSERVED STUDENTS LIVING AT <200% OF POVERTY. THE EDUCATION IMPACT AREA WORKS IN THREE WAYS: -CONVENING THE KINDERGARTEN READINESS NETWORK FOR THE TRI-COUNTY CRADLE TO CAREER COLLABORATIVE, WHICH PRIORITIZES SCHOOL READINESS OUTCOMES FOR CHILDREN BIRTH THROUGH AGE EIGHT. THE NETWORK IS LED BY ITS GUIDING TEAM AND REPRESENTATIVES FROM MORE THAN 40 ORGANIZATIONS IN THE REGION. THE NETWORK CREATED A GUIDING FRAMEWORK THAT SUPPORTS IMPROVED KINDERGARTEN READINESS OUTCOMES IN THE TRI-COUNTY. -PROVIDING TRIDENT UNITED WAY PROGRAM INVESTMENT AND BASIC NEEDS GRANTS TO ORGANIZATIONS THAT ALIGN WITH NETWORK PRIORITIES. -FUNDING AND COLLABORATIVELY WORKING WITH THE FOUR TRI-COUNTY SCHOOL DISTRICTS TO CONDUCT THE READING BY THIRD INNOVATION PROJECT IN SELECT SCHOOLS, WITH THE GOAL OF HELPING CHILDREN ACHIEVE THE BENCHMARK OF READING AT GRADE-LEVEL BY THIRD GRADE AND SCALING EFFECTIVE PRACTICES.

(Code: ) (Expenses \$ 466,580 including grants of \$ ) (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 NETWORK, A MULTI-SECTOR, REGIONAL COLLECTIVE IMPACT INITIATIVE WITH THE GOAL OF IMPROVING HEALTH OUTCOMES IN BERKELEY, CHARLESTON, AND DORCHESTER COUNTIES IN SOUTH CAROLINA (WWW.HEALTHYTRICOUNTY.COM). THE LONG-TERM ASPIRATIONAL GOAL OF HEALTHY TRI-COUNTY IS TO IMPROVE THE HEALTH AND WELL-BEING OF EVERY PERSON AND COMMUNITY WITHIN THE TRI-COUNTY REGION. THE FOLLOWING ARE HIGHLIGHTS OF ACCOMPLISHMENTS: -HEALTHY TRI-COUNTY/TRIDENT UNITED WAY RENEWED THE ACCELERATOR GRANT TO FUND DIABETES PREVENTION PROGRAM FOR RURAL DIABETES 'HOTSPOTS' IN HOLLYWOOD AND MONCKS CORNER, SC. THERE ARE SEVEN COMMUNITY PARTNER SITES OFFERING THE NATIONAL DIABETES PREVENTION PROGRAMS IN THE TRI-COUNTY AREA. COHORTS HAVE BEEN OFFERED IN-PERSON AND VIRTUALLY, AND A SPANISH COHOR

HAS BEN LED BY ACCESSHEALTH IN PARTNERSHIP WITH TRIDENT UNITED WAY. -THE CONVERSATIONS ON RACE AND HEALTH EQUITY PRESENTED A SERIES ON THE COVID-19 PANDEMIC THAT BEGAN WITH A CONVERSATION ON THE COMMON MENTAL HEALTH ISSUES IN COMMUNITIES OF COLOR THAT HAVE BEEN AMPLIFIED BY THE PANDEMIC FOLLOWED BY CONVERSATIONS OF VACCINE HESITANCY AND MITIGATING FACTORS. -THE INAUGURAL HEALTHY TRI-COUNTY ACCOMPLISHMENTS REPORT 2019 - 2021 WAS LAUNCHED IN JUNE 2021. THIS REPORT HIGHLIGHTED THE PROGRESS MADE BY HEALTHY TRI-COUNTY SUBCOMMITTEES AND COMMUNITY PARTNERS TOWARD THE GOALS OUTLINED IN THE OUR HEALTH, OUR FUTURE: TRI-COUNTY HEALTH IMPROVEMENT PLAN (TCHIP) 2018 - 2023. KEY ACCOMPLISHMENTS OVER THE LAST THREE YEARS WERE FEATURED ALONG WITH AN IMPERATIVE CALL TO ACTION TO AMPLIFY HEALTH IMPROVEMENT AND HEALTH EQUITY IN THE REGION.-HEALTHY TRI-COUNTY COMMUNITY HUB LAUNCHED AN ONLINE GUIDE OF PROVIDERS AND RESOURCES: WWW.HEALTHYTRICOUNTY.COM/COMMUNITY-RESOURCE-HUB

(Code: ) (Expenses \$ 1,183,438 including grants of \$ 637,317 ) (Revenue \$ 9,370 )

CONNECTING THE COMMUNITY-CONNECTING THE COMMUNITY INCLUDES INITIATIVES THAT PROVIDE COMMUNITY SERVICE OPPORTUNITIES AND INFORMATION ABOUT THE WORK OF TRIDENT UNITED WAY ACROSS THE TRI-COUNTY REGION. THE PRIMARY INITIATIVES ARE STRATEGIC VOLUNTEER ENGAGEMENT AND STAKEHOLDER AND COMMUNITY COMMUNICATION AS FOLLOWS:1.STRATEGIC VOLUNTEER ENGAGEMENT SUPPORTS BOTH INTERNAL AND EXTERNAL VOLUNTEER ENGAGEMENT TO PROVIDE IMPACTFUL VOLUNTEER MATCHING OPPORTUNITIES. VOLUNTEERS FOR TRIDENT UNITED WAY ARE THOUGHT LEADERS ON COMMITTEES AND COUNCILS, AS WELL AS DECISION-MAKERS ABOUT COMMUNITY INVESTMENTS AND SUPPORT MISSION FULFILLMENT. TRIDENT UNITED WAY NONPROFIT PARTNERS AND CORPORATE PARTNERS CREATE A PIPELINE OF VOLUNTEERS FOR THE ORGANIZATION IN ALL LEVELS OF ENGAGEMENT BY OFFERING TAILOR-MADE VOLUNTEER OPPORTUNITIES TO CORPORATE PARTNERS THAT MAY RANGE FROM SUPPLY DRIVES TO HOME BUILDS AND CAN TAKE PLACE AT AN OFFICE OR IN THE COMMUNITY. ADDITIONALLY, TRIDENT UNITED WAY SUPPORTS THE STRATEGIC GROWTH OF SIGNATURE VOLUNTEER EVENTS SUCH AS READ ACROSS AMERICA DAY EVENT IN LOCAL SCHOOLS AND THE COMMUNITY'S LARGEST VOLUNTEER EVENT DURING TRIDENT UNITED WAY'S DAYS OF CARING. IN THE 2021-2022 FISCAL YEAR TUW ENGAGED MORE THAN 3,187 VOLUNTEERS FOR A TOTAL OF 12,316 HOURS OF SERVICE. THE TIME AND SKILLS CONTRIBUTED BY THE TRIDENT UNITED WAY VOLUNTEERS PROVIDED AN ESTIMATED COMMUNITY BENEFIT OF OVER \$360,000. 2. COMMUNICATION WITH KEY CONSTITUENTS AND ACROSS THE COMMUNITY INCLUDES YEAR-ROUND STRATEGIC EFFORTS. TRIDENT UNITED WAY DISTRIBUTES EMAIL NEWSLETTERS 6 TIMES PER YEAR TO MORE THAN 30,000 RECIPIENTS FOR EACH ISSUE. ANNUALLY TRIDENT UNITED WAY SENDS TARGETED EMAIL COMMUNICATIONS TO THE HEALTHY TRI-COUNTY NETWORK SIX TIMES PER YEAR AND DONOR NETWORK EMAIL NEWSLETTERS PERIODICALLY. THE ORGANIZATION'S WEBSITE (TUW.ORG) AND LINKEDIN PRESENCE ARE UPDATED WEEKLY WITH NEW INFORMATION ABOUT IMPACT AND EVENTS. TRIDENT UNITED WAY POSTS INFORMATION AND ENGAGES WITH FOLLOWERS DAILY ON ITS FACEBOOK, INSTAGRAM AND TWITTER ACCOUNTS. THROUGH MULTIPLE COMMUNICATIONS TACTICS, TRIDENT UNITED WAY AIMS TO ENGAGE WITH AUDIENCES AND REPORT ON ITS WORK TO DONORS, POTENTIAL DONORS, AND THE COMMUNITY-AT-LARGE, ANNOUNCE VOLUNTEER AND GRANT OPPORTUNITIES AND CELEBRATE THE IMPACT OF VOLUNTEER TIME. STRATEGIC COMMUNICATIONS ARE ALSO VITAL TO RAISING AWARENESS OF THE MYRIAD COMMUNITY RESOURCES AVAILABLE TO THOSE IN NEED AND TO SEEKING THE SUPPORT OF THOSE WHO CAN HELP.DONOR DESIGNATION FEES:THE PURPOSE OF TRIDENT UNITED WAY'S ANNUAL FUNDRAISING CAMPAIGNS IS TO DEVELOP AND ENHANCE THE RESOURCES AVAILABLE FOR TRIDENT UNITED WAY'S COMMUNITY IMPACT MISSION. COMMUNITY VOLUNTEERS STRATEGICALLY INVEST THOSE RESOURCES IN THE TRI-COUNTY COMMUNITY TO CREATE LASTING, MEASURABLE CHANGE ON THE MOST PRESSING ISSUES FACING FAMILIES AND INDIVIDUALS. TRIDENT UNITED WAY PROMOTES INVESTING IN THE COMMUNITY IMPACT WORK AS THE MOST EFFECTIVE WAY TO INVEST IN THE TRI-COUNTY COMMUNITY ABOVE ANY FORM OF DESIGNATED GIVING.DONORS MAY ELECT ALL OR A PORTION OF THEIR PLEDGE/CONTRIBUTION AS DESIGNATED TO 501(C)(3) ORGANIZATIONS, OTHER THAN TRIDENT UNITED WAY. REQUESTS ARE PROCESSED BY TRIDENT UNITED WAY AND PAYMENTS MADE TO DESIGNATED ORGANIZATIONS IS AS FOLLOWS:" TRIDENT UNITED WAY HONORS DONOR DESIGNATIONS TO ANY VERIFIED 501(C)(3) ORGANIZATION OF \$50 OR MORE PER ORGANIZATION. VERIFICATION CONSISTS OF, ON AN ANNUAL BASIS, CONFIRMING THE ORGANIZATION HAS AN ACTIVE 501(C)(3) STATUS WITH THE INTERNAL REVENUE SERVICE AND COMPLETES ADDITIONAL VERIFICATIONS AS MAY BE REQUIRED BY UNITED WAY WORLDWIDE. NO FURTHER OVERSIGHT IS PROVIDED BY TRIDENT UNITED WAY ON THE USE OF DESIGNATED FUNDS.-TRIDENT UNITED WAY DEDUCTS FUNDRAISING AND ADMINISTRATIVE FEES AT THE RATE OF 15 PERCENT (WITH A MINIMUM OF \$5 AND A MAXIMUM OF \$75) PER DESIGNATION.-TRIDENT UNITED WAY SENDS PAYMENTS TO VERIFIED DESIGNATED ORGANIZATIONS (NET OF THE FUNDRAISING AND ADMINISTRATIVE FEE) ON A QUARTERLY BASIS (JANUARY, APRIL, JULY, AND OCTOBER).-GIFTS OR PAYMENTS MADE BY CASH, CHECK, CREDIT CARD, OR STOCK WILL BE PAID OUT TO THE ORGANIZATION IN THE MONTH FOLLOWING THE QUARTER IN WHICH PLEDGE PAYMENT(S) ARE RECEIVED FROM THE DONOR. FOR EXAMPLE, DONOR PLEDGE PAYMENTS RECEIVED IN JANUARY, FEBRUARY, OR MARCH WILL BE PAID IN APRIL; PAYMENTS RECEIVED IN APRIL, MAY, AND JUNE WILL BE PAID IN JULY.- TRIDENT UNITED WAY HAS A DONOR PRIVACY POLICY AND WILL NOT RELEASE THE NAMES OF INDIVIDUALS WITHOUT AUTHORIZATION FOR THE RELEASE OF SUCH INFORMATION. IF A DONOR PROVIDES AUTHORIZATION, TRIDENT UNITED WAY WILL SEND DONOR INFORMATION TO THE DESIGNATED ORGANIZATION.

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 1,650,018 including grants of \$ 637,317 ) (Revenue \$ 9,370 )

**4e** Total program service expenses ▶ 5,759,223

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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

		Yes	No
<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> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</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? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>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> . . . . .		No
<b>25b</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>		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
<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> . . . . .		No
<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?		No
<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> . . . . .		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>35b</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> . . . . .		
<b>36</b>	<b>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> . . . . .		No
<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>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**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 . . . . .

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

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, a numeric column (2a-17d), a Yes/No column, and a final column. Row 2a contains the value 70. Row 2b contains 'Yes'. Row 7c contains 'No'. Row 10a-10b, 11a-11b, 12a, 13a, 14a, 15, 16, and 17 contain 'No'.

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 Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed SC 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANDREA BOCCUCCI DIRECTOR OF FINANC P O BOX 63305 NORTH CHARLESTON, SC 29419 (843) 740-7746

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHLOE KNIGHT TONNEY ..... PRESIDENT AND CEO	50.00	X		X				194,519	0	17,898
(2) BRIDGET BUSH ..... CHIEF FINANCIAL OFFICER	50.00			X				101,666	0	33,296
(3) TIMOTHY GROW ..... BOARD CHAIR	5.00	X		X				0	0	0
(4) STEVE POLSTON ..... IMMEDIATE PAST BOARD CHAIR	5.00	X		X				0	0	0
(5) WENDY KOPP ..... ADVANCEMENT COMMITTEE CHAIR	5.00	X		X				0	0	0
(6) STEPHANIE SINGLETON ..... AFRICAN AMERICAN LEADERSHIP COUNCIL CHAIR	5.00	X						0	0	0
(7) CHRISTOPHER GLENN ..... AUDIT COMMITTEE CHAIR	5.00	X						0	0	0
(8) DAVID BURT ..... CAMPAIGN CABINET CHAIR	5.00	X						0	0	0
(9) BRADLEY DAVIS ..... COMMUNITY IMPACT CHAIR	5.00	X						0	0	0
(10) MARK LEWIS ..... FINANCE COMMITTEE CHAIR	5.00	X						0	0	0
(11) DANIEL GALLAGHER ..... INVESTMENT COMMITTEE CHAIR	5.00	X						0	0	0
(12) ELIZABETH ROGERS PRIM ..... MARKETING ADVISOR CHAIR	5.00	X						0	0	0
(13) ANNE FORREST ..... WOMEN UNITED CHAIR	5.00	X						0	0	0
(14) LAUREN NILAN ..... YOUNG LEADERS UNITED CHAIR	5.00	X						0	0	0
(15) RICARDO AGNELLI ..... DIRECTOR	2.00	X						0	0	0
(16) ERNEST ANDRADE ..... DIRECTOR	2.00	X						0	0	0
(17) WENDY BREWER ..... DIRECTOR	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PJ BROWNING DIRECTOR	2.00	X					0	0	0	
(19) DONDI COSTIN DIRECTOR	2.00	X					0	0	0	
(20) DANIEL CURIA DIRECTOR	2.00	X					0	0	0	
(21) SARA DEWOLF DIRECTOR	2.00	X					0	0	0	
(22) JESSE DOVE DIRECTOR	2.00	X					0	0	0	
(23) REBECCA ENGELMAN DIRECTOR	2.00	X					0	0	0	
(24) ROBERT FEI DIRECTOR	2.00	X					0	0	0	
(25) GREGORY HABIB DIRECTOR	2.00	X					0	0	0	
(26) JOHN HARVEY DIRECTOR	2.00	X					0	0	0	
(27) COURTNEY HOWARD DIRECTOR	2.00	X					0	0	0	
(28) SCOTT HOWELL DIRECTOR	2.00	X					0	0	0	
(29) DEON JACKSON JR DIRECTOR	2.00	X					0	0	0	
(30) FRANCIS JOHNSON DIRECTOR	2.00	X					0	0	0	
(31) JULIE KORNAHRENS DIRECTOR	2.00	X					0	0	0	
(32) TODD LANT DIRECTOR	2.00	X					0	0	0	
(33) KENNETH LOTT DIRECTOR	2.00	X					0	0	0	
(34) JANINE MCMANUS DIRECTOR	2.00	X					0	0	0	
(35) BARBARA MELVIN DIRECTOR	2.00	X					0	0	0	
(36) CHRISTINA OH DIRECTOR	2.00	X					0	0	0	
(37) MARCELA RABENS DIRECTOR	2.00	X					0	0	0	
(38) ARNOLD SINGLETON DIRECTOR	2.00	X					0	0	0	
(39) REEVES SKEEN DIRECTOR	2.00	X					0	0	0	
(40) KEN SMITH DIRECTOR	2.00	X					0	0	0	
(41) MELANIE STITH DIRECTOR	2.00	X					0	0	0	
(42) PETER TECKLENBERG DIRECTOR	2.00	X					0	0	0	
(43) FRANCES WELCH DIRECTOR	2.00	X					0	0	0	
(44) STUART E WOODCOCK DIRECTOR	2.00	X					0	0	0	
(45) DAVID ZAAS DIRECTOR	2.00	X					0	0	0	
(46) WILLIAM ZOBEL DIRECTOR	2.00	X					0	0	0	
<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>							296,185	0	51,194	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	211 SYSTEM CONTRACTS AND MEMBER SERVICES	203,982

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

**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
<b>1a</b> Federated campaigns . . . . .		<b>1a</b>		
<b>b</b> Membership dues . . . . .		<b>1b</b>		
<b>c</b> Fundraising events . . . . .		<b>1c</b>		
<b>d</b> Related organizations . . . . .		<b>1d</b>		
<b>e</b> Government grants (contributions) . . . . .		<b>1e</b>	979,791	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .		<b>1f</b>	5,891,881	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .		<b>1g</b>	316,546	
<b>h Total.</b> Add lines 1a-1f . . . . .				6,871,672

Program Service Revenue		Business Code		
			(A)	(B)
<b>2a</b> ADMIN FEE FOR ERA GRAN		561000	58,419	58,419
<b>b</b> AMERICORP PROGRAM SERV		519100	23,250	23,250
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> All other program service revenue.				
<b>g Total.</b> Add lines 2a-2f. . . . .			81,669	

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		340,580		340,580	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	274,400			
		(ii) Personal				
		<b>6b</b> Less: rental expenses	200,212			
		<b>6c</b> Rental income or (loss)	74,188			
	<b>d</b> Net rental income or (loss) . . . . .		74,188		74,188	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	337,497			
		(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses	0			
		<b>7c</b> Gain or (loss)	337,497			
	<b>d</b> Net gain or (loss) . . . . .		337,497		337,497	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
		<b>8b</b> Less: direct expenses				
		<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .					
		<b>9b</b> Less: direct expenses				
		<b>c</b> Net income or (loss) from gaming activities . . . . .				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .					
<b>10b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> VOLUNTEER EVENT INCOME	900099	9,370	9,370			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		9,370				
<b>12 Total revenue.</b> See instructions . . . . .		7,714,976	91,039	0		

**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	2,865,623	2,865,623		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	296,185	165,559	34,873	95,753
<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	2,131,504	1,191,448	250,963	689,093
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,824	50,768	10,694	29,362
<b>9</b> Other employee benefits	283,378	158,400	33,365	91,613
<b>10</b> Payroll taxes	182,787	104,251	18,241	60,295
<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				
<b>f</b> Investment management fees	74,089		74,089	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	664,414	509,883	54,493	100,038
<b>12</b> Advertising and promotion	244,514	200,174	4,088	40,252
<b>13</b> Office expenses	202,268	189,044	7,466	5,758
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	29,845	12,035	13,077	4,733
<b>17</b> Travel	27,440	18,148	5,453	3,839
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	75,484	13,215	13,710	48,559
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	198,212	124,580	17,316	56,316
<b>23</b> Insurance	63,409	20,599	31,197	11,613
<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	146,927	83,461	18,593	44,873
<b>b</b> POSTAGE & PRINTING	81,680	40,893	6,976	33,811
<b>c</b> BANK CHARGES	25,255	11,142	8,225	5,888
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,683,838	5,759,223	602,819	1,321,796
<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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	5,677,793	<b>1</b>	5,461,395
	<b>2</b> Savings and temporary cash investments	417,937	<b>2</b>	157,836
	<b>3</b> Pledges and grants receivable, net . . . . .	2,235,851	<b>3</b>	1,496,879
	<b>4</b> Accounts receivable, net . . . . .	124,193	<b>4</b>	931,643
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	64,590	<b>9</b>	20,733
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,837,191		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,083,090	1,917,783	<b>10c</b> 1,754,101
	<b>11</b> Investments—publicly traded securities . . . . .	10,790,956	<b>11</b>	9,832,921
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	21,229,103	<b>16</b>	19,655,508	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	948,227	<b>17</b>	1,582,128
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	596,870	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,545,097	<b>26</b>	1,582,128
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	16,575,414	<b>27</b>	15,840,419
	<b>28</b> Net assets with donor restrictions	3,108,592	<b>28</b>	2,232,961
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	19,684,006	<b>32</b>	18,073,380
<b>33</b> Total liabilities and net assets/fund balances	21,229,103	<b>33</b>	19,655,508	

**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>	7,714,976
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,683,838
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	31,138
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	19,684,006
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,766,939
<b>6</b>	Donated services and use of facilities	<b>6</b>	125,175
<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 32, column (A))	<b>10</b>	18,073,380

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</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.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
TRIDENT UNITED WAY

**Employer identification number**  
57-0314378

**Part I 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 12, 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 (Form 990).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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- 10 above (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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (87.880%); 15 Public support percentage for 2020 Schedule A, Part II, line 14 (86.640%); 16a 33 1/3% support test-2021; 16b 33 1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; 17b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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.) . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2021.** 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—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, 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? 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.		
<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)? 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).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
<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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the officers, 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? <i>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.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
<b>1</b>		

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

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

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		

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

<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <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  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <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 ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <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 0.015 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 0.035  | <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> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016. . . . .			
<b>b</b> From 2017. . . . .			
<b>c</b> From 2018. . . . .			
<b>d</b> From 2019. . . . .			
<b>e</b> From 2020. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017. . . . .			
<b>b</b> Excess from 2018. . . . .			
<b>c</b> Excess from 2019. . . . .			
<b>d</b> Excess from 2020. . . . .			
<b>e</b> Excess from 2021. . . . .			

**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).

**Facts And Circumstances Test**

Return Reference

Explanation

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2021

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization TRIDENT UNITED WAY

Employer identification number

57-0314378

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

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

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.

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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

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

8 Does each conservation easement reported on line 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	7,120,915	5,599,786	5,841,111	5,820,851	5,350,746
<b>b</b> Contributions . . . . .	21,250			58,600	83,927
<b>c</b> Net investment earnings, gains, and losses	-792,131	1,804,024	592,669	339,092	431,989
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	-36,982	-282,895	-833,994	-377,431	-45,811
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	6,313,052	7,120,915	5,599,786	5,841,111	5,820,851

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 90.000 %
  - b** Permanent endowment ▶ 7.000 %
  - c** Term endowment ▶ 3.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No  |
|--|---------------|-----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  | Yes |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> | No  |
| <b>b</b> If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	490,000			490,000
<b>b</b> Buildings . . . . .	2,987,486		2,075,349	912,137
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .	359,705		7,741	351,964
<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).) . . . ▶				1,754,101

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	5,562,019
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-1,766,939	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	125,175	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	200,212	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,441,552	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	7,003,571	
<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>	74,089	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	637,316	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	711,405	
<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>	7,714,976	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	7,172,645
<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>	200,212	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	200,212	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,972,433	
<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>	74,089	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	637,316	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	711,405	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	7,683,838	

**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 200,212.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 637,316.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COMMERCIAL RENTAL EXPENSES 200,212.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 637,316.

**Additional Data**

[Return to Form](#)

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

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

OMB No. 1545-0047 2021 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 (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include organizations like LOWCOUNTRY FOOD BANK INC, OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 44
3 Enter total number of other organizations listed in the line 1 table 9

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 \$637,316. A PORTION OF THE GRANTED FUNDS ARE A RESULT OF A FUNDING PROCESS OVERSEEN BY THE COMMUNITY IMPACT COMMITTEE. THE COMMUNITY IMPACT COMMITTEE, ALONG WITH THE SUBCOMMITTEES OF THE FINANCIAL REVIEW COMMITTEE AND PROGRAM REVIEW COMMITTEE, CONSISTS OF COMMUNITY VOLUNTEERS THAT SELECT GRANT RECIPIENTS BASED ON FORMAL APPLICATIONS AND PROGRAM MONITORING. IN THE CURRENT REPORTING YEAR THIS AMOUNT WAS \$1,798,863.

**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" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**

**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 Questions Regarding Compensation**

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		



**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 1, LINE 4B	PERSONS PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: THERE ARE BALANCES IN A 457(B) AND 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF TRIDENT UNITED WAY FOR CHRISTOPHER F. KERRIGAN. THERE WERE NO CONTRIBUTIONS TO THESE PLANS DURING THE 2021-2022. FISCAL YEAR.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

# Noncash Contributions

**2021**

**Open to Public Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

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	21	316,546	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 **29**

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

**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:**

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
TRIDENT UNITED WAY**Employer identification number**

57-0314378

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1A	PER THE TUW BYLAWS, THE PRESIDENT/CEO SERVES AS AN EX-OFFICIO, NON-VOTING MEMBER OF THE BOARD OF DIRECTORS, THUS 45 TOTAL AND 44 INDEPENDENT.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. A DETAILED REVIEW IS COMPLETED BY THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER OF TRIDENT UNITED WAY. THE RETURN IS THEN REVIEWED BY THE AUDIT COMMITTEE OF TRIDENT UNITED WAY AND RECOMMENDED FOR FILING. THE AUDIT COMMITTEE PROVIDES THE COMPLETED FORM 990 TO ALL TRIDENT UNITED WAY BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY REQUIRES THE BOARD OF DIRECTORS TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR AND DISCLOSE ALL RELATED PARTY TRANSACTIONS WITH THE ORGANIZATION AND OTHER BOARD OF DIRECTOR MEMBERS.
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL CEO COMPENSATION
FORM 990, PART VI, SECTION C, LINE 19	THREE YEARS OF AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE TUW.ORG WEBSITE. OTHER GOVERNING DOCUMENTS, FORM 1023, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**