

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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 \$ 7,446,608

F Name and address of principal officer:
CHLOE KNIGHT TONNEY
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
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.TUW.ORG

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CATALYST FOR COMMUNITY TRANSFORMATION BY COLLECTIVE IMPACT IN EDUC, FIN STABILITY & HEALTH.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	68
6 Total number of volunteers (estimate if necessary)	6	6,728
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,343,572	6,582,516
9 Program service revenue (Part VIII, line 2g)	33,133	108,626
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	809,304	491,040
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,523	31,710
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,234,532	7,213,892
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,284,195	4,240,229
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,049,433	3,051,125
16a Professional fundraising fees (Part IX, column (A), line 11e)	60,133	36,814
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,454,328		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,553,374	1,715,851
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,947,135	9,044,019
19 Revenue less expenses. Subtract line 18 from line 12	287,397	-1,830,127
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20,677,821	19,380,310
21 Total liabilities (Part X, line 26)	862,349	1,199,572
22 Net assets or fund balances. Subtract line 21 from line 20	19,815,472	18,180,738

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-10-30

BRIDGET BUSH CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

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

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

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

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,679,847 including grants of \$ 1,263,557) (Revenue \$ 59,009)

4e Total program service expenses ▶ 7,098,425

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 68				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
8			8		
9a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a 				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a 				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b 				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b 				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b 				
c Enter the amount of reserves on hand	13c 				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		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 5 columns: Question ID, Question Text, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Management delegation), 4-6 (Document changes, Asset diversion, Members), 7a-7b (Governance decisions), 8 (Meeting documentation), 9 (Officer reachability).

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include: 10a-10b (Local chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (Conflict of interest policy), 13 (Whistleblower policy), 14 (Document retention), 15a-15b (Compensation review), 16a-16b (Joint venture participation).

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include: 17 (States for Form 990), 18 (Public inspection methods), 19 (Governing documents availability), 20 (Books and records).

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

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

Table for questions 3, 4, and 5 regarding compensation reporting and thresholds.

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.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

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 Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	276,235				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,306,281				
	g Noncash contributions included in lines 1a - 1f: \$		221,947				
	h Total. Add lines 1a-1f			6,582,516			
Program Service Revenue	2a DONOR DESIGNATION FEES	Business Code		59,009	59,009		
		900099					
	b AMERICORP PROGRAM SERV	519100		49,617	49,617		
	c _____						
	d _____						
	e _____						
	f All other program service revenue.						
g Total. Add lines 2a-2f			108,626				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		294,430			294,430	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		253,576					
		b Less: rental expenses	232,716				
		c Rental income or (loss)	20,860				
	d Net rental income or (loss)			20,860		20,860	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		196,610					
		b Less: cost or other basis and sales expenses	0				
		c Gain or (loss)	196,610				
	d Net gain or (loss)			196,610		196,610	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a VOLUNTEER EVENT INCOME	900099	10,850	10,850				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			10,850				
12 Total revenue. See Instructions.			7,213,892	119,476	0	511,900	

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	3,217,731	1	2,016,769	
	2 Savings and temporary cash investments	736,279	2	3,663,019	
	3 Pledges and grants receivable, net	3,913,783	3	3,223,177	
	4 Accounts receivable, net	86,773	4	60,521	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	110,763	9	167,926	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,634,889			
	b Less: accumulated depreciation	1,567,604	1,762,740	10c	2,067,285
	11 Investments—publicly traded securities	10,849,752	11	8,181,613	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,677,821	16	19,380,310		
Liabilities	17 Accounts payable and accrued expenses	862,349	17	1,199,572	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	862,349	26	1,199,572	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	15,240,418	27	14,370,979	
	28 Temporarily restricted net assets	3,922,696	28	3,192,130	
	29 Permanently restricted net assets	652,358	29	617,629	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	19,815,472	33	18,180,738		
34 Total liabilities and net assets/fund balances	20,677,821	34	19,380,310		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,213,892
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,044,019
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,830,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,815,472
5	Net unrealized gains (losses) on investments	5	195,393
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,180,738

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 57-0314378

Name: TRIDENT UNITED WAY

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

HEALTH- TRIDENT UNITED WAY HAS PARTNERED WITH MUSC HEALTH AND ROPER ST. FRANCIS HEALTHCARE TO CONTINUE TO SERVE AS THE BACKBONE ORGANIZATION FOR THE HEALTHY TRI-COUNTY (HTC) NETWORK, A MULTI-SECTOR, REGIONAL COLLECTIVE IMPACT INITIATIVE WITH THE GOAL OF IMPROVING HEALTH OUTCOMES IN BERKELEY, CHARLESTON AND DORCHESTER COUNTIES IN SOUTH CAROLINA (WWW.HEALTHYTRICOUNTY.COM). THE LONG-TERM ASPIRATIONAL GOAL OF HTC IS TO IMPROVE THE HEALTH AND WELL-BEING OF EVERY PERSON AND COMMUNITY WITHIN THE TRI-COUNTY REGION. OCTOBER 30, 2018 MARKED THE RELEASE OF "OUR HEALTH, OUR FUTURE: TRI-COUNTY HEALTH IMPROVEMENT PLAN 2018-2023", THE FIRST COMPREHENSIVE HEALTH IMPROVEMENT PLAN IN OUR REGION PROVIDING CONCRETE RECOMMENDATIONS AND ACTION STEPS FOR IMPROVING HEALTH OUTCOMES. MORE THAN 80 VOLUNTEERS REPRESENTING 60 ORGANIZATIONS INVESTED APPROXIMATELY 2,300 HOURS IN CREATING THE TRI-COUNTY HEALTH IMPROVEMENT PLAN. A HIGH PRIORITY OF TRIDENT UNITED WAY IS SUPPORTING THE IMPLEMENTATION OF "OUR HEALTH, OUR FUTURE: TRI-COUNTY HEALTH IMPROVEMENT PLAN 2018-2023" IN OUR REGION TO PROVIDE CONCRETE RECOMMENDATIONS AND ACTION STEPS FOR IMPROVING HEALTH OUTCOMES THAT CAN BE CARRIED OUT BY A WIDE RANGE OF LOCAL ORGANIZATIONS, GROUPS AND INDIVIDUALS. OTHER PRIORITIES OF TUW INCLUDE SUPPORTING WORKGROUPS OPERATING UNDER THE UMBRELLA OF HTC, INCLUDING THE TRI-COUNTY DIABETES COALITION, HTC EXECUTIVE COMMITTEE, IMMUNIZATION WORK GROUP, AND TRI-COUNTY HEALTH DATA WORKGROUP.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

COMMUNITY IMPACT- COMMUNITY IMPACT WORKS TO STRENGTHEN OUR COMMUNITY BY FOCUSING ON EDUCATION, FINANCIAL STABILITY AND HEALTH. WE SEE THESE AREAS AS INTEGRATED AND WORK PROACTIVELY AND COLLABORATIVELY TO CREATE LONG-LASTING CHANGE IN BERKELEY, CHARLESTON AND DORCHESTER COUNTIES USING THE COLLECTIVE IMPACT DISCIPLINE. THE COMMUNITY CHANGE LED BY TUW IS SUPPORTED THROUGH HUNDREDS OF WORKPLACE GIVING CAMPAIGNS, INDIVIDUAL GIVING, CORPORATE AND FOUNDATION GRANTS, FEDERAL AND STATE GRANTS, AND FEE FOR SERVICE ACTIVITIES. MAJOR INITIATIVES INCLUDED THE LAUNCH OF THE 2019-2022 FUNDING CYCLE WITH ANNOUNCEMENT ON APRIL 23, 2019 OF GRANT OFFERS TO 19 AGENCIES DELIVERING 35 PROGRAMS ACROSS BERKELEY, CHARLESTON AND DORCHESTER COUNTIES. THESE GRANT OFFERS COMPRISE PROGRAM INVESTMENT AND BASIC NEEDS GRANT POOLS TOTALING \$1.2 MILLION IN PHILANTHROPIC INVESTMENTS CYCLE. THESE POOLS , ALSO INCLUDE COLLECTIVE IMPACT AND COMMUNITY ENGAGEMENT GRANTS ALIGNING WITH THE FOUR TRADITIONS OF PHILANTHROPY: RELIEF, IMPROVEMENT, SOCIAL REFORM AND CIVIC ENGAGEMENT. IN ADDITION TO GRANTS, COMMUNITY IMPACT PROVIDES CAPACITY BUILDING TOOLS TO THE COMMUNITY FREE OF CHARGE. THESE INCLUDE 211, CHARITYTRACKER AND THE AMERICORPS PROGRAM. 2-1-1 SERVICE: 2-1-1 IS A FREE, CONFIDENTIAL REFERRAL AND INFORMATION SERVICE THAT CONNECTS PEOPLE FROM ALL COMMUNITIES AND OF ALL AGES TO A COMMUNITY RESOURCE SPECIALIST WHO WILL HELP THEM FIND LOCAL HEALTH AND HUMAN SERVICES, 24 HOURS A DAY, SEVEN DAYS A WEEK, IN MULTIPLE LANGUAGES BY DIALING ONE NUMBER AND MAKING ONE PHONE CALL. 2-1-1 IS COMMITTED AS THE FIRST, MOST ESSENTIAL RESOURCE TO ANYONE WHO NEEDS HELP. AN INFORMATION AND REFERRAL (I&R) SPECIALIST ASSESSES CALLERS' NEEDS AND HELPS THE CALLER DETERMINE OPTIONS AND BEST COURSE OF ACTION IN A NON-THREATENING, NON-JUDGMENTAL AND CONFIDENTIAL MANNER. ADDITIONALLY, I&R SPECIALISTS ARE TRAINED TO DETERMINE WHETHER A CALLER MAY BE ELIGIBLE FOR OTHER PROGRAMS, TO INTERVENE IN CRISIS-SITUATIONS AND TO ADVOCATE ON BEHALF OF THE CALLER WHO MAY NEED ADDITIONAL ASSISTANCE. THE SERVICE IS FREE. TRIDENT UNITED WAY CONTRACTS WITH THE UNITED WAY OF ASSOCIATION OF SC, WHICH MANAGES THE CALL CENTER AND PROVIDES UP-TO-DATE, TIMELY, LOCAL INFORMATION ABOUT RESOURCES IN THE TRI-COUNTY TO TRI-COUNTY CALLERS. HIGHLIGHTS OF SERVICES FOR THE 2018-2019 FISCAL YEAR INCLUDE 11,299 CALLS RECEIVED AND 24,595 REFERRALS MADE. BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS: THE BERKELEY AND DORCHESTER RESOURCE CONNECTION CENTERS ARE A COLLABORATIVE PARTNERSHIP BETWEEN TRIDENT UNITED WAY AND A HOST OF PARTNERS. SERVICES IN THE CENTERS ARE PROVIDED THROUGH A COMMUNITY NETWORK OF PARTNERS IN AN INTEGRATED SERVICE DELIVERY SYSTEM. PARTNERS LOCATED IN THE CENTERS INCLUDE DORCHESTER ADULT EDUCATION, SC WORKS, VOCATIONAL REHABILITATION, SALVATION ARMY, PALMETTO GOODWILL, PALMETTO CAP, SC THRIVE, ORIGIN SC, ACCESSHEALTH, AND LOWCOUNTRY FOOD BANK. THE CENTERS ARE SERVICE HUBS WHERE LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES HAVE ACCESS TO PROGRAMS AND RESOURCES SUCH AS EDUCATIONAL RESOURCES, BASIC NEEDS AND RESOURCES TO BECOME SELF-SUFFICIENT. THE RESOURCE CONNECTION CENTERS TAKE AN INTEGRATED APPROACH TO SERVICE DELIVERY, WHICH INCLUDES BUNDLING AND SEQUENCING OF SERVICES, LEADING TO LONG LASTING FINANCIAL CHANGE FOR CLIENTS AND THEIR FAMILIES. THE CENTERS OPERATE USING A CONTINUUM FRAMEWORK THAT BEGINS WITH ADDRESSING BASIC NEEDS AND MOVES INDIVIDUALS ALONG A CONTINUUM TO ACHIEVE THE GOAL OF GAINING AND SUSTAINING ASSETS. SERVING INDIVIDUALS COLLABORATIVELY IS A SHARED DESIRE TO CREATE BETTER FINANCIAL OUTCOMES FOR INDIVIDUALS AND FAMILIES IN THE TRI-COUNTY AREA. THE RESOURCE CONNECTION CENTERS PROVIDED 3,365 FINANCIAL STABILITY SERVICES TO 1,379 INDIVIDUALS IN THE 2018-2019 FISCAL YEAR. TUW AND AGENCY PARTNERS PROVIDED \$38,965 IN IMMEDIATE FINANCIAL ASSISTANCE TO THE FAMILIES AND INDIVIDUALS. AMERICORPS FAMILY NAVIGATORS: THE TUW AMERICORPS PROGRAM HAS BEEN OPERATING FOR TEN YEARS WITH A GOAL OF BUILDING CAPACITY FOR ORGANIZATIONS TO PROVIDE SERVICES THAT HELP FAMILIES BECOME MORE FINANCIALLY STABLE. FURTHER, THE TUW AMERICORPS PROGRAM HAS DEVELOPED A REPUTATION IN THE TRI-COUNTY OF PRODUCING HIGHLY QUALIFIED, TRAINED HUMAN SERVICES PROFESSIONALS. OVER 75% OF ALL TUW AMERICORPS MEMBERS OVER THE PAST 3 YEARS MOVE ON TO EMPLOYMENT IN LOCAL HUMAN SERVICE ORGANIZATIONS AFTER COMPLETING THEIR SERVICE. NOTABLE RESULTS INCLUDE: -17 AMERICORPS MEMBERS PROVIDED BASIC NEEDS/CRISIS MITIGATION TO 825 FAMILIES. THOSE SERVICES INCLUDED PROVIDING ASSISTANCE TO 1,424 CLIENTS TO ACCESS BENEFITS AND ASSISTANCE WITH FILING 1,296 FEDERAL AND STATE TAX RETURNS FREE OF CHARGE. CHARITYTRACKER: CHARITYTRACKER IS A WEB-BASED TRACKING TOOL PROVIDED TO COMMUNITY PARTNERS AT NO CHARGE THROUGH TRIDENT UNITED WAY. IT IS USED BY TUW PARTNER ORGANIZATIONS INCLUDING TUW GRANTEEES, COMMUNITY PARTNERS AND FAITH-BASED ORGANIZATIONS TO TRACK AND SHARE CONFIDENTIAL INFORMATION ON INDIVIDUALS RECEIVING FINANCIAL STABILITY SERVICES. THE TOOL MITIGATES ISSUES RELATED TO TRANSPORTATION AND PROVIDES ACCOUNTABILITY FOR THOSE BEING SERVED, AS WELL AS AGENCIES AND PARTNERS WORKING COLLECTIVELY TO MOVE INDIVIDUALS INTO FINANCIAL STABILITY. A BULLETIN BOARD FEATURE ALLOWS PARTNERS TO POST SERVICES PROVIDED, SUCH AS CLASSES AND EVENTS, AND ALERTS ALLOW PARTNERS TO POST EMERGENCY NEEDS SO THAT RESOURCES CAN BE DISTRIBUTED QUICKLY AND EFFICIENTLY TO PEOPLE IN NEED. THE SYSTEM IS SECURE AND ONLY AGENCIES AND PARTNERS THAT COMPLETE TRAINING CERTIFICATION CAN USE THE SYSTEM. -THERE ARE 320 ORGANIZATIONS USING CHARITYTRACKER SYSTEM. -SERVICES TRACKED PARTNERS USING THE SYSTEM IN THE 2018-2019 FISCAL YEAR PROVIDED 14,480 HOUSEHOLDS, COMPRISED OF 28,492 INDIVIDUALS, WITH \$1,444,819 IN MONETARY ASSISTANCE. ON AVERAGE, EACH HOUSEHOLD IS PROVIDED 3 INSTANCES OF ASSISTANCE.

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

CONNECTING THE COMMUNITY: CONNECTING THE COMMUNITY INCLUDES INITIATIVES THAT DIRECTLY SERVE THE TRI-COUNTY REGION. THE PRIMARY INITIATIVES ARE STRATEGIC VOLUNTEER ENGAGEMENT AND STAKEHOLDER AND COMMUNITY COMMUNICATION AS FOLLOWS: 1) STRATEGIC VOLUNTEER ENGAGEMENT SUPPORTS BOTH INTERNAL AND EXTERNAL VOLUNTEER ENGAGEMENT TO PROVIDE IMPACTFUL VOLUNTEER MATCHING OPPORTUNITIES. VOLUNTEERS FOR TUW ARE THOUGHT LEADERS ON COMMITTEES AND COUNCILS, AS WELL AS DECISION-MAKERS ABOUT COMMUNITY INVESTMENTS AND SUPPORT MISSION FULFILLMENT. TUW NONPROFIT PARTNERS AND CORPORATE PARTNERS CREATE A PIPELINE OF VOLUNTEERS FOR TUW IN ALL LEVELS OF ENGAGEMENT BY OFFERING TAILOR-MADE VOLUNTEER OPPORTUNITIES TO CORPORATE PARTNERS THAT MAY RANGE FROM SUPPLY DRIVES TO HOME BUILDS AND CAN TAKE PLACE AT AN OFFICE OR IN THE COMMUNITY. ADDITIONALLY, TUW SUPPORTS THE STRATEGIC GROWTH OF SIGNATURE VOLUNTEER EVENTS SUCH AS READ ACROSS AMERICA DAY EVENT IN LOCAL SCHOOLS AND THE COMMUNITY'S LARGEST SINGLE DAY OF VOLUNTEERING DURING TRIDENT UNITED WAY'S DAY OF CARING. IN THE 2018-2019 FISCAL YEAR TUW ENGAGED OVER 6,728 VOLUNTEERS, COMPLETED 383 COMMUNITY PROJECTS, FOR A TOTAL OF 30,735 HOURS OF SERVICE, WITH 171 COMPANIES FINDING WAYS TO GIVE BACK AND BUILD TEAM AND COMMUNITY SPIRIT. THE TIME AND SKILLS CONTRIBUTED BY THE TRIDENT UNITED WAY VOLUNTEERS SAVED OUR COMMUNITY MORE THAN \$341,450. 2) COMMUNICATION WITH KEY CONSTITUENTS AND ACROSS THE COMMUNITY IS A YEAR-ROUND STRATEGIC EFFORT. TUW DISTRIBUTES QUARTERLY EMAIL NEWSLETTERS TO MORE THAN 25,000 RECIPIENTS. ANNUALLY TUW SENDS TARGETED EMAIL COMMUNICATIONS TO THE HEALTHY TRI-COUNTY NETWORK SIX TIMES PERS YEAR AND DONOR NETWORK EMAIL NEWSLETTERS QUARTERLY. TUW ALSO UPDATES ITS WEBSITE (TUW.ORG) AND LINKEDIN PRESENCE WEEKLY WITH NEW INFORMATION AND EVENTS. TUW POSTS INFORMATION AND ENGAGES WITH FOLLOWERS DAILY ON ITS FACEBOOK AND TWITTER ACCOUNTS. THROUGH THESE VARIOUS TOOLS, TUW AIMS TO ENGAGE WITH AUDIENCES AND REPORT ON ITS WORK TO DONORS, POTENTIAL DONORS, AND THE COMMUNITY-AT-LARGE, ANNOUNCE FUNDING AND VOLUNTEER OPPORTUNITIES AND CELEBRATE THE IMPACT OF VOLUNTEER TIME. STRATEGIC COMMUNICATIONS ARE ALSO VITAL TO RAISING AWARENESS OF THE MYRIAD COMMUNITY RESOURCES AVAILABLE TO THOSE IN NEED AND TO SEEKING THE SUPPORT OF THOSE WHO HAVE THE ABILITY TO HELP.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

DONOR DESIGNATION FEES:THE PURPOSE OF TRIDENT UNITED WAY'S ANNUAL FUNDRAISING CAMPAIGNS ARE TO DEVELOP AND ENHANCE THE RESOURCES AVAILABLE FOR TRIDENT UNITED WAY'S COMMUNITY IMPACT WORK. COMMUNITY VOLUNTEERS STRATEGICALLY INVEST THOSE RESOURCES IN THE TRI-COUNTY COMMUNITY IN ORDER TO CREATE LASTING, MEASURABLE CHANGE ON THE MOST PRESSING ISSUES FACING FAMILIES AND INDIVIDUALS. TRIDENT UNITED WAY PROMOTES INVESTING IN THE COMMUNITY IMPACT WORK AS THE MOST EFFECTIVE WAY TO INVEST IN THE TRI-COUNTY COMMUNITY ABOVE ANY FORM OF DESIGNATED GIVING.DONORS MAY ELECT ALL OR A PORTION OF THEIR PLEDGE/CONTRIBUTION AS DESIGNATED TO 501(C)(3) ORGANIZATIONS, OTHER THAN TRIDENT UNITED WAY. REQUESTS ARE PROCESSED BY TRIDENT UNITED WAY AND PAYMENTS OUT TO DESIGNATED ORGANIZATIONS IS AS FOLLOWS:-TRIDENT UNITED WAY HONORS DONOR DESIGNATIONS TO ANY VERIFIED 501(C)(3) ORGANIZATION OF \$50 OR MORE PER ORGANIZATION. VERIFICATION CONSISTS OF, ON AN ANNUAL BASIS, CONFIRMING THE ORGANIZATION HAS AN ACTIVE 501(C)(3) STATUS WITH THE INTERNAL REVENUE SERVICE AND COMPLETES ADDITIONAL VERIFICATIONS AS MAY BE REQUIRED BY UNITED WAY WORLDWIDE. NO FURTHER OVERSIGHT IS PROVIDED BY TRIDENT UNITED WAY ON THE USE OF DESIGNATED FUNDS.-TO PROTECT THE PRIVACY OF OUR DONORS, TRIDENT UNITED WAY WILL NOT RELEASE THE NAMES OF INDIVIDUALS WITHOUT AUTHORIZATION FOR THE RELEASE OF SUCH INFORMATION. IF A DONOR PROVIDES AUTHORIZATION, TRIDENT UNITED WAY WILL SEND DONOR INFORMATION TO THE DESIGNATED ORGANIZATION.-TRIDENT UNITED WAY DEDUCTS FUNDRAISING AND ADMINISTRATIVE FEES AT THE RATE OF 15 PERCENT (WITH A MINIMUM OF \$5 AND A MAXIMUM OF \$75) PER DESIGNATION.-TRIDENT UNITED WAY SENDS PAYMENTS TO VERIFIED DESIGNATED ORGANIZATIONS (NET OF THE FUNDRAISING AND ADMINISTRATIVE FEE) ON A QUARTERLY BASIS (JANUARY, APRIL, JULY, AND OCTOBER).-GIFTS OR PAYMENTS MADE BY CASH, CHECK, CREDIT CARD, OR STOCK WILL BE PAID OUT TO THE ORGANIZATION IN THE MONTH FOLLOWING THE QUARTER IN WHICH PLEDGE PAYMENT(S) ARE RECEIVED FROM THE DONOR. FOR EXAMPLE, DONOR PLEDGE PAYMENTS RECEIVED IN JANUARY, FEBRUARY, OR MARCH WILL BE PAID IN APRIL; PAYMENTS RECEIVED IN APRIL, MAY, AND JUNE WILL BE PAID IN JULY.TOTAL DONOR DESIGNATION FEES RECEIVED DURING THE FY 2018-2019 WERE \$59,009.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT F FEI BOARD CHAIR	5.00	X		X				0	0	0
FLEETWOOD S HASSELL INCOMING BOARD CHAIR	5.00	X		X				0	0	0
PJ BROWNING IMMEDIATE PAST CHAIR	5.00	X		X				0	0	0
KENNETH F SMITH TREASURER/FINANCE CHAIR	5.00	X		X				0	0	0
STEPHEN POLSTON AUDIT CHAIR	5.00	X						0	0	0
JESSE C DOVE INVESTMENT COMMITTEE CHAIR	5.00	X						0	0	0
FRANK BULLARD III CAMPAIGN CHAIR	5.00	X						0	0	0
DANIEL P MOONEY STRATEGIC PLANNING CHAIR	5.00	X						0	0	0
ELIZABETH ROGERS MKTG & COMMUNIC. CHAIR	5.00	X						0	0	0
BRADLEY DAVIS COMMUNITY IMPACT CHAIR	5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENDY M BREWER DIRECTOR	2.00	X						0	0	0
PATRICK J CAWLEY MD DIRECTOR	2.00	X						0	0	0
SARA E DEWOLF DIRECTOR	2.00	X						0	0	0
REBECCA J ENGELMAN DIRECTOR	2.00	X						0	0	0
CHARLES GAINER DIRECTOR	2.00	X						0	0	0
TIMOTHY A GROW DIRECTOR	2.00	X						0	0	0
CAROLYN D HUNTER DIRECTOR	2.00	X						0	0	0
EDDIE D INGRAM DIRECTOR	2.00	X						0	0	0
ADOLPH LANZA DIRECTOR	2.00	X						0	0	0
KENNETH LOTT III DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ASHLEY MANCINI YOUNG PHIL. SOCIETY CHAIR	5.00	X						0	0	0
VANESSA TURNER MAYBANK DIRECTOR	2.00	X						0	0	0
JANINE M MCMANUS DIRECTOR	2.00	X						0	0	0
BARBARA L MELVIN DIRECTOR	2.00	X						0	0	0
KAREN E NELSON DIRECTOR	2.00	X						0	0	0
KRISTEN L OLSON DIRECTOR	2.00	X						0	0	0
MARCELA RABENS DIRECTOR	2.00	X						0	0	0
TIMOTHY SEASE DIRECTOR	2.00	X						0	0	0
REEVES SKEEN DIRECTOR	2.00	X						0	0	0
DONALD SMITH JR AFRICAN AMER. LEADERSHIP COUNCIL CHAIR	5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE SWANSON DIRECTOR	2.00	X						0	0	0
PETER TECKLEBURG DIRECTOR	2.00	X						0	0	0
WILLIAM TURNER III DIRECTOR	2.00	X						0	0	0
KATHRYN WHITAKER WOMEN UNITED CHAIR	5.00	X						0	0	0
MICHAEL WILSON DIRECTOR	2.00	X						0	0	0
CHLOE KNIGHT TONNEY PRESIDENT&CEO AS OF 3/2019	50.00	X		X				0	0	0
CHRISTOPHER KERRIGAN PRESIDENT&CEO UNTIL 4/2019	50.00	X		X				212,565	0	37,731
BRIDGET BUSH CHIEF FINANCIAL OFFICER	50.00			X				110,308	0	10,949
MERRIDITH CROWE CHIEF OPERATING OFFICER	50.00			X				113,615	0	24,576
AMANDA LAWRENCE VICE PRES COMMUNITY IMPACT	50.00					X		102,306	0	14,652

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
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 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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 or 990-EZ).)
- 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 in 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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	10,364,193	10,100,851	9,869,346	8,343,572	6,582,516	45,260,478
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	10,364,193	10,100,851	9,869,346	8,343,572	6,582,516	45,260,478
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						2,993,490
6	Public support. Subtract line 5 from line 4.						42,266,988

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	10,364,193	10,100,851	9,869,346	8,343,572	6,582,516	45,260,478
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	427,423	370,340	577,562	872,349	511,900	2,759,574
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .			79,098	33,133	119,476	231,707
11	Total support. Add lines 7 through 10						48,251,759

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	87.600 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	89.960 %

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

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c Add lines 7a and 7b. . .						
8 Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c Add lines 10a and 10b. . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 57-0314378

Name: TRIDENT UNITED WAY

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
TRIDENT UNITED WAY

Employer identification number
57-0314378

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included 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 SFAS 116 (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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 89.430 %
 - b** Permanent endowment ▶ 10.570 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		490,000		490,000
b Buildings		1,174,808	616,945	557,863
c Leasehold improvements		1,651,330	697,365	953,965
d Equipment		318,751	253,294	65,457
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,067,285

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements	1	6,440,204
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	195,393
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	232,716
e	Add lines 2a through 2d	2e	428,109
3	Subtract line 2e from line 1	3	6,012,095
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,947
b	Other (Describe in Part XIII.)	4b	1,125,850
c	Add lines 4a and 4b	4c	1,201,797
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,213,892

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

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

1	Total expenses and losses per audited financial statements	1	8,074,938
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	232,716
e	Add lines 2a through 2d	2e	232,716
3	Subtract line 2e from line 1	3	7,842,222
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,947
b	Other (Describe in Part XIII.)	4b	1,125,850
c	Add lines 4a and 4b	4c	1,201,797
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,044,019

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 57-0314378

Name: TRIDENT UNITED WAY

Supplemental 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.

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COMMERCIAL RENTAL EXPENSES 232,716.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 1,125,850.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COMMERCIAL RENTAL EXPENSES 232,716.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 1,125,850.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TRIDENT UNITED WAY

Employer identification number
57-0314378

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
OFFICE TEAM 12400 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CAMPAIGN SPECIALISTS	Yes		495,000	36,814	458,186
Total				495,000	36,814	458,186

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

SC

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization TRIDENT UNITED WAY

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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?
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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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 \$1,125,850. A PORTION OF THE GRANTED FUNDS ARE A RESULT OF A FUNDING PROCESS THROUGH THE COMMUNITY IMPACT COMMITTEE. THE COMMUNITY IMPACT COMMITTEE, ALONG WITH THE SUBCOMMITTEES OF THE FINANCIAL REVIEW COMMITTEE AND PROGRAM REVIEW COMMITTEE, CONSISTS OF COMMUNITY VOLUNTEERS THAT SELECT GRANT RECIPIENTS BASED ON FORMAL APPLICATIONS AND PROGRAM MONITORING. IN THE CURRENT REPORTING YEAR THIS AMOUNT WAS \$3,114,279.

Additional Data

Software ID:
Software Version:
EIN: 57-0314378
Name: TRIDENT UNITED WAY

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

(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
ADDLESTONE HEBREW ACADEMY 1639 WALLENBURG BLVD CHARLESTON, SC 29407	57-0409223	501(C)(3)	6,511				GRANTEE
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, NY 30303	13-1788491	501(C)(3)	36,600				GRANTEE

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

(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
AMERICAN HEART ASSOCIATION INC (VA) 4217 PARK PLACE COURT GLEN ALLEN, VA 230603315	13-5613797	501(C)(3)	34,490				GRANTEE
ANTIOCH COMMUNITY MINISTRIES 1250 CENTRAL AVE SUMMERVILLE, SC 29483	94-3193389	CHURCH	10,170				GRANTEE

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

(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
BERKELEY COMMUNITY MENTAL HEALTH CENTER 403 STONEY LANDING MONCKS CORNER, SC 29461		GOVT	30,000				GRANTEE
BERKELEY SENIORS 103 GULLEDGE STREET MONCKS CORNER, SC 29461	57-1034485	501(C)(3)	76,100				GRANTEE

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

(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
CALVARY CHAPEL OF BOISE INC 123 AUTO DRIVE BOISE, ID 83709	82-0373010	CHURCH	11,267				GRANTEE
BERKELEY COUNTY SCHOOL DISTRICT 229 EAST MAIN STREET MONCKS CORNER, SC 29461	57-6000313	GOVT	115,000				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK RIVER UNITED WAY - GEORGETOWN SC PO BOX 1065 GEORGETOWN, SC 29440	57-0526145	501(C)(3)	20,596				GRANTEE
CHANGED LIVES MINISTRY 470 REID HILL ROAD MONCK'S CORNER, SC 29461	58-2457711	501(C)(3)	5,172				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	10,152				GRANTEE
CHARLESTON BAPTIST CHURCH 13 SAN MIGUEL RD CHARLESTON, SC 29414	25-1253194	CHURCH	16,000				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON COUNTY SCHOOL DISTRICT - AE 3999 BRIDGE VIEW DRIVE NORTH CHARLESTON, SC 29405	57-6000322	GOVT	35,000				GRANTEE
CHARLESTON DORCHESTER COMMUNITY MENTAL HEALTH CTR 2100 CHARLIE HALL BLVD CHARLESTON, SC 29414	57-6000922	GOVT	160,000				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON ORPHAN HOUSE INC 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 29406	57-0669877	501(C)(3)	73,181				GRANTEE
CHARLESTON PROMISE NEIGHBORHOOD 1819 MEETING STREET RD STE B CHARLESTON, SC 29405	80-0597710	501(C)(3)	117,147				GRANTEE

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

(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
CAROLINA YOUTH DEVELOPMENT CENTER 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	6,342				GRANTEE
CHRIST EPISCOPAL CHURCH 2304 HIGHWAY 17 MOUNT PLEASANT, SC 29466	22-1500487	CHURCH	22,759				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON COUNTY SCHOOL DISTRICT 3999 BRIDGE VIEW DRIVE NORTH CHARLESTON, SC 29405	57-6000322	GOVT	115,000				GRANTEE
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	57-0426335	501(C)(3)	10,782				GRANTEE

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

(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
COMMUNITIES IN SCHOOLS OF THE CHARLESTON AREA INC 1090 E MONTAGUE AVE CHARLESTON, SC 29403	57-0915384	501(C)(3)	136,976				GRANTEE
CHARLESTON SYMPHONY ORCHESTRA 2133 N HILLSIDE DRIVE CHARLESTON, SC 29407	57-6000192	501(C)(3)	5,300				GRANTEE

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

(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
DEE NORTON LOWCOUNTRY CHILDREN'S CENTER 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)(3)	168,765				GRANTEE
DORCHESTER SENIORS INC 312 N LAUREL STREET SUMMERVILLE, SC 29483	57-0703785	501(C)(3)	90,769				GRANTEE

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

(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
EAST COOPER BAPTIST CHURCH 361 EGYPT ROAD MT PLEASANT, SC 29464	57-0697258	CHURCH	13,443				GRANTEE
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MT PLEASANT, SC 29464	57-0939280	501(C)(3)	77,248				GRANTEE

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

(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
FAMILY SERVICES INC DBA ORIGIN SC 4925 LACROSS ROAD SUITE 215 NORTH CHARLESTON, SC 294066513	57-0324920	501(C)(3)	155,589				GRANTEE
FLORENCE CRITTENTON PROGRAMS OF SOUTH CAROLINA 19 SAINT MARGARET STREET CHARLESTON, SC 29403	57-0342030	501(C)(3)	144,331				GRANTEE

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

(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
CHILDREN'S MUSEUM OF THE LOWCOUNTRY 25 ST ANN STREET CHARLESTON, SC 29403	57-1014498	501(C)(3)	5,000				GRANTEE
HABITAT FOR HUMANITY OF BERKELEY COUNTY 1 BELKNAP ROAD GOOSE CREEK, SC 294453441	57-0907019	501(C)(3)	27,656				GRANTEE

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

(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
CHURCH OF CHRIST OUR KING 1149 RUSSELL DRIVE MOUNT PLEASANT, SC 29464	57-0539914	CHURCH	5,033				GRANTEE
HELPING HANDS OF GOOSE CREEK PO BOX 992 GOOSE CREEK, SC 294450992	57-0891298	501(C)(3)	55,594				GRANTEE

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

(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
LIFE COVENANT CHURCH 4200 E 2ND ST EDMOND, OK 73034	73-1486708	CHURCH	13,200				GRANTEE
LOWCOUNTRY FOOD BANK INC 2864 AZALEA DR CHARLESTON, SC 29405	57-0751835	501(C)(3)	504,294				GRANTEE

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

(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
CHURCH OF THE HOLY CROSS PO BOX 6506 SULLIVANS ISLAND, SC 29482	57-0606482	CHURCH	11,917				GRANTEE
COKESBURY UNITED METHODIST CHURCH 4990 DORCHESTER RD NORTH CHARLESTON, SC 29418	57-0519374	501(C)(3)	5,750				GRANTEE

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

(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
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION 18 BEE ST MSC 450 CHARLESTON, SC 29425	57-6028985	501(C)(3)	13,350				GRANTEE
METANOIA COMMUNITY DEVELOPMENT CORP 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	501(C)(3)	138,234				GRANTEE

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

(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
CONGREGATION DOR TIKVAH PO BOX 80301 NORTH CHARLESTON, SC 29416	45-5626741	501(C)(3)	5,350				GRANTEE
DORCHESTER CHILDREN'S ADVOCACY CENTER 303 EAST RICHARDSON STREET SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	132,538				GRANTEE

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

(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
READING PARTNERS - CHARLESTON SC 6296 RIVERS AVENUE SUITE 305 NORTH CHARLESTON, SC 29406	77-0568469	501(C)(3)	75,056				GRANTEE
DORCHESTER SCHOOL DISTRICT 2 115 DEVON RD SUMMERVILLE, SC 29483		501(C)(3)	115,000				GRANTEE

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

(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
ONE80 PLACE 35 WALNUT STREET CHARLESTON, SC 29403	57-0789483	501(C)(3)	166,696				GRANTEE
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES INC PO BOX 607 JOHNS ISLAND, SC 29457	57-0905488	501(C)(3)	42,760				GRANTEE

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

(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
PALMETTO WARRIOR CONNECTION 2150 EAGLE DR BUILDING 100 NORTH CHARLESTON, SC 29406	57-0632511	501(C)(3)	15,738				GRANTEE
DORCHESTER SCHOOL DISTRICT 4 500 RIDGE STREET ST GEORGE, SC 29477		GOVT	115,000				GRANTEE

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

(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
ROPER ST FRANCIS FOUNDATION 316 CALHOUN STREET CHARLESTON, SC 29403	57-1068509	501(C)(3)	114,685				GRANTEE
SC THRIVE 107 SALUDA POINTE DR LEXINGTON, SC 29072	90-1011409	501(C)(3)	58,333				GRANTEE

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

(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
SEACOAST CHRISTIAN COMMUNITY CHURCH INC 750 LONG POINT ROAD MOUNT PLEASANT, SC 294648217	57-1045195	501(C)(3)	67,269				GRANTEE
EAST COOPER MEALS ON WHEELS INC 2304 HIGHWAY 17 PO BOX, SC 29466	57-0804618	501(C)(3)	8,453				GRANTEE

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

(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
FIRST BAPTIST CHURCH OF MT PLEASANT 681 MCCANTS DRIVE MOUNT PLEASANT, SC 29464	57-0426858	CHURCH	10,088				GRANTEE
WINGS FOR KIDS INC 2097 MOUNT PLEASANT STREET CHARLESTON, SC 29403	57-0807424	501(C)(3)	162,000				GRANTEE

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

(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
FRIENDS OF NORTH CHARLESTON INC 2500 CITY HALL LN NORTH CHARLESTON, SC 29406	35-2606241	501(C)(3)	6,586				GRANTEE
LOWCOUNTRY PREGNANCY CENTER 7481 NORTHSIDE DR NORTH CHARLESTON, SC 29420	57-0838453	501(C)(3)	6,306				GRANTEE

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

(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
MARCH OF DIMES INC PO BOX 18819 ATLANTA, GA 31126	13-1846366	501(C)(3)	27,737				GRANTEE
NEWSRING CHURCH 12200 E 21ST ST WITCHITA, KS 67206	48-0817251	CHURCH	8,850				GRANTEE

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

(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
OPERATION HOME INC 3973 RIVERS AVE NORTH CHARLESTON, SC 29405	62-1745925	501(C)(3)	6,231				GRANTEE
PALMETTO COMMUNITY CARE 3547 MEETING STREET ROAD NORTH CHARLESTON, SC 29405	57-0905550	501(C)(3)	76,749				GRANTEE

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

(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
PATTISONS ACADEMY 2383 HIGHWAY 41 MOUNT PLEASANT, SC 29466	20-3419262	501(C)(3)	5,495				GRANTEE
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	57-0405847	501(C)(3)	58,161				GRANTEE

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

(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
PROVIDENCE BAPTIST CHURCH 294 SEVEN FARMS DR CHARLESTON, SC 29492	57-1037976	CHURCH	8,800				GRANTEE
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	57-0961897	501(C)(3)	47,716				GRANTEE

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

(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
SPOLETO FESTIVAL USA 14 GEORGE STREET CHARLESTON, SC 29401	57-0660084	501(C)(3)	11,000				GRANTEE
ST ANDREWS CHURCH 440 WHILDEN ST MOUNT PLEASANT, SC 29464	57-0381068	CHURCH	6,131				GRANTEE

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

(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
SUMMERVILLE FAMILY YMCA 140 S CEDAR ST SUMMERVILLE, SC 29483	57-0643100	501(C)(3)	5,468				GRANTEE
TEMPLE BAPTIST CHURCH OF SPARTANBURG 215 FIELDCREST LN SPARTANBURG, SC 29301	46-3432102	CHURCH	10,200				GRANTEE

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

(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
THE CHURCH AT LIFE PARK 1151 GEORGE BROWDER BLVD MOUNT PLEASANT, SC 29466	47-1094917	CHURCH	5,104				GRANTEE
THE JOURNEY CHURCH PO BOX 3392 SUMMERVILLE, SC 29484	87-0793785	CHURCH	12,000				GRANTEE

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

(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
TRICOUNTY FAMILY MINISTRIES 2105 COSGROVE AVE NORTH CHARLESTON, SC 29405	57-0794782	501(C)(3)	187,186				GRANTEE
TURNING POINT FOR GOD 10007 RIVER RD LAKESIDE, CA 92040	33-0095805	CHURCH	7,425				GRANTEE

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

(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
TWO RIVERS PRESBYTERIAN CHURCH 1082 E MONTAGUE AVE NORTH CHARLESTON, SC 29405	20-8223428	CHURCH	8,631				GRANTEE
UNITED WAY OF CENTRAL SAVANNAH RIVER AREA PO BOX 1724 AUGUSTA, GA 30903	58-0566155	501(C)(3)	19,592				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GASTON COUNTY PO BOX 2597 GASTONIA, NC 28053	56-0653356	501(C)(3)	6,455				GRANTEE
UNITED WAY OF GREATER RICHMOND AND PETERSBURG 2001 MAYWILL ST RICHMOND, VA 23230	23-7375346	501(C)(3)	8,805				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURG CT GREENVILLE, SC 29607	57-0362066	501(C)(3)	49,657				GRANTEE
UNITED WAY OF HORRY COUNTY 761 CENTURY CIRCLE CONWAY, SC 29526	57-0558692	501(C)(3)	18,378				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE CENTRAL CAROLINAS INC 301 S BREVARD STREET CHARLOTTE, NC 28202	56-0529948	501(C)(3)	14,299				GRANTEE
UNITED WAY OF THE COASTAL EMPIRE PO BOX 2946 SAVANNAH, GA 31402	74-1207552	501(C)(3)	11,455				GRANTEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE LOWCOUNTRY PO BOX 202 BEAUFORT, SC 29901	57-0405847	501(C)(3)	5,305				GRANTEE
UNITED WAY OF YORK COUNTY SC PO BOX 925 ROCK HILL, SC 29731	57-0314396	501(C)(3)	5,603				GRANTEE

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

(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
WATER MISSION 1150 KINZER ST NORTH CHARLESTON, SC 29405	57-1116978	501(C)(3)	14,165				GRANTEE
YWCA OF GREATER CHARLESTON 1064 GARDNER ST CHARLESTON, SC 29407	57-0518147	501(C)(3)	7,055				GRANTEE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TRIDENT UNITED WAY

Employer identification number
57-0314378

Part I Questions Regarding Compensation

		Yes	No								
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2										
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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 type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<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 type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No								
	4b	Yes									
	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No								
	5b		No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No								
	6b		No								
<p>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</p>	7		No								
<p>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</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B:	PERSONS PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: THERE ARE BALANCES IN A 457(B) AND 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF TRIDENT UNITED WAY FOR CHRISTOPHER F. KERRIGAN. THERE WERE NO CONTRIBUTIONS TO THESE PLANS DURING THE 2018-2019 FISCAL YEAR.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

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 Types of Property

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

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

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
TRIDENT UNITED WAY

Employer identification number

57-0314378

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PER THE TUW BYLAWS, THE PRESIDENT/CEO SERVES AS AN EX-OFFICIO, NON-VOTING MEMBER OF THE BOARD OF DIRECTORS, THUS 36 TOTAL AND 35 INDEPENDENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	HUGH LANE JR. AND FLEETWOOD HASSELL ARE BOTH KEY EMPLOYEES WITH THE BANK OF SOUTH CAROLINA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	SAME AS PRIOR YEAR.