# SCANNED MAY 0 5 2021

Form 990

(Rev January 2020)

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

Open to Public Inspection

<u>A</u> _	For th	e 2019 ca	endar year, or tax year beginning		, and e	nding			<del></del>
В	Check if	applicable	C Name of organization TRIDENT U	RBAN LEAGUE			D Employer ic	lentification	ı number
	Address	change	Doing business as						
			Number and street (or PO box if mail is no	ot delivered to street address)	Room/suite		57-0961628		
ш	Name ch	ange	P O BOX 20248				E Telephone n	umber	
$\Box$	initial reti	um	City or town	State	ZIP code		(0.40) 005 40	0.7	
$\equiv$			CHARLESTON	SC	29413		(843) 965-40	3/	
Ш	Final return	n/terminated		n province/state/county	Foreign posta	code			
	Amended	d return		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			G Gross receip	ts S	413,453
=						T	0.000.000		
Ш	Application	on pending	F Name and address of principal officer			H(a) is	his a group rehim for	subordinates?	Yes X No
			OTHA MEADOWS 1064 GARDNEI	R RD, Suite 216, CHARL	ESTON, SC	H(b) Ar	e all subordinates	included?	Yes No
1	Tay-eye	mpi status	X 501(c)(3) 501(c) ( )	√ (insert no ) 4947(a)(1)	) or 527	lf.	"No," attach a list	(see instruct	lions)
<u> </u>		<del> </del>		4 (Insert 110) 4347(a)(1	101 2 34	1			
<u>J</u> _	Website	• <b>&gt;</b> WM	WCTUL ORG			H(c) Gr	oup exemption nu	mber -	<del></del>
ĸ	Form of	organization	Corporation Trust X Assoc	nation Other >	L Yea	ar of form	ation 1910	M State of	f legal domicile SC
	art I	9	mmary		<i>i</i> — —				
	1				0.15			durantu	
a	1 1		escribe the organization's mission o				is to promote	diversity	ano
2			and provide multifaceted programm			all			
Governance	1	underse	rved groups to achieve social equali	ty and economic self-suff	liciency				•••••
Š	2	Check th	nis box 🕨 🔲 if the organization di	scontinued its operations	or disposed	of mor	e than 25% of	its net as	sets
တိ	3		of voting members of the governing		•		1	3	16
	4		of independent voting members of t		\/Lline 1h\			4	16
es	5				-		H	5	5
Activities &			mber of individuals employed in cale	•	me za)		-	<del>-  </del>	
ੜ	6		mber of volunteers (estimate if nece					6	100
⋖	7a		related business revenue from Part '				<b>)</b> —	7a	0
	b	Net unre	elated business taxable income from	Form 990-T, line 39		,		7b	0
	}						Prior Year		Current Year
9	8	Contribu	itions and grants (Part VIII, line 1h)	327,5	590	328,453			
Revenue	9	Program	service revenue (Part VIII, line 2g)		0	0			
Š	10	-	ent income (Part VIII column (A), lin		0	0			
αž	11		venue (Part VIII, column (A), lines 5		i)		54.3	346	78,351
	12		enue—add lines 8 through 11 (must eq				381.9		406,804
	+				16 12)	<del>                                     </del>	301,3	0	
	13		and similar amounts paid (Part IX, co						0
	14		paid to or for members (Part IX, col		0	0			
ŝ	15		other compensation, employee benefit	•	s 5–10).		257,4	<del></del>	214,821
Expenses	16a	Professi	onal fundraising fees (Part IX, colum	ın (A), line 11e)	•			0	0
ğ	) b	Total fun	draising expenses (Part IX, column	(D), line 25) ►	0	<u> </u>	<u>'</u>		
Ш	17	Other ex	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)	7		148,6	373	150,160
	18	Total exp	penses Add lines 13–17 (must equa	I Par D. Colletto FA Dine	25		406,1	45	364,981
	19	Revenue	e less expenses Subtract line 18 fro	m line 12	າປໄ		-24,2	209	41,823
i s					<del>121</del>	Begins	ing of Current Ye		End of Year
sets or	20	Total ass	sets (Part X line 16)	MAY 20 2020	9		51,2		93,093
Net Ass Fund Bel	21		pilities (Part X line 26)	1 111/11	\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del>                                     </del>	<u> </u>	0	00,039
200	22				7=	<del> </del>	E 4 C		
			ets or fund balances Subtract line 2	I from line-29- A UT		<u> </u>	51,2	2701	93,093
	irt II		nature Block	) 0022					
			, I declare that I have examined this return, in						
and	beller, it i	s true corre	ct, and complete. Declaration of preparer other	r than officer) is based on all info	rmation of which	n prepare			
Sig	เก		2101.				4	7,7,5	020
He		<b>"</b>	Signature of officer	-			Date		
	. •		Otha Meadows		Pres	ıdent			
			Type or print name and title						
		Print	/Type preparer's name	Preparer's signature		Dat	e		PTIN
Pai	id					1	Che		
	.u eparer	.		<u> </u>			self	employed	L
	e Only	l	's name				Firm's EIN		
-3	· Oilly		's address ►				Phone no		
B.4 -				ahaa0 /aaa .==+: -+					Yes X No
ivia	y the IF	so discus	s this return with the preparer shown	above / (see instruction	5)				<u></u>
For	Papen	work Redi	uction Act Notice, see the separate in	nstructions.					Form <b>990</b> (2019)
ATH			•			`			

Form 9	90 (2019)	TRIDENT URBAN LEAGUE	57-0961628	Page <b>2</b>
Pai	rt III 📑	Statement of Program Service Accomplishments		
	`	Check if Schedule O contains a response or note to any line in this Part III	-	
1	Briefly o	lescribe the organization's mission		
		gion is to promote divergity and inclusion and exclude multiferented programming that		
		frican Americans and all underserved groups to achieve social equality and economic		
	self-suf			
	ATTULTE			
2	Did the	organization undertake any significant program services during the year which were not listed on		
_		r Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program		
•	service		. Yes	X No
		describe these changes on Schedule O		٠٠٠ بين
4		e the organization's program service accomplishments for each of its three largest program services,	as measured by	
•		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
		expenses, and revenue, if any, for each program service reported		
		,		
4a	(Code	) (Expenses \$ 273,665 including grants of \$ ) (Revenue	÷ \$	)
	•	using Services Center provides first time home buyers education, financial literacy,		
		cent, and affordable housing. The counseling is provided by the U.S. Department of Housing		
		an Development		
4b	(Code	) (Expenses \$ 52,127 including grants of \$ ) (Revenue	\$	)
		me individuals in partnership with the Internal Revenue Service and other local agencies		
	resourc	es and move toward greater financial independence		
				<b>-</b>
4	(Cada	\/Fyranas C	. ¢	<del></del>
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue		/
			,	
				·
4d	Other n	rogram services (Describe on Schedule O )		
	(Expens		0)	
40	Total	225 702		

Form **990** (2019)

	990 (2019) TRIDENT URBAN LEAGUE	57-09	961628	P	age 3
Par	IV 'Checklist of Required Schedules			1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)	\? If "Ves "	[	Yes	No
	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)		2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in op	oposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a selection in effect during the tax year? If "Yes," complete Schedule C, Part II	section 501(h)	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives member	ership dues.	-		<del>  ^</del>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Si	chedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which				
	have the right to provide advice on the distribution or investment of amounts in such funds or ac "Yes," complete Schedule D, Part I	ccounts? If			
7	Did the organization receive or hold a conservation easement, including easements to preserve	onen space	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part	II .	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar ass				
_	complete Schedule D, Part III		8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability,	serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling debt management, credit negotiation services? If "Yes," complete Schedule D, Part IV	it repair, or debt	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted en	ndowments .			_^
	or in quasi endowments? If "Yes," complete Schedule D, Part V		. 10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule DVII, VIII, IX, or X as applicable	), Parts VI,		3 4 7 72	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Y	/ee " complete		-	-
ŭ	Schedule D, Part VI	es, complete	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is	s 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	s 5% or more	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its	s total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .		11d		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete So		11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Scheduling and the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax year include a footnote the organization of the tax years include a footnote the organization of the tax years include a footnote the organization of the tax years include a footnote the organization of the tax years include a footnote the organization of the tax years include a footnote the organization of the tax years include a footnote the organization of the tax years include a footnote the organization of the tax years include a footnote the organization of the tax years in the organization of the tax years in the organization of the tax years in the organization of		115		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year?		'''		
	Schedule D, Parts XI and XII		12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the				
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is the organization a school described in control 170(b) (4) (A) (a) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		12b		<del></del> X
	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?		13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmal	king,	1		
	fundraising, business, investment, and program service activities outside the United States, or a				
4 =	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other as for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	sistance to or	15	1	ν
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants	or other	13		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising			.	
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contri		17	X	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	DESCRIPTION	. 18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VI	III, line 9a?			
20.	If "Yes," complete Schedule G, Part III	•	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this re	etum?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization		200		
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II		21		Х

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Par					
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				١
04.	employees? If "Yes," complete Schedule J .		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines				
	24b through 24d and complete Schedule K. If "No," go to line 25a		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	.	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	Ī	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		2.00		
	990-EZ? If "Yes," complete Schedule L, Part I		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		30 (d.) 30 (d.) 31 (d.)		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If If"Yes "complete Schedule L, Part IV".		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If If"Yes," complete Schedule L, Part IV.		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	. [	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
31	conservation contributions? If "Yes," complete Schedule M	, }	30 31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.	, l	32		
33	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	32		X
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		33		×
<b>J</b> 4	III, or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	]	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R Part V, line 2	i l	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes" complete Schedule R, Part V, line 2.		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	-	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O		38	х	
Par				1	$\Box$
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		Yes	No.

			_					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	J: 1		i		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	. •	. 4	1		
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
	gaming (gambling) winnings to prize winners?			1c	X	i		

The statements Regarding Other IRS Fillings and Tax Compliance (continued)  Ves. Ne  In the third number of employees reported on Form W.3, Transmittan of Wage and Tax  Statements, filled for the calendary year ending with or within the year covered by this return  Jay 19 to the organization have unrelated business gross moome of \$1,000 or more during the year?  Jay 19 the sum of lines 1 and 2 as greater than 250, you may be required to efficie (see instructions)  Jay 19 the organization have unrelated business gross moome of \$1,000 or more during the year?  Jay 19 the sum of lines 1 and 2 as greater than 250, you may be required to efficie (see instructions)  Jay 19 the organization have unrelated business gross moome of \$1,000 or more during the year?  Jay 19 the sum of lines 1 as a blink account in security ower, a financial account in 5 organization possible of the sum of the foreign country.  Jay 19 the sum of the sum of the sum of the foreign country.  Jay 19 the sum of the sum of the foreign country.  Jay 19 the sum of the sum of the foreign country.  Jay 20 the organization a party to a prohibited tax sheller transaction at any time during the tax year?  Jay 20 the organization and provide the organization file Form 18898-17?  Jay 21 the sum of the sum of the organization file Form 18898-17?  Does the organization sum of the sum of t	Form 9	90 (2019) ,	TRIDENT URBAN LEAGUE		57-0961628	Р	age 5
the the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the caleadary year ending with or within the year converted by this ratum  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Did the organization have unrietiated business gives increased \$1.00 or more during the year?  b if Yes, * has if filed a Form 990-11 or this year? If Yib?* for line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a handool account? In a foreign country (such as a bank account, securities account, or other financial account?)  if Yes, * has if filed a Form 990-11 or this year? If Yib?* for line 3b, provide an explanation on Schedule O  b if Yes, * did not be organization and schedule or separation or the schedule of the organization file form 8981.  if Yes if year is one for schedule or separation filed for schedule organization and sche	Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Statements, field for the calendar year ending with or within the year covered by this return 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	•		1 1		Yes	No
b If at least one is reported on line 2a, did the organization file at Irequired 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)  3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  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 accountry?  b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry?  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry?  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry?  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry?  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry?  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry?  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry?  If "Yes," enter the name of the foreign country (such as a bank account, securities and financial accountry?  If "Yes," of the organization have an interest in, or a signature or other authority or a promote the payor?  If "Yes," of the organization securities for financial accountry (such as a bank accountry) (such as a bank accountry (such as a bank accountry (such as a bank accountry) (such as a bank	2a			_			,
Note: If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 3	<b>.</b>			<del></del>	5 7	,•·	,
3a	IJ		· · · · · · · · · · · · · · · · · · ·				<del>-</del>
b   I*Ves,* has if filed a Form 990-T for this year? If *No* * to Ime 3b, provide an explanation on Schedule O	3a			ions)	1 - '	· ^	1 **
4a A 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, secunities account, or other financial account)?  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)  Was the organization a party to a prohibited tax whether transaction at any time during the tax year?  b of any taxable party northy the organization that it was or is a party to a prohibited atx shelter transaction?  c if "Yes" to hie So of 5b, did the organization life Form 8868-T7?  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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b of the organization serve a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Of the organization received a contribution of qualified intellectual property, did the organization file Form 8993 as required?  1 If the organization received a contribution of cars, boats, enginess, or other vehicles, did the organization file Form 1998-C?  3 Sponsoring organization make any taxable distributions under section 4986?  5 Of the sponsoring organization make any taxable distributions under section 4986?  5 Of the sponsoring organization make any taxable distributions to a donor advised fund maintained by the sponsoring organization make any taxa				lule O	<del></del>		<u> </u>
a financial account in a foreign country (such as a bank account, secuntes account, or other financial account)?  bit 1"Yes," lenter the name of the foreign country   Note in the property of the foreign country   Note in organization are party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction   Sa   X   Yes, to line 5 a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5 a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5 a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5 a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5 a or 50, did the organization in that it was or is a party to a prohibited tax shelter transaction or organization solicit any contributions that were not tax deductible as chantable contributions?  If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If Yes "did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292 filed during the year.  If Yes "indicate the number of Forms 8292 filed during the year.  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 and the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 and the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 and the progenization sell contribution of cash, boats, arpitanes, or other vehicles, did the organization					·		
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c If "Yes" to line Sa or 5b, did the organization file Form 8866-T7  8a 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 or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8b If "Yes," 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?  1c If "Yes," did the organization nobify the donor of the value of the goods or services provided?  1c Did the organization on sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1f "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  3 Did the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required?  1 Did the organization received a contribution of qualified intellectual property, did the organization flee Form 1096-C?  3 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund emanatemed by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make any taxable distributions under section 49667?  3 Did the sponsoring organizations make any taxable distributions under section 49667  3 Section 501(c)(7) organizations. Enter  a Initiation less and capital contributions included on Part VIII, line 12  3 Gross receipts, included on Form 90, Part VIII, line 12, for public use of club facilities  4 Gross income from embers or shareholders  5 Gross income from other sources	5a						X
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grifs were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  Tax X  Tb If "Yes," did the organization notify the dinor of the value of the goods or services provided?  Tb If "Yes," did the organization notify the dinor of the value of the goods or services provided?  Tb If "Yes," indicate the number of Forms 8282 filed during the year required to file Form 8282?  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Lid the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8282?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8289 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8289.  Sponsoring organizations maintraining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintraining donor advised funds.  Did the sponsoring organizations make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  To gross income from members or shareholders  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  Section 501(c)(12) organizations included on Porm 990, Part VIII, line 12, for public use of club facilities  This is gross income from other sources (Do not net amounts due or paid to other sources (Do adpartation) in the programization is required to maintain by the states in which the organizati	L			A	6a		<u> </u>
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 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.  15 Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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  15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X					· -		<u> </u>
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If "Yes," complete Form 4720, Schedule O	16			ant income?	· ·	44. ^	x
	10			an monte	. 10	١.,	<del></del>
		n res,	Complete Form 47.20, Galiedule O	<del>-</del>	Form	990	(2019)

Part VI

TRIDENT URBAN LEAGUE

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

Seci	ion A. Governing Body and Management				
		<del></del>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16 5	2.5.	
	If there are material differences in voting rights among members of the governing body, or			1.50	
	if the governing body delegated broad authority to an executive committee or similar			300	<b>*</b>
	committee, explain on Schedule O		الدُونِينِ		4 . 4
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	16	155 . W	A
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations			1. 427	100
-	any other officer, director, trustee, or key employee?	mp with	2	****	X
3	Did the organization delegate control over management duties customanly performed by or under	the direct	<u> </u>	┼──	<del>  ^-</del> -
•	supervision of officers, directors, trustees, or key employees to a management company or other p		3	1	×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	<del> </del>	x
4 5	- · · · · · · · · · · · · · · · · · · ·		5	┼	x
6	Did the organization become aware during the year of a significant diversion of the organization's a	3550151	6	<del> </del>	x
7a	Did the organization have members or stockholders?	annoint	-	+	<del>  ^-</del> -
,α	Did the organization have members, stockholders, or other persons who had the power to elect or	арропп	7a		x
<b>L</b>	one or more members of the governing body?		10	+	<del>  ^</del> -
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members	's	7.	ĺ	
	stockholders, or persons other than the governing body?		7b	<del> </del> -	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	ii duinig	10 Sec. 16	Page 1	247
•	the year by the following  The government bedy?		2.7		1
a	The governing body?	•	8a	X	<del></del>
b	Each committee with authority to act on behalf of the governing body?	nachod	8b	+^-	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read the organization's mailing address? If "Yes," assemble the names and addresses an Schedule C.	eached	9	1	х
Sect	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ion B. Policies (This Section B requests information about policies not required by the	Internal Person		<del>                                     </del>	L^_
360	tion b. Foncies (This Section b requests information about policies not required by the	internal (Nevent	Je Code	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	1.00	<del>                                     </del>	<del>- ``</del> -
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	+	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	are many tries repair	1	1.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give use to conflicts			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done		120	X	]
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	val by		1	Τ,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		1:	Ϊ	. '
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		.,,	. *	**
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	13.		<u>.</u>
	with a taxable entity during the year?		16a	"	ĴΧ
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	63.	15 4	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed SC	~		. ~	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990		ion 501(d	;)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app				
		plain on Schedule	-		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interes	t policy,		
	and financial statements available to the public during the tax year	والمراجع والمراجع			
20	State the name, address, and telephone number of the person who possesses the organization's b				
	OTHA MEADOWS	(843) 965-4	<u>03/</u>		
	1064 GARDNER RD Suite 216, CHARLESTON, SC 29413		Fore	990	(2019)

Form 990 (2019)	TRIDENT URBAN LEAGUE	57-0961628	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated									
• • •	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII.										

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

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

Check this box is rientier the organization not an	,			(4	C)				(E) Reportable compensation from related	
(A) Name and tite	(B) Average hours	box.	unle: er an	neck ss pe	more	than on the structure of the structure o	an ee)	(D) Reportable compensation		(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN MITCHELL	1 00	1								
CHAIRMAN	0 00		L.	Щ	<u> </u>					
(2) CYNTHIA A BELL	1 00				ļ	1				
DIRECTOR	0 00		_		<u> </u>					
(3) TIMOTHY D BROWN	1 00	1				1				
DIRECTOR	0 00				<u> </u>	lacksquare				
(4) CHEVON FULLER	1 00	1	ĺ							:
DIRECTOR	0 00			_	<u> </u>					
(5) MIRIAM C GREEN	1 00	1								
DIRECTOR	0 00			L	_					
(6) MONICA HOLLIS	1 00									
DIRECTOR	0 00	X	L							
(7) STARLENE ISRAEL	1 00	1								
DIRECTOR	0 00	X								
(8) MELISSA MADDOX-EVANS	1 00									
DIRECTOR	0 00	Х	L		L					
(9) EDWARD MCKELVER	1 00									
DIRECTOR	0 00	X	<u> </u>		<u> </u>					
(10) RODLY J MILLET	1 00									
DIRECTOR	0 00	X							·	
(11) ANTJUAN SEAWRIGHT	1.00									
DIRECTOR	0 00	X								
(12) CLARENCE WRIGHT	1 00	]								
DIRECTOR	0 00	X		L.	<u></u>					
(13) LEON SCOTT	1.00					1				
DIRECTOR	0 00	X			_					
(14) J MICHAEL SALLEY	1 00		[							
DIRECTOR	0 00	X			<u> </u>	<u> </u>		<u></u>		

57-0961628

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	j Hi	ghes	t Co	ompensated Em	ployees (cont	ınued)	
	(A) Name and title	(B) Average hours	(do i	not cl unte	Pos heck ss pe	c) inton more rson irect	than o	one ran ree)	(D) Reportable compensation	(E) Reportable compensation	Estima 0	(F) ted amount f other
		per week (list any hours for related organzations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	fr ) organ	pensation om the ization and organizations
	MICHAEL R RENUALT	1 00										
	ANN MCGILL	0 00 1 00	_		$\vdash$			-			<del> </del>	
DIRE	CTOR	0 00	Х	X	ļ	_					ļ	
	OTHA MEADOWS BIDENT	55 00 0 00	1		x							
			-	T	Ť							
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Subtotal  Total from continuation sheets to Part VII, So  Total (add lines 1b and 1c)	ection A	•		•			<b>&gt;</b>	0		0	0 0 0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a	bov	e) v	vho	recei	ved	<u>_</u>		<u> </u>	0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, trustee, key			ee,	or h	ighes	st co	ompensated	-		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual .									า	4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo	•			•			_		ndual	5	A X
Sect	ion B. Independent Contractors	55, 05/1/p/015 Co					po.	00				
1	Complete this table for your five highest compecompensation from the organization. Report co										s tax yea	ır
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compens	
								-				0 0
												0
								<u> </u>			-	0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ed to	tho	se l	ıste	d abo	ve) 0	who received			
	more than wronger or compensation from the	ordenization		_				<u>`</u>		1000	Form	90 (2019)

### Part VIII Statement of Revenue

	•	Check if Schedule O co	ntains	a respons	e or	note to any line ii	this Part VIII				Ш
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue e from tax sections 5	excluded under
υ (n	1a	Federated campaigns			1a	0	CHOCKENE COM	Y SALARY		Charles March	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	-		1ն	0		A STATE OF THE STA			
ច់ខ្ព	С	Fundraising events		ľ	1c	0		N. Carlot			1.7
fts, Ar	d	Related organizations			1d	0					
2 5	е	Government grants (contrib	oution	s).	1e	300,738	<b>阿拉拉克</b> 森				STATE OF
SI SI	f	All other contributions, gifts					ACTUAL OF THE		A STATE OF THE STA	<b>阿里斯</b> 克	地區
otic er t		similar amounts not include			1f	27,715				No.	
ë ë	g	Noncash contributions incli	uded i	n i		· · · · · ·					為漢字
on 5	_	lines 1a-1f		.	1g	\$ 0				NAME:	
೦ ಹ	h	Total. Add lines 1a-1f		-		<b>&gt;</b>	328,453			<b>建筑线</b>	ر منظم المارية من الما من من منظم المارية من
						Business Code	可能等機能分置導	<b>阿拉斯斯尼斯</b> 拉	7位满知此,则	<b>克哈克斯</b> 53	* 23 18 15 W.
Ce	2a						0				
Program Service Revenue	b				_		0				
gram Sen Revenue	С				_		0				
e a	d				_		0				
P.S.	е						0				
P.	f	All other program service re	е			0					
	g	Total. Add lines 2a-2f				<b>&gt;</b>	0		是對美術學的	是冷静态	類論。是
	3	Investment income (includit	ng div	idends, int	erest	, and					
		other similar amounts) .				<b>•</b>	0				
	4	Income from investment of	tax-ex	cempt bond	d pro	ceeds.	0				
	5	Royalties				. ▶	0		TOTAL STREET	<del></del>	
		_		(i) Real		(II) Personal					X , X , 5
	6a	Gross rents	6a								<b>建设工</b>
[	b	Less rental expenses	6b							( * 2 · 0)	
[	C	Rental income or (lose)	6c		0	0	THE PROPERTY OF THE PARTY OF TH	TO A SHADOW STATE	2015年2月1日	Lating Designation	Age of the state of
	d	Net rental income or (loss)		(A. Canada		. •	O	12. 14 C 25/4des (1.56)	अनुकार्ट (से ब्लॉब्स प्रकर है	150 A 1840 L	80 E. S. S.
	/a	Gross amount from	]	(ı) Securit	ies	(II) Other		THE NEW YORK			( 1 / 2 / 2 / C
		sales of assets			_						300
a		other than inventory.	7a		0	<u> </u>	THE PERSON NAMES		<b>全个是一个,这个是</b>		
Ž	b	Less cost or other basis	-		•						Single Control
Ş	_	and sales expenses	7b		0	0					
ď	C	Cain or (loss)	7c		O		SELLIN TELEVISION	Control of the Control	ative of all the	图 384 2738	\$ 10 30 2 1,196
Other Revenue	d 8a	Net gain or (loss) Gross income from fundrais	SIDA	٦			PARTICION DE LA COMPANSION DEL COMPANSION DE LA COMPANSIO	Wash story of the state of	Telever bear	FUNDED 138	F. 252 115 2 315
ᅙ	0a	events (not including \$	»	0			<b>基金等等。</b>	5 5 5 5 5 5 5 5		深气源	
		of contributions reported or	line '							<b>建建筑</b>	ر العبل مي د العبل العبل
		See Part IV, line 18		,	8a	85,000					
ļ	b	Less direct expenses		ŀ	8b	6,649					30 Table
	C	Net income or (loss) from for	undrai	sına event			78,351		Director Entrans.	W 1.7 200 - 10.000 C	,
	9a	Gross income from gaming					<b>罗拉斯</b> (李森)	<b>使器模型能数</b>	A CONTRACTOR	なるなる	
1		See Part IV, line 19			9a	0					
j	b	Less direct expenses		Ţ	9b	0					
		Net income or (loss) from g	amınd	activities			0				
		Gross sales of inventory, le	_	ĺ				<b>经验证据的</b>	<b>SERVING</b>	The state of the s	100 May 100 Ma
]		returns and allowances			10a	0				PART TO A STATE OF THE PART OF	See N. S.
	þ	Less. cost of goods sold			10b	0				Tracks of the state of the stat	The gray
	c	Net income or (loss) from s	ales o	finventory	,	<u> </u>	0		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	er engerski	<u> </u>
S						Business Code	图的电影的	是多种的	还是的经验和现代	的概念等	to a change
Miscellaneous Revenue	11a				-		0				
<u>a</u>	b						0				
scellaneo Revenue	C						0			<u> </u>	
Ais F	d	All other revenue			ļ		0	BUT TO THEY WAS AN	Contractive Territoria	্রাক্তির প্রকর্ম	الم المالية
	e	Total. Add lines 11a-11d.	<u> </u>	·			0	3.52 2.0 71-10	THE WASHINGTON	<b>学者研究生。35%</b>	<u> </u>
	12	Total revenue See instruc	tions				406,804	0	. 0	Form <b>99</b>	
										- com <b>33</b>	<b>⊿ (∠</b> ∪?∀)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations	ons must complete column (A)
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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations domestic governments. See Part IV, Ine 21  2 Grants and other assistance to domestic organizations domestic governments. See Part IV, Ine 21  3 Grants and other assistance to domestic organizations domestic governments. See Part IV, Ine 21  3 Grants and other assistance to domestic organizations domestic governments. See Part IV, Ine 21  4 Grants and other assistance to foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign incliviouslist See Part IV, Ine 15 display to 10 for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees to disqualified persons (as defined under section 498(c)(3)(b) 92 209  7 Other salanes and wages  7 Other salanes and wages  9 Person pina accruals and contributions (include section 401(x) and 43(x)) employer contributions;  9 Other employee benefits.  2 3,337  2 1,453  2 3,84  9 2,211  9 Payrolit taxes  3 3,775  3 4,838  3 5,777  1 Fees for services (innemployees)  a Management  b Legal  0 Lobbyring  1 0,569  1 10,698  1 10		Check if Schedule O contains a response or not	e to any line in this P	art IX	·	· <u> </u>
domestic governments. See Part IV, line 21 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Program service	Management and	Fundraising
2 Grants and other assistance to demestic individuals. See Part IV, lines 15 and 16 source of the process of t	1	Grants and other assistance to domestic organizations			The state of the s	
and/uduals See Part IV line 22.  Grahts and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16.  Benefits paul to or for members Compensation of current officers, directors, trustees, and key employees Compensation of undufed above to disqualified persons (as defined under section 4956(f)(1) and opersons described in section 4956(f)(1) and 40(pole escion 495		domestic governments See Part IV, line 21	0		<b>元大学学</b>	
3 Grants and other assistance to foreign organizations, foreign opermements, and foreign individuals. See Part IV, lines 15 and 16.  4 Benefits paid to or for members  5 Compensation of current officers, directors, inustees, and key employees  6 Compensation not included above to disqualified persons (as defined under section 4958(f)(f1)) and persons described in section 401(f) and 403(b) employer contributions (include section 403(f) employer	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  4 Benefits pard to or for members  5 Compensation of current officers, directors, trustees, and key employes.  6 Compensation not included above to disqualified persons and key employes.  6 Compensation not included above to disqualified persons as defined under section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(3)) and persons 4958(p(3)) and per		individuals See Part IV, line 22.	0			
Individuals   See Part IV, lines 15 and 16   0	3					
Senefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   Compensation of current officers, directors, trustees, and key employees   Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(b)   Differ saliens and wages   Differ section 401(k) and 403(b) employer contributions   Differ employee benefits   Differ employee   Di						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(f)(1) and 495(b) employer contributions) 7 Other salanes and wages 8 Penson plan accrueis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other first person described in the first pe						
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(p(1)) and persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)(8)  7 Other salaries and wages 8 Penson plan accrualis and contributions (include section 401K) and 403(p) employer contributions) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees) 12 Accounting 13 Legal 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 17 Investment management fees 17 Office representation (A) amount, list line 19 genosite son Schedule O) 18 Advertising and promotion 19 Occupancy 10 Occupancy 10 Occupancy 10 Occupancy 11 Occupancy 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18 Orthor expenses not covered above (List miscellaneous expenses on tine 24e If line 24e amount exceeds 10% of line 25. column (A) amount, list line 19 genometries, and meetings 10 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Occupancy 10 Occupancy 11 Occupancy 15 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Occupancy 10 Occupancy 11 Occupancy 12 Occupancy 13 Occupancy 14 Occupancy 15 Occupancy 16 Occupancy 17 Occupancy 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Occupancy 19 Occupancy 20 Occupancy 21 Occupancy 22 Occupancy 23 Occupancy 24 Other expenses not covered above (List miscellaneous expenses on tine 24e If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O) 24 Other expenses School occupance on Schedule O) 25 Total functional expenses. Add lines 1 through 24e 26 Occupance on Schedule Oil occupance on Sche		•	0		A STATE OF THE STA	
6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) and persons described in section 4958(c)(3)(B) 92,209 82,988 9,221   7 Other salanes and wages 9 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9 Payroll taxes 9 39,775 34,898 3,877   10 Payroll taxes 9 39,775 34,898 3,877   11 Fees for services (nonemployees) 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5					Į
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salanes and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits.  10 Payroll taxes  30,775  34,898  3,877  11 Fees for services (nonemployees)  a Management  b Legal  c Accounting  fl Lobbying  Proflessional fundraising services. See Part IV, line 17.  I Investment management fees  g Other (fill he 11g amount exceeds 10% of line 25, column (A) amount, list line 12g expenses on Schedule 0)  12 Advertising and promotion.  13 Office expenses  for any federal, state, or local public officials  Conferences, conventions, and meetings  10 Interest of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  10 Payroll taxes  39,775  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  34,898  3,877  4,898  4,898  4,21  4,898  4,898  4,21  4,898  4,898  4,21  4,898  4,898  4,21  4,898  4,21  4,753  2,384  4,898  3,877  4,898  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,898  4,21  4,17  4,17  4,17  4,17  4,18  4,219  4,219  4,219  4,219  4,219  4,219  4,218  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,218  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,219  4,2	_		60,000	51,000	9,000	
persons described in section 4958(c)(3)(B) 92.209 82.988 9.221  Other salanes and wages 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ь					
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Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   Other employee benefits   23,837   21,453   2,384     Payroll taxes   38,775   34,898   3,877     Pees for services (nonemployees)   A Management   0	7		<del></del>	82,988	9,221	<del> </del>
section 401(k) and 403(b) employer contributions)  Other employee benefits  23,837  21,453  2,384  Other omployee benefits  38,775  34,898  3,877  17 Fees for services (nonemployees)  a Management  b Legal  C Accounting  10,896  10,896  10,696		<del>-</del>	ļ <u>U</u>			
9 Other employee benefits	0	· · · · · · · · · · · · · · · · · · ·				
10 Payroll taxes 11 Fees for services (nonemployees) 2	a			21 453	2 384	
11   Fees for services (nonemployees)		· ·		<del>                                     </del>		
a Management b Legal			30,773	04,000	0,071	
b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  12 Advertising and promotion. 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses Itemize expenses on Inie 24e I line 24e amount, list line 24e amount, lest line 24e expenses on Schedule O) 24 PROGRAM EXPENSES 25 Total functional expenses. Add lines 1 through 24e 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			0			
C   Accounting   10,696   1	_	<del>-</del>				
d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other (If line 11g amount exceeds 10% of line 25. column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion. 13 Office expenses 13,773 11,707 2,066 14 Information technology 15 Royaltes 0 Cocupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 10 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 4,365 3,710 6555 24 Other expenses Itemize expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PROGRAM EXPENSES 4 Idl other expenses 5 Total functional expenses. Add lines 1 through 24e 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 ▶ if following SOP 98-2 (ASC 958-720)		•	10.696	10,696		
f   Investment management fees   0   0   0   0	d	•				
f   Investment management fees   0   0   0   0	е		0	<b>建筑的基础的</b>	<b>国本语言</b>	
(A) amount, list line 11g expenses on Schedule O )	f		0			
12 Advertising and promotion .	g					
13 Office expenses		(A) amount, list line 11g expenses on Schedule O) .			0	
14	12	Advertising and promotion .	13,204			
15	13		13,773	11,707	2,066	
16 Occupancy	14	Information technology				
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0 ) 10 PROGRAM EXPENSES 14 Interest 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		·				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  19 Interest  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  2 PROGRAM EXPENSES  24 All other expenses  25 Total functional expenses. Add lines 1 through 24e  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   10 0  21		• -		44,760	11,191	
for any federal, state, or local public officials  Conferences, conventions, and meetings  7,953  7,158  795  Interest  1 Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses literiize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  PROGRAM EXPENSES  All other expenses  Other expenses  Other expenses on Schedule O)  All other expenses  Total functional expenses. Add lines 1 through 24e  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  Infellowing SOP 98-2 (ASC 958-720)			0			
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses litemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 2 PROGRAM EXPENSES 2 4 Quality of line 25, column (A) amount, list line 24e expenses on Schedule O) 2 PROGRAM EXPENSES 3 44,218 44,218 44,218 44,218 5 O C C C C D O C S Total functional expenses. Add lines 1 through 24e 364,981 325,792 39,189 0  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	18	= '				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  a PROGRAM EXPENSES  b  c  d  e All other expenses  5 Total functional expenses. Add lines 1 through 24e  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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	40			7.450	705	ļ
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 2				1,136	795	<del> </del>
Depreciation, depletion, and amortization  10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
1 Insurance 4,365 3,710 655  24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  2 PROGRAM EXPENSES 44,218 44,218  b c d All other expenses O Total functional expenses. Add lines 1 through 24e 364,981 325,792 39,189 0  25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here		•		<del> </del>		
Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  PROGRAM EXPENSES  DO  All other expenses  Total functional expenses. Add lines 1 through 24e  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  Infollowing SOP 98-2 (ASC 958-720)						
above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  a PROGRAM EXPENSES 44,218  b 0  c 0  d 0  e All other expenses 0  Total functional expenses. Add lines 1 through 24e 364,981 325,792 39,189 0  25 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  Infectional solicitation Check here Infectional campaign and following SOP 98-2 (ASC 958-720)				705046A 74704040	<b>电影影子等的影響的一种</b>	
Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  a PROGRAM EXPENSES  b	•					
(A) amount, list line 24e expenses on Schedule O )  a PROGRAM EXPENSES						
a PROGRAM EXPENSES  b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					4. M. S. C.	
b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	а		44,218	44,218		
d e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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  if following SOP 98-2 (ASC 958-720)	_		<del></del>			
e All other expenses 0  25 Total functional expenses. Add lines 1 through 24e 364,981 325,792 39,189 0  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  if following SOP 98-2 (ASC 958-720)	C		0			
25 Total functional expenses. Add lines 1 through 24e 364,981 325,792 39,189 0 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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	d		0			
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  □ if following SOP 98-2 (ASC 958-720)	e					
organization reported in column (B) joint costs  from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)			364,981	325,792	39,189	0
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	26				}	}
fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)						
following SOP 98-2 (ASC 958-720)						ļ
TOIIOWING SUP 98-2 (ASC 958-720)		· —			}	
		TOHOWING SUP 98-2 (ASC 958-720)		l	I	Form <b>990</b> (2019)

P	art X	Balance Sheet				
		Check if Schedule O contains a response or note to any li	ne in this Part X	·		<u></u>
				(A)		(B)
	,	<del></del>		Beginning of year	L	End of year
	1	Cash—non-interest-bearing .		51,270		93,093
	2	Savings and temporary cash investments		0	2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net .	-	0	4	0
	5	Loans and other receivables from any current or former office	er, director,			
	1	trustee, key employee, creator or founder, substantial contrib	utor, or 35%		機類	
	ĺ	controlled entity or family member of any of these persons		0	5	
	6	Loans and other receivables from other disqualified persons (a	s defined			
40		under section 4958(f)(1)), and persons described in section 49	58(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net		0	7	0
188	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges .		0	9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D 10a	0			<b>新教教教学、张</b> 克尔
	b	Less accumulated depreciation . [10b]	0	0	10c	0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11.	•	0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<del></del>	51,270	16	93,093
	17	Accounts payable and accrued expenses		0	17	
	18	Grants payable .	•	0	18	
	19	Deferred revenue	•	0	19	
	20	Tax-exempt bond liabilities		0	20	<del></del>
(8	21	Escrow or custodial account liability Complete Part IV of Sch		0	21	(中央) (1985年1月1日)   中央) (1985年1月1日)   中央) (1985年1月1日)
Liabilities	22	Loans and other payables to any current or former officer, directors have a second or				
ij		trustee, key employee, creator or founder, substantial contrib		THE SECOND SECOND SECOND		HARRIES ALLEN TON TON TON TON
Ë.	22	controlled entity or family member of any of these persons .		0	22	0
_	23	Secured mortgages and notes payable to unrelated third part		0	_	0
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to rela		ļ — — — — — — — — — — — — — — — — — — —	24	
	23	parties, and other liabilities not included on lines 17–24) Con				
		Part X of Schedule D	ipiete	0	25	o
	26	Total liabilities. Add lines 17 through 25	•	0	26	0
ري.			₹T	·····································	SHEET ST	
Ö	ļ	Organizations that follow FASB ASC 958, check here ▶				
<u>a</u>	27	and complete lines 27, 28, 32, and 33.		51,270	27	93,093
Ва	27 28	Net assets without donor restrictions  Net assets with donor restrictions		31,270	28	93,093
B	20	Organizations that do not follow FASB ASC 958, check he	T	AN ANALONI SERVICE AND AND	20 20 14 15 15	STREET TO STREET
Net Assets or Fund Balances		and complete lines 29 through 33.	ne			<b>以第一位的</b>
ō	29	Capital stock or trust principal, or current funds		0	29	5.11年,13.66年8月1日,13.66年1日,13.6
Š.	30	Paid-in or capital surplus, or land, building, or equipment fund	 I	0	30	
586	31	Retained earnings, endowment, accumulated income, or other		0	31	
¥.	32	Total net assets or fund balances	a lutius	51,270	32	93,093
ž	33	Total liabilities and net assets/fund balances	•	51,270		93,093

Form 9	990 (2019) TRIDENT URBAN LEAGUE	5/	7-0961628	Paç	3e 12
Part	XI Reconciliation of Net Assets		<del>-</del>		
	Check if Schedule O contains a response or note to any line in this Part XI		٠		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40€	5,804
2	Total expenses (must equal Part IX, column (A), line 25)	2		364	,981
3	Revenue less expenses Subtract line 2 from line 1.	3		41	,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		51	,270
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		93	3,093
Part				1	
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	Ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		7. T		7
	reviewed on a separate basis, consolidated basis, or both				709 M. 3
	X Separate basis Consolidated basis Both consolidated and separate basis			200	1
b	Were the organization's financial statements audited by an independent accountant?	-	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		7.7		
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				*
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			16	
ŭ	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	3,
	If the organization changed either its oversight process or selection process during the tax year, explain on		9.373 F	Tr.	
	Schedule O.			2,7.3	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		`*.
	the Single Audit Act and OMB Circular A-133?		3a	$\mathbf{x}_{-}$	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			$\neg \neg$	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b	X	<u></u>
			Form	990 (	(2019)

### SCHEDULE.A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization TRIDENT URBAN LEAGUE Employer identification number 57-0961628

۲a	Reason for Public Charl	ity Status (All org	anizations must co	mpiete tr	ns paπ.)	See instructions.			
	organization is not a private foundati						40		
1	A church, convention of churche					(A)(i).	1) 9		
2	A school described in section 1	70(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	30-EZ))		$\cup$		
3	A hospital or a cooperative hosp	-					•		
4	A medical research organization hospital's name, city, and state	n operated in conjur	nction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). Er	nter the		
5	An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a go	vernmental unit desc	cribed in		
6	A federal, state, or local governi	ment or governmen	ital unit described in se	ection 170	)(b)(1)(A)(	v).			
7	An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental (	unit or from the gene	ral public		
8	A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	ii )					
9	An agricultural research organiz or university or a non-land-gran university	zation described in s t college of agricult	section 170(b)(1)(A)(ix ure (see instructions)	e) operated Enter the	d in conjur name, city	nction with a land-gray, and state of the co	ant college llege or		
10	An organization that normally re receipts from activities related to support from gross investment is acquired by the organization after	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busine	3% of its		
11	An organization organized and	operated exclusivel	y to test for public safe	ety See se	ection 509	9(a)(4).			
12									
а	the supported organization(s organization You must com	s) the power to regunder to regunder to the power to regular to regu	larly appoint or elect a ions A and B.	majority of	of the direc	ctors or trustees of the	he supporting		
b	<ul> <li>Type II. A supporting organize control or management of the organization(s) You must control to the organization.</li> </ul>	e supporting organi	zation vested in the sa	on with its ime perso	ns that co	d organization(s), by ntrol or manage the	supported		
С		ated. A supporting o	organization operated i				rated with,		
d	. [] _ 1.1	tegrated. A support	ting organization opera	ated in cor	nection w	ith its supported org	anization(s) tentiveness		
	requirement (see instructions	s) You must comp	lete Part IV, Sections	A and D,	and Part	V.			
е	Check this box if the organize functionally integrated, or Ty					Type I, Type II, Typ	e III		
f	Enter the number of supported of	•	ily integrated supportin	ig organiz	allon		0		
g	Provide the following information		ed organization(s)						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ai	the same of the sa	Hall and the Marie and Marie and	2015 TA	to the Therman b	0	0		
			The second of th						

Sche	dule A (Form 990 or 990-EZ) 2019 TRIDE!	NΤ	URBAN LEAGUE	Ε			57-09616	28 Page <b>2</b>
Pa	rt II Support Schedule for O				tions 170(b)(1	(A)(iv) and 17		/
	. (Complete only if you che	cke	ed the box on li	ine 5 7, or 8 of	Part I or if the	organization fa	iled to qualify u	nder /
	Part III If the organization	ı fa	ils to qualify ur	nder the tests li	sted below ple	ase complete F	Part III )	
Sec	ction A. Public Support							
	ndar year (or fiscal year beginning in)	▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	Ť	(4) 2010	(8) 2010	(6) 2017	(4) 2010	(6) 2013	(1) 10(2)
•	membership fees received (Do not							
	include any "unusual grants").		382.716	204.674	200 601			4 070 000
2	Tax revenues levied for the		302,710	391,671	298,601			1,072,988
-	organization's benefit and either paid							
	to or expended on its behalf				`			
2	· ·						/	0
3	The value of services or facilities					,		
	furnished by a governmental unit to the							
	organization without charge	- 1						0
4	Total. Add lines 1 through 3	ı	382,716	391,671	298,601	0	0	1,072,988
5	The portion of total contributions by							
	each person (other than a			2.7522370				
	governmental unit or publicly							
	supported organization) included on					1		
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)					<b>张明马马即</b>	THE RESERVE	
6	Public support. Subtract line 5 from line 4		人認為以記述了		AND LIZE	COLUMN TO THE SAID		1,072,988
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)		(a) 2015	(b) 2016	<b>(c)∕</b> 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1	382,716	391,671	298,601	0	0	1,072,988
8	Gross income from interest, dividends,	[						
	payments received on securities loans,				/			
	rents, royalties, and income from							•
	similar sources	ı						0
9	Net income from unrelated business	- 1						
	activities, whether or not the business is	- 1						
	regularly carried on	- 1						0
10	Other income Do not include gain or	ı						
	loss from the sale of capital assets							
	(Explain in Part VI )	- 1	/	,				0
11	Total support. Add lines 7 through 10	Ī	Service Control		SECTION AND THE	70.00	Service Control	1,072,988
	Gross receipts from related activities, etc	(SE	e instructions)	(A control of the Constant	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	170" If y 1913 is observed special special and in	12	
	First five years. If the Form 990 is for the			econd third fourth	or fifth tay vear a	s a section 501(c)(		
-	organization, check this box and stop he		<b>3</b> 4		,, or mar tax your a		,0,	. ▶□
500	tion C. Computation of Public S		Porcent	200		<del></del>		
14			<del></del>		n)		14	100 00%
15	Public support percentage for 2018 Sch		, , ,	•	•		15	100 00%
		_						100 00 78
ıoa	33 1/3% support test—2019. If the orga				, and line 14 is 33	1/3% or more, che	ck this dox	ু তো
	and stop here. The organization qualifies			=	•			► X
b	33 1/3% support test—2018. If the orga	nıza	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	[]
	box and stop here The organization qua	lifie	s as a publicly sup	pported organizatio	n.			▶
17a	10%-facts-and-circumstances test—2	019	. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	4	•
	10% or more, and if the organization mee	ts t	he "facts-and-circu	imstances" test, ch	eck this box and s	top here. Explain i	n	
	Part VI how the organization meets the "f	acts	i-and-circumstance	es" test. The organ	ization qualifies as	a publicly supporte	ed	. □
h	organization	Na n	If the exercises to	m aliah mada aka a		465 au 47a au 41		▶ 🗀
U	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization						ne .	
	Explain in Part VI how the organization m						tv	
	supported organization				0.322000114			▶□
18		hd ~	ot chack a have an	lino 12 150 154	17a or 17h chook	this hav and sec		ــا ٠
	Private foundation. If the organization during tructions .	nu f	or check a box on	mie 13, 108, 100,	iza, or izo, check	IIIIS DUA GIIU SEE		▶□
_	Justi delibris .		<del></del>					- 000 - 000 57 0005
							Schedule A (Form	n 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

TRIDENT URBAN LEAGUE

## 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.)

Se	ction A. Public Support		tooto nated ben	511, p.0200 551.	,,,,,,,		· <u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	382,716	391,671	298,601	400,590	413,453	1,887,031
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						0
3	Gross receipts from activities that are not an	<del></del>					
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						<del></del>
	organization's benefit and either paid to						
	or expended on its behalf	1		,			0
5	The value of services or facilities					<del></del>	
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	382,716	391,671	298,601	400,590	413,453	1,887,031
	Amounts included on lines 1, 2, and 3	502,710	001,071	200,001	400,000	410,400	1,007,001
	received from disqualified persons						0
h	Amounts included on lines 2 and 3						
٥	received from other than disqualified					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	1	ļ	;			0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	( K. S. J. 775 ) (1957)	1 130/21 15 533-315	8 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12 (244) 484 (3 × 3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
٠	line 6)	A CONTRACTOR OF	<b>苏美国新疆</b>		<b>等。在1886年1878年</b>		1,887,031
Sec	tion B. Total Support	100 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	and to institute of the	Eller of the The Following of	15 (A) C. 1992 / 4 1.2 4. 4	45 4 - 41-785E 751-710~ "	1,007,001
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	382,716	391,671	298,601	400,590	413,453	1,887,031
	Gross income from interest, dividends	002,770	001,011	200,001	100,000		1,001,007
	payments received on securities loans, rents,					1	
	royalties, and income from similar sources		j		1		0
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975	1			ł	}	0
c	Add lines 10a and 10b	o	0	0	0	0	0
11	Net income from unrelated business	<del>-</del>	<del>-</del>				
••	activities not included in line 10b, whether	1					
	or not the business is regularly carried on	į į					0
12	Other income Do not include gain or						
-	loss from the sale of capital assets		j				
	(Explain in Part VI )	1					0
13	Total support. (Add lines 9, 10c, 11,						<u> </u>
10	and 12)	382,716	391,671	298,601	400,590	413,453	1,887,031
14	First five years. If the Form 990 is for the c						1,007,007
•••	organization, check this box and stop here	nganization s mst, s	econd, tillia, route	i, or murtax year a	3 2 300(011 00 1(0)(	<b>5</b> ,	▶ □
Sec	tion C. Computation of Public Su	nnort Percents		<del></del>			
	Public support percentage for 2019 (line 8,			(f))		15	100 00%
16	Public support percentage from 2018 Sched	• • • • • • • • • • • • • • • • • • • •	•		. 1	16	100 00%
	tion D. Computation of Investmen					•	
17	Investment income percentage for 2019 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2018 S		•	•		18	0.00%
19a	33 1/3% support tests-2019 if the organ	· ·		4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and						<b>►</b> X
b	33 1/3% support tests—2018. If the organ						
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publ	icly supported orga	inization.	. ▶
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	·	. ▶

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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)

Castian	A A	C		O	4:
Section .	A. AI	ı Sup	porung	Organi	zations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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))? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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10b		

trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

activities but for the organization's involvement

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

Part IV

11

1

1

2

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b

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3

2b

3a

3b

7

8

7 Other expenses (see instructions)

instructions)

8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see	1		
instructions for short tax year or assets held for part of year)	123		
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	0	0
e Discount claimed for blockage or other			The state of the s
factors (explain in detail in Part VI)	2 25 54 48		<b>这个证实的是不是</b>
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recovenes of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<b>的一种,不是一种的一种。</b>	0
2 Enter 85% of line 1	2	<b>"是是是不是不是是是是</b>	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	<b>自己的工程,但是</b>	0
5 Income tax imposed in prior year	5	以中心地震烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈烈	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III supporting	organization (see

0

. Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)						
Section D - Distributions									
1	Amounts paid to supported organizations to accomplish ex	empt purposes							
2	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 purpos	ses of supported organiz	ations						
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	····		<del></del>					
	Total annual distributions. Add lines 1 through 6			0					
8	Distributions to attentive supported organizations to which t	the organization is respon	nsive						
	(provide details in Part VI) See instructions								
9	Distributable amount for 2019 from Section C, line 6			0 000					
10	Line 8 amount divided by line 9 amount	T		0 000					
	Continue E Dietribution Allocations (and materials)	(i)	(ii) Underdistributions	(ili) Distributable					
•	Section E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2019	Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6			Amoditi for 2013					
2	Underdistributions, if any, for years prior to 2019		Southern and the State of the S	Massart					
	(reasonable cause required—explain in Part VI) See								
	instructions								
3	Excess distributions carryover, if any, to 2019		<b>公司的公司</b>						
а	From 2014 0	N. P. S.		<b>新聞報報報報報報</b>					
b	From 2015 0		言いない。						
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e	<u>Γrom 2018</u> 0	<b>医型性性侧膜</b>	即他的地位是对抗	<b>拉斯斯特特斯特</b>					
f	Total of lines 3a through e	0	<b>经过程的企业的</b>						
g	Applied to underdistributions of prior years	<b>证证的证明</b>	0						
h	Applied to 2019 distributable amount			0					
<u>i</u>	Carryover from 2014 not applied (see instructions)	<u> </u>							
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0							
4	Distributions for 2019 from								
	Section D, line 7 \$ 0	THE RESERVE OF THE PARTY OF THE	<b>网络过程的条件的</b>						
	Applied to underdistributions of prior years		CARROL WATER CONTROL	C. A. S. C.					
b c	Applied to 2019 distributable amount  Remainder Subtract lines 4a and 4b from 4	0							
5	Remaining underdistributions for years prior to 2019, if	MARKET STATE OF THE STATE OF TH	Warring Selection and the selection of t						
•	any Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions		0						
6	Remaining underdistributions for 2019 Subtract lines 3h		4474W4W4	7.07 (2.00)					
	and 4b from line 1 For result greater than zero, explain in								
	Part VI See instructions			0					
7	Excess distributions carryover to 2020. Add lines 3								
	and 4c	o							
8	Breakdown of line 7	HALL AND LAKE		<b>运送</b> 证在1000年7月					
а	Excess from 2015 0	ALLE MARKET PROPERTY.	<b>美國國際共產黨的</b>						
b	Excess from 2016 0	MEDITAL STREET	地列列的英语式以外对对	<b>新疆域等的</b>					
С	Excess from 2017 0								
<u>d</u>	Excess from 2018 0								
е	Excess from 2019	17:17:04:17 できなれる人におります。 かんだい	POLICE TO SECURE AND SECURE AND SECURE	COMPANY TO BE STOPPING THE THE STATE OF THE SAME OF					

	m 990 or 990-EZ) 2019	TRIDENT URBAN LE	AGUE			57-0961628	Page 8
Part VI		mation. Provide the exp	planations require			17b, Part	
•		ection A, lines 1, 2, 3b,					
		t IV, Section C, line 1, P					
		ne 1, Part V, Section B,				Section E,	
	lines 2, 5, and 6 Also	complete this part for	any additional info	omation (See instri	uctions)		
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Schedule A (Form 990 or 990-EZ) 2019

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

on entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection
Employer identification number

OMB No 1545-0047

TRID	ENT URBAN LEAGUE					57-096	31628		
Par					ered "Yes" on For	m 990, Part IV, lir	ne 17		
	Form 990-EZ filers are not								
1 a	Indicate whether the organization ra	used funds thro							
b	H ************************************								
			=		_	•			
C	Phone solicitations		g [_] S	peciai tunu	raising events				
d 22	In-person solicitations			المدينات أدينات مدر	/implyedian efficiency				
2a	Did the organization have a written key employees listed in Form 990.						Yes X No		
b									
-	compensated at least \$5,000 by the		o (lanaran	ocio, parado	ant to agreement to	1001 1111011 (110 10110	10.00. 10 10 20		
	•	· ·							
			(22.5.46)			(v) Amount paid to	(vii) Assertation to		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	draiser have or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)		
			contri	butions?		col (ı)	organization		
			Yes	No					
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Total	1 at all attaches and at the compared		l 1:		[0	0	0		
3	List all states in which the organization or licensing	on is registered	or license	a to solicit c	contributions or nas	been nouned it is ex	rempt from		
	registration of nechaning								

	,	events with gross recei	_	•	come on Form 990-EZ,	lines 1 and 6b. List
			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
Revenue			(event type)	(event type)	(total number)	col (c))
	1	Gross receipts	85,000		0	85,000
	2				0	0
		line 2)	85,000		0	85,000
	4	Cash prizes .			0	0
	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs			0	0
ct Exp	7	Food and beverages			0	0
Dire	8	Entertainment			0	0
	9	Other direct expenses	6,649		0	6 649
Pa	10 Direct expense summary Add lines 4 through 9 in column (d)  11 Net income summary Subtract line 10 from line 3, column (d)  12 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))
æ	1	Gross revenue				0
ses	2	Cash prizes				0
Direct Expenses	3	Noncash prizes .				0
Direct	4	Rent/facility costs				0
	5	Other direct expenses				0
:	6	Volunteer labor	Yes %	Yes %		
	7	Direct expense summary Add	l lines 2 through 5 in colur	mn (d)		( 0)
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)		0
9	, [	Enter the state(s) in which the org	anization conducts nami	ng activities:		
	a !	s the organization licensed to co f "No," explain	nduct gaming activities in	each of these states?		. Yes No
			aming licenses revoked, s	uspended, or terminated	d dunng the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2019 TRIDENT URBAN LEAGUE	57-0961628 Page 3				
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					
а	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 arecords:	nd				
	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 > \$0 and the					
	amount of gaming revenue retained by the third party > \$0					
С	If "Yes," enter name and address of the third party					
	Name ▶					
	Address ▶					
16	Gaming manager information					
Name ▶						
	Director/officer Employee Independent contractor					
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?	Yes No				
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	0				
Part		s (III) and (v), and				

### 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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

TRIDENT URBAN LEAGUE	57-0961628						
Form 990, Part VI, Section B, Line 11 The completed form 990 is presented to and reviewed							
with the Board of directors ay a board meeting prior to form 990 being filed	·····						
Form 990, Part VI, Section C, Line 19 CTUL has its governign documents, conflict of interest	Form 990, Part VI, Section C, Line 19 CTUL has its governign documents, conflict of interest						
policy and financial statements available for the public to review upon request at our office							
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Name of the organization	P	Page 2
· · · · · · · · · · · · · · · · · · ·	Employer Identification number	
TRIDENT URBAN LEAGUE	<u>57-0961628</u>	
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