Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2018

Department of the Treasury

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

► Go to www.irs.gov/Form990FZ for instructions and the latest information

Open to Public Inspection

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		2018 calendar year, or tax year beginning , 2018, and endin	_		, 20
В	Check if ap	pplicable C Name of organization	l Di	Employer	identification number
	Address o	- Date Cotton Redestropment Corporation			<u>27-371</u> 5681
	Name cha		e [E	Telephone	number
=	Initial retu	175 Calhoun Street		8	343-724-7472
=	Amended	City or town, state or province, country, and ZIP or foreign postal code	. F ⋅	Group Ex	emption
=		on pending	2]	Number	•
G	Account	ting Method ☐ Cash ☐ Accrual Other (specify) ▶	H Che	eck ▶ 🗀	If the organization is not
	Website	· — — — — — — — — — — — — — — — — — — —			ttach Schedule B
		mpt status (check only one) — ✓ 501(c)(3) □ 501(c) () ◀ (insert no) □ 4947(a)(1) or □527	(For	rm 990, 9	90-EZ, or 990-PF).
_		forganization Corporation Trust Association Other			
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if the state of the st	total ass	sets	
		lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	\$ 172,542
<u>`</u>	art I	" " " " " " " " " " " " " " " " " " " "	he ins	truction	
	arti	Check if the organization used Schedule O to respond to any question in this Pa			
	1 4			1	
	1	Contributions, gifts, grants, and similar amounts received		. 2	172,500
	2	Program service revenue including government fees and contracts	•		0
	3	Membership dues and assessments		. 3	0
	4	Investment income		. 4	0
	5a	Gross amount from sale of assets other than inventory		0	
_	þ	Less: cost or other basis and sales expenses		0	4
*	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		. <u>5</u> c	0
R	6	Gaming and fundraising events			
発売るの	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		o	
œ	b	Gross income from fundraising events (not including \$ 0 of contribution)	tions		
300		from fundraising events reported on line 1) (attach Schedule G if the		i	
		sum of such gross income and contributions exceeds \$15,000) . 6b		o	
7	c	Less direct expenses from gaming and fundraising events 6c		o	
×	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtra	.ct	
5		line 6c)		. 6d	-
UCANALO U	7a	Gross sales of inventory, less returns and allowances		0	
٥,	Ь	Less, cost of goods sold		0	
(S)	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	T 0
- 11-2	8	(1)	<u>n</u> .	. 8	42
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>U_</u>	▶ 9	172,542
	10			10	
	11	Grants and similar amounts paid (list in Schedule O)		11	<u> </u>
s	12	Salaries, other compensation, and employee benefits	`]g	2 12	93,531
se	13	Professional fees and other nayments to independent contractors	الحب	13	3,238
Expense	14	Occupancy, rent, utilities, and maintenance	JT	14	3,230
X	15	Printing, publications, postage, and shipping	سنطنت	15 15	-
	16	Other expenses (describe in Schedule O)			2,131
	1				Ť
_	17	Total expenses. Add lines 10 through 16	• • •	. 18	98,901
ţţ	18 19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag	· ·		73,641
SSE	'9	end-of-year figure reported on prior year's return)			
Ž					2,920
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 21	76,561

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Pa	rt II Balance Sheets (see the instruc	tions for Part II)			<u> </u>		
	Check if the organization used Sch	nedule O to resp	ond to a	ny question in this	Part II		<u>.</u> . 🗆
					(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				2,920	22	27,325
23	Land and buildings				0	23	
24	Other assets (describe in Schedule O) .				0	24	57,213
25	Total assets				2,920	25	84,538
26	Total liabilities (describe in Schedule O)					26	7,977
27	Net assets or fund balances (line 27 of o	olumn (B) must a	agree witl	h line 21) .	2,920	27	76,561
Par	t III Statement of Program Service A					T	
	Check if the organization used Sch					1	Expenses
Wha	it is the organization's primary exempt purpo						quired for section
	cribe the organization's program service acc				orogram services		(c)(3) and 501(c)(4) anizations, optional for
as n	neasured by expenses In a clear and con ons benefited, and other relevant information	cise manner, des	scribe the	e services provide	d, the number of	othe	
28	Established website for marketing purposes, further mission				s interested in		
						1	
	(Grants \$ 172,500) If this a	mount includes fo	oreign gra	ants, check here	🕨 🗆	28a	172,500
29					-		
	(Grants \$) If this a					29a	ı
30				· · · · · · · · · · · · · · · · · · ·			
			·			ĺ	
	(Grants \$) If this a	mount includes fo	reign gra	ints, check here .	🕨 🗌	30a	•
31	Other program services (describe in Schedu		•				
	. •	•		ints, check here .		31a	
32	Total program service expenses (add line	s 28a through 31a	a)		•	32	†
	t IV List of Officers, Directors, Trustees, a					nstru	ctions for Part IV)
	Check if the organization used Sch		•				
	(a) Name and title	(b) Ave	erage er week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	(Estimated amount of other compensation
Molie	non Madday Eugen		 -	(+	
	ssa Maddox-Evans ident and Chairperson	5			0	0	0
	na Shaw-Johnson			<u> </u>	<u> </u>	╨	
	President					٥	0
_		10	<u> </u>		0	"	
	yl F. Ferraro						
	surer	3			O	0	0
	oliakoff					_	_
	etary	3	<u>-</u>		<u> </u>	0	0
	n Chatham					_	
	d Member	3			0	0	0
	e Hamilton			İ			
	d Member	3			<u> </u>	0	0
Caro	l Jackson				1		
<u>Boar</u>	d Member	3	_		0	0	0
Patri	ck Kıng				1		
Boar	d Member	3			0	0	0
Edwa	ard McKelvey				}		
Boar	d Member	3			<u> </u>	0	0
Otha	Meadows						
	d Member	3		l (ol	0	0
	on Snype				1		
	d Member	3		1		0	0
	a Stewart					丁	<u>_</u>
	d Member	3			<u>,</u>	0	0
				·	·		

rart	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗆
	instructions for Fair V.) Officer if the organization used deficute of to respond to any question in this	3 i uii	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	304		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	}		
b	Gross receipts, included on line 9, for public use of club facilities)		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ o ; section 4912 ▶ o ; section 4955 ▶ o			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<u> </u>		ļ
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		-
41	List the states with which a copy of this return is filed ► South Carolina			
42a		343-28		
	Located at ► 75 Calhoun Street, Charleston SC ZIP + 4 ►	29401		
В	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country ▶			-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	NO
444	completed instead of Form 990-EZ	44a		\
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
_	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		<u> </u>

orm 990)-EZ (20	18)						Р	age 4
							,	Yes	No
		e organization engage, directly or in-			behalf of or in	opposition			
		didates for public office? If "Yes," co		Parti .	· · · · · · · · · · · · · · · · · · · 	<u> </u>	46		
Part V		Section 501(c)(3) Organizations		otions 47 40h and	EO and som	alata tha	tables fo	1	
		All section 501(c)(3) organizations 50 and 51.	must answer que	SHORIS 47-49D and	52, and com	piete trie	tables it	יוווו וכ	50
		Check if the organization used Sch	adula O to respond	to say augetion in t	hic Part VI				(Z)
		brieck if the organization used och	edule O to respond	to any question in	ilis i alt vi			Yes	No
47	Did th	e organization engage in lobbying	activities or have a s	section 501(h) election	on in effect du	ring the ta	ax i	-103	
		If "Yes," complete Schedule C, Part				J	47		1
	-	organization a school as described in)? If "Yes." complete	Schedule E		48	-	7
		e organization make any transfers to					49a	ļ	1
b	If "Yes	s," was the related organization a se	ction 527 organizatio	in?			49b		
50	Comp	lete this table for the organization's	five highest compens	sated employees (oth	ner than officer	s, director	rs, trustee	es, an	id key
	emplo	yees) who each received more than	\$100,000 of comper	nsation from the orga			, enter "N	lone "	,
			(b) Average	(c) Reportable	(d) Health be		(e) Estimate	oma h	unt of
	(a) (Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	penefit plans, an	d deferred	other con		
					compensa	tion			
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					1				
f	Total	number of other employees paid over	er \$100,000	▶ 0					
		plete this table for the organization'		ensated independen	t contractors	who each	received	more	e than
	\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	ent contractor	(b) Type of sea	rvice	(c)	Compensat	юп	
									
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				<u> </u>					
d	Total	number of other independent contra	actors each receiving	over \$100,000	-		0		
52		the organization complete Schedu	ule A? Note: All s	ection 501(c)(3) org	anızatıons mu	ist attach		_	
		leted Schedule A					► ✓ Ye		No
		of perjury, I declare that I have examined this discomplete. Declaration of preparer (other than					owledge an	d belie	f, ıt is
	1001, 011	The first of the f	Oldar Peac	7/20		<u>~</u> /-/	-/-/:07		
Sign	}	Signature of officer	HILL WELL		Date	-//->	 		
Here		Melissa Maddox-Evans, President	and Chairman	()	24.0	1 1	<i>i</i> `		
		Type or print name and title	and Quantilett		···········				
	—_ь	Print/Type preparer's name	Preparer's signature		Date	Charle [" PTIN		
Paid		The state of the s				Check L. self-emplo			
Prep		Firm siname	-i	l	Firm	s EIN ▶			
Use	Unity	Finh s address ►			Phor				
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions			► ∏ Ye	s 🗍	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 20**18**

Employer identification number

Open to Public Inspection

27-3715681 Charleston Redevelopment Corporation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iv) is the organization (i) Name of supported organization (iii) Type of organization isted in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Section A Public Support Section A Public Support Section A Public Support Calendar year for fiscal year beginning in) ► 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's bent fat either plaid to or expended on its behalf 3 The value of services or facilities from the organization's bentfat and either plaid to or expended on its behalf 3 The value of services or facilities from the organization's bentfat and either plaid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines it frough 3. 5 The portion of total continutions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 8 Public support. Subtract has 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support Add lines 7 through 10 21 Gross receibls from related activities, ex. (sie instructions) 12 Gross receibls from related activities, ex. (sie instructions) 13 First five years, if the Form 990 is for thy organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 33/3/s support test—2017. If the organization of not check a box on line 13, 16a, or 16b, and line 14 is 33/3/s or more, check this box and stop here. 17 Line organization organization mediates as a publicly supported		· · · · · · · · · · · · · · · · · · ·						
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total membership fees received. (Do not include any "unusual grants.") 2 Tax revenues livited for the organization without the part of the organization is benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines I through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract lines 5 from line 4 8 Gross income from interest, dividends, polyments received on securities bians, person, revite, reyaltes, and income from similar sources activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines? through 10 20 Gross receipts from related business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines? I through 10 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for this organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 5 Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line for organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 5 Public support percentage for 2018 (line for organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	Part							
Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total membership (sees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either pald to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a generation of the public years and the property of the person of the public years and the property of the person of the public years and the person of the pers								alify under
Calendar year (or fiscal year beginning in)			qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
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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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	o	o	0.	5500	172500	17800
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	o	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	o	C	0	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities		-	_			
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	0	0	0	5500	172500	178000
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
		0	0		U	0	
	Add lines 7a and 7b	0	0	<u> </u>	0	0	
8	Public support. (Subtract line 7c from line 6.)						178000
Secti	on B. Total Support	<u> </u>					17000
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	0	0			178000
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties, and income from similar sources	o	0	O	a	42	42
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	0	0	0	0	42	42
11	Net income from unrelated business					!	
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	<u> </u>	0		0
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						_
40	• •	0		O O			0
13	Total support. (Add lines 9, 10c, 11, and 12.)	ا ا		O	5500	172542	178042
14	First five years. If the Form 990 is for the	e organization	's first_secon				
1.7	organization, check this box and stop he	-					▶ □
Secti	on C. Computation of Public Suppor	rt Percentage	e	•			
15	Public support percentage for 2018 (line			13, column (f))		15	100 %
16	Public support percentage from 2017 Scl	hedule A, Part	III, line 15 .	<u></u>	<u> </u>	16	100 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2018 (17	0 %
18	Investment income percentage from 2017	7 Schedule A, f	Part III, line 17			18	0 %
19a	331/3% support tests-2018. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a l	box on line 14,	, 19a, or 19b, c	cneck this box	and see instruc	ctions 🕨 🔲

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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	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.	1		
2	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).	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.	3a		
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.	3b		
С	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	3c		
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.	4a		
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.	4b		
С	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.	4c		
5 a	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	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)	7		
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).	8		
9 a	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 .	9a	K	
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 .	9b	, t	
С	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.	9c	ž.,,	
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.	10a	. 10°	
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.)	10b		

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11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 5 A family member of a person described in (a) above? 2 A 35% controlled entity of a person described in (a) or (b) above? 3 The controlled entity of a person described in (a) or (b) above? 4 A 35% controlled entity of a person described in (a) or (b) above? 5 A 35% controlled entity of a person described in (a) or (b) above? 6 A 35% controlled entity of a person described in (a) or (b) above? 7 A 35% controlled entity of a person described in (a) or (b) above? 8 A 35% controlled entity of a person described in (a) or (b) above? 9 A 35% controlled entity of a person described in (a) or (b) above? 10 A 10 A 10 A 10 A 10 A 10 A 10 A 10 A	Part	V Supporting Organizations (continued)			
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	D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	, tru	st on Nov. 20, 1970 (explai	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Section	ns A through E
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	L,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	-	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v ini	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI) See instructions.	•	•	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018		•	
	(reasonable cause required - explain in Part VI) See]
	instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
<u> </u>	From 2014			
С	From 2015		·	
<u>d</u>	From 2016			
e	From 2017			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)		<u> </u>	
	Remainder Subtract lines 3g, 3h, and 3i from 3f,			
4	Distributions for 2018 from			
	Section D, line 7. \$			
a	Applied to underdistributions of prior years			
ь	Applied to 2018 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4		,	
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result	' I		
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h	ŕ		
	and 4b from line 1. For result greater than zero, explain in	A ST PROPERTY		
	Part VI. See instructions.		<u></u>	
7	Excess distributions carryover to 2019. Add lines 3j and 4c		ge years	"
8	Breakdown of line 7:		र क् _{रिके}	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Excess from 2014	1. 18.	44. C. p. 36 m. 13.	
b	Excess from 2015	3.4	The state of the s	N. Carlotte
c	Excess from 2016			
ď	Excess from 2017	1.45		- 3
е	Excess from 2018		7 t	

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

				yer idenulication number
Charleston Redevelopment Corp	oration			27-3715681
990-EZ Part I Line 8 Interest Rev	enue 42			
990-EZ Part II Line 24				
Accountss Receivable	\$50,000		4 8 0 0 7 7 7 7 7 7 2 7 2 7 2 7 2 7 2 7 7 7 7 	***************************************
Prepaid Ins	244		**********	
Logo and Branding Dev.	3,230			
Webiste Devlopment	3,739		 	
Total Other Assets	57,213		•	
990-EZ Part II Line 26				************
Accounts Payable	363			~~~~
Payroll Liabilities	7,614		*****	
Total Liabilities	7,977	······································	<u></u>	<u></u>
990-EZ Part IV				
Name and Title	Ave. Hrs Devoted	Reportable Comp.	Health Benefits	Est. Amt. other Comp.
April Wood -Board Member	3	0	00	0
April Wood -Board Member Kevin Drexel-Executive Director	40	0 86,885	0	o O

Name of the organization	** **		Employer identification number
Charleston Redevelopment Corpoartion	•		27-3715681
One notion recoverage ment our pour tron			1,3,3,1000,

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