

Form **990-EZ**

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

} Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">CHARLESTON MOVES</p> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <p style="text-align: center;">1630 MEETING STREET, STE. 105</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">CHARLESTON SC 29405-9437</p>	D Employer identification number <p style="text-align: center;">38-3714959</p> E Telephone number <p style="text-align: center;">843-732-4178</p> F Group Exemption Number <u>u</u>
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G Accounting Method: Cash Accrual Other (specify) u

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: HTTPS://CHARLESTONMOVES.ORG/

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ _____ **u \$ 197,305**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	189,615
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,550
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 24,950 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	6,140
c Less: direct expenses from gaming and fundraising events	6c	7,596	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,456	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	189,709	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	145,779
	13 Professional fees and other payments to independent contractors	13	20,410
	14 Occupancy, rent, utilities, and maintenance	14	9,271
	15 Printing, publications, postage, and shipping	15	1,939
	16 Other expenses (describe in Schedule O)	16	17,831
	17 Total expenses. Add lines 10 through 16	17	195,230
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,521
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	230,204
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	224,683

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	232,814	22	227,868
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	686	24	
25 Total assets	233,500	25	227,868
26 Total liabilities (describe in Schedule O)	3,296	26	3,185
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	230,204	27	224,683

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here **28a** **167,422**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** **167,422**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
THOMAS BRADFORD CHAIR	1.00	0	0	0
STEPHANIE HUNT VICE CHAIR	1.00	0	0	0
SANDRA FOWLER, MD, MSC SECRETARY	0.50	0	0	0
TIMOTHY WALTER TREASURER	0.50	0	0	0
DR. TERENCE DAY DIRECTOR	0.25	0	0	0
CATHERINE MCCULLOUGH DIRECTOR	0.25	0	0	0
JOHN DUCKWORTH DIRECTOR	0.25	0	0	0
BENJAMIN GRUBER DIRECTOR	0.25	0	0	0
W. ANDY GOWDER, JR., CRE DIRECTOR	0.25	0	0	0
WHITNEY POWERS, NCARB, LEED-AP DIRECTOR	0.25	0	0	0
JOHN WINARCHICK DIRECTOR	0.25	0	0	0
DR. JOE CALANDRA (TERM ENDED) DIRECTOR	0.25	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		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		X
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	X	
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)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions u 37a		
37b	Did the organization file Form 1120-POL for this year?		X
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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	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 u ; section 4912 u ; section 4955 u		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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		X
40c	c 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 u		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization u		
40e	e 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		X
41	List the states with which a copy of this return is filed u SC		
42a	The organization's books are in care of u MAGGIE BURGHOFF Telephone no. u 843-732-4178 1630 MEETING STREET, SUITE 105 Located at u CHARLESTON SC ZIP + 4 u 29405		
42b	b 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)? If "Yes," enter the name of the foreign country u See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42c	c 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 u		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year u 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	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		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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		X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

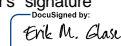
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here	DocuSigned by: 	10/2/2019
	Signature of officer	Date
	KATHERINE S. ZIMMERMAN	EXECUTIVE DIRECTOR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ERIK M. GLASER, CPA	Erik M. Glaser	10/2/2019		P00724565
	Firm's name }	GLASER AND COMPANY, LLC		Firm's EIN }	20-5788602
	Firm's address }	149 E BAY ST SUITE 200 CHARLESTON, SC 29401-3134		Phone no.	843-849-0179

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	28a
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	29a
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	31a
32 Total program service expenses (add lines 28a through 31a)	u	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DR. ARTUR PACULT (TERM ENDED) DIRECTOR	0.25	0	0	0
JERRY REGENBOGEN (TERM ENDED) DIRECTOR	0.25	0	0	0
KATHERINE S. ZIMMERMAN EXECUTIVE DIRECTOR	50.00	78,000	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

CHARLESTON MOVES

Employer identification number

38-3714959

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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 line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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.")	65,163	149,416	68,911	169,192	189,615	642,297
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				17,725	6,140	23,865
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	65,163	149,416	68,911	186,917	195,755	666,162
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	12,350	22,725	15,850	9,625	7,850	68,400
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	12,350	22,725	15,850	9,625	7,850	68,400
8 Public support. (Subtract line 7c from line 6.)						597,762

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	65,163	149,416	68,911	186,917	195,755	666,162
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		163	2,393	277	1,550	4,383
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		163	2,393	277	1,550	4,383
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	65,163	149,579	71,304	187,194	197,305	670,545

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	89.15 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	88.09 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	1 %

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

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)			(iii) Distributable Amount for 2018
	(i) Excess Distributions	(ii) Underdistributions Pre-2018	
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

Name of the organization

Employer identification number

CHARLESTON MOVES

38-3714959

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number
38-3714959

CHARLESTON MOVES

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
 Internal Revenue Service

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.

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

CHARLESTON MOVES

Employer identification number

38-3714959

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PEDAL AND PANAC		NONE	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	31,090			31,090
	2 Less: Contributions	24,950			24,950
	3 Gross income (line 1 minus line 2)	6,140			6,140
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,153			2,153
	7 Food and beverages	2,000			2,000
	8 Entertainment	600			600
	9 Other direct expenses	2,843			2,843
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,596
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,456	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization CHARLESTON MOVES	Employer identification number 38-3714959
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FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
MARKETING	\$ 38
OFFICE - BANK FEES	\$ 884
OFFICE - PHONE	\$ 575
OFFICE - SUPPLIES	\$ 928
WEBSITE	\$ 2,395
TRAVEL	\$ 322
MEETING & MEALS	\$ 18
INSURANCE	\$ 1,960
PROGRAMS - EDUCATION	\$ 8,184
MEMBERSHIPS	\$ 285
ANNUAL STATE REGISTRATION	\$ 52
MISCELLANEOUS	\$ 2,190
TOTAL	\$ 17,831

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 686	\$ 0
TOTAL	\$ 686	\$ 0

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 3,296	\$ 3,185

Name of the organization

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CHARLESTON MOVES

38-3714959

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

CHARLESTON MOVES ENCOURAGES MOBILITY BY BICYCLE AND ON FOOT FOR THE IMPROVED HEALTH AND WELL-BEING OF GREATER CHARLESTON - OUR PEOPLE, NEIGHBORHOODS, BUSINESS DISTRICTS AND OVERALL ECONOMIC COMPETITIVENESS. CHARLESTON MOVES IS A NONPROFIT ORGANIZATION WORKING TO MAKE THE PLACES WE LIVE AND WORK HEALTHIER AND HAPPIER BY TRANSFORMING OUR STREETS AND PATHWAYS INTO SAFE CORRIDORS FOR BICYCLES, PEDESTRIANS AND MASS TRANSIT.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

WE BELIEVE IN A CONNECTED CHARLESTON. WE ADVOCATE ACTION TO GET MULTI-MODAL COUNTYWIDE INFRASTRUCTURE ON THE GROUND. WE SEEK TO EDUCATE CITIZENS, MUNICIPALITIES AND ELECTED OFFICIALS ON THE VALUE OF ALTERNATIVES TO AUTOMOBILE TRAVEL. WE IMPLEMENT PROGRAMS THAT FOCUS ON CREATING SAFE AND EQUITABLE PUBLIC SPACES FOR TRANSPORTATION, RECREATION AND ENHANCED QUALITY OF LIFE. FOR THE 2018 YEAR, 87 CENTS OF EVERY DOLLAR SPENT WENT TO OUR CHARITABLE PROGRAMS.

WHAT WE ARE DOING:

PEOPLE PEDAL CHS (THE DOWNTOWN BIKE PLAN)

A JOINT EFFORT BETWEEN CHARLESTON MOVES AND THE CITY OF CHARLESTON. IT IS NOW COMPLETE, UNANIMOUSLY SUPPORTED BY CITY COUNCIL, AND INCORPORATED INTO ALL REGIONAL TRANSPORTATION PLANS. CHARLESTON MOVES HELD EVENTS IN SUPPORT OF IMPLEMENTATION, INCLUDING BIKE RIDES AND LETTER SIGNING - WE HAVE MORE THAN 400 LETTERS OF SUPPORT. SHARROWS PAINTED ON DOWNTOWN STREETS ARE THE FIRST PHASE, INDICATING SHARED SPACE BETWEEN BICYCLISTS AND

Name of the organization

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CHARLESTON MOVES

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MOTORISTS. FROM A MOTHER RIDING WITH HER CHILDREN ON GROVE STREET: "A CAR BEHIND US WANTED TO PASS ... AT THAT MOMENT WE ROLLED OVER A SHARROW ... THAT HELPED ME TO FEEL A BIT MORE CONFIDENT ABOUT MY PLACE ON THE STREET." THE PLAN HAS FUNDING IN THE CITY'S 2019 BUDGET, AND THE LINE STREET SEGMENT IMPROVEMENTS START SOON.

TACTICAL URBANISM

WE DELVED INTO THE WORLD OF TACTICAL URBANISM THIS YEAR. WORKING WITH VOLUNTEERS AND PARTNER GROUPS, WE PAINTED 14 CROSSWALKS ALONG UPPER KING STREET. THROUGH GRANTS PROVIDED BY THE EAST COAST GREENWAY ALLIANCE AND AARP LIVABLE COMMUNITIES, WE PAINTED THREE MORE ALONG THE WEST ASHLEY GREENWAY, AND ALSO CONDUCTED ON-SITE AND E-SURVEYS. ARTISTIC CROSSWALKS ARE MEANT TO DRAW ATTENTION TO PEOPLE ON BIKES AND FOOT, ENCOURAGING MOTORISTS TO SHARE THE SPACE SAFELY.

FROM OUR WEST ASHLEY SURVEYS, MORE THAN 71% OF RESPONDENTS FEEL SAFER WHEN THEY SEE THE CROSSWALKS. MORE THAN 96% OF RESPONDENTS LIKE THE WORK, FEEL HAPPIER WHEN THEY SEE IT, WANT MORE INSTALLED, AND WANT THEM TO BE PERMANENT. FROM A MOTORIST: "I ACTUALLY FIRST NOTICED THE CROSSWALK AS A DRIVER. IT IMMEDIATELY CAUGHT MY ATTENTION AS I APPROACHED IT, IMPROVING MY ATTENTION TO THE CROSSWALK ITSELF AS WELL AS IMPROVING MY MOOD!"

LIGHT THE NIGHT

TWICE A YEAR, CHARLESTON MOVES, WITH PARTNER GROUPS AND VOLUNTEERS, SETS UP IN NEIGHBORHOODS OR BUSINESS DISTRICTS FOR OUR LIGHT THE NIGHT EVENTS. WE DISTRIBUTE HUNDREDS OF FREE BIKE LIGHTS AND EDUCATIONAL SPOKE CARDS. THE CARDS OUTLINE THE RIGHTS OF PEOPLE ON BIKES AS THEY

Name of the organization

Employer identification number

CHARLESTON MOVES

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RIDE. OUR VOLUNTEERS ALSO SCOUT THE AREA AND STRAP LIGHTS TO BIKES THEY SEE THAT ARE LACKING. STATE LAW REQUIRES THAT BIKES HAVE LIGHTS AT NIGHT; BY REMOVING ECONOMIC BARRIERS, WE CAN WORK TO ENSURE OUR COMMUNITY IS SAFER WHEN RIDING.

JUST RIDE

THANKS TO A GRANT FROM THE BETTER BIKE SHARE PARTNERSHIP, WE HAVE WORKED WITH PARTNER ORGANIZATIONS TO CREATE JUST RIDE. THIS PROGRAM AIMS TO PROVIDE EQUITABLE BIKE SHARE ACCESS – THROUGH THE CITY OF CHARLESTON’S HOLY SPOKES SYSTEM – TO CITIZENS WHO ARE UNBANKED AND OF LOW- TO MODERATE-INCOME. SINCE APRIL 2018, OUR COALITION HAS HIRED 7 COMMUNITY AMBASSADORS, RELOCATED 2 BIKE SHARE STATIONS TO AREAS LACKING ACCESS, AND SIGNED UP 39 MEMBERS.

WITH A KEEN FOCUS ON ECONOMIC, RACIAL AND SOCIAL JUSTICE, JUST RIDE SERVES AS A RELIABLE TRANSPORTATION RESOURCE FOR COMMUNITY MEMBERS WHO HAVE NOT PREVIOUSLY HAD ACCESS.

CAR FREE WEEK

THIS YEAR, WE CELEBRATED CAR-FREE WEEK FOR THE FIRST TIME. KICKING OFF ON WORLD CAR-FREE DAY IN SEPTEMBER, WE INVITED SUPPORTERS, BUSINESS LEADERS AND ELECTED OFFICIALS TO PLEDGE TO TAKE AT LEAST ONE TRIP PER DAY BY BIKE, FOOT OR BUS. REPRESENTATIVE MARVIN PNDARVIS (D-CHARLESTON), COUNCILMEMBER SUSAN HILL SMITH (CITY OF ISLE OF PALMS), AND COUNCILMEMBER CAROL JACKSON (CITY OF CHARLESTON), AS WELL AS MANY CITIZENS, SENT US ANECDOTES AND PHOTOS EACH DAY. COUNCILMEMBER SMITH ALSO PUBLISHED A COLUMN ON HER EXPERIENCES IN THE ISLAND EYE NEWS.

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CHARLESTON MOVES

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UPGRADE BRIGADE

THIS YEAR, WE WORKED WITH NEIGHBORHOODS, PARTNER GROUPS AND THE CITY OF CHARLESTON TO PLACE A TEMPORARY BICYCLE LANE ALONG BRIGADE STREET, CREATING A SAFE ROUTE FROM BRIDGEVIEW VILLAGE APARTMENTS TO THE KING STREET FOOD LION, PARTICULARLY AFTER SEEING SMALL CHILDREN ATTEMPT TO BIKE BETWEEN THE TWO. AFTER NEARLY THREE MONTHS OF COORDINATION WITH SCDOT, THE AGENCY REJECTED THE PROPOSAL, IN LARGE PART BECAUSE THE EXISTING CONDITIONS OF THE MEETING AND BRIGADE STREETS INTERSECTION ARE HAZARDOUS. SCDOT HAS ASSERTED THAT THEY ARE OPEN TO A PERMANENT BICYCLE LANE PROPOSAL ALONG THE CORRIDOR. IN ORDER TO SAFELY PROVIDE A CONNECTION, THE BRIGADE AND MEETING STREETS INTERSECTION NEEDS AN UPGRADE.

THIS UPGRADE IS BIGGER THAN ITS FOUR CORNERS. IT CAN LEAD TO A SAFE BICYCLING ROUTE IN COORDINATION WITH PEOPLE PEDAL CHS; IT CAN ALLOW FOR SAFE PEDESTRIAN ACCESS; IT CAN CREATE A VALUABLE CONNECTION FOR THE FUTURE LOWCOUNTRY LOWLINE; AND IT CAN CALM MOTORISTS INTO SHARING THE SPACE BETWEEN THEMSELVES AND OTHERS. WE HELD A RALLY WITH MORE THAN 50 DIVERSE PARTICIPANTS WITH ONE THING IN COMMON: A DESIRE FOR SAFE AND EQUITABLE SPACE. WE SENT FILMED INTERVIEWS OF STAKEHOLDERS TO ELECTED OFFICIALS AND SCDOT. THROUGH A COMBINATION OF THESE EFFORTS, THE PROJECT HAS BEEN ELEVATED TO PRIORITY STATUS BY THE CITY OF CHARLESTON, WITH INTERSECTION UPGRADES PLANNED FOR 2019, AND BIKE LANES PLANNED FOR 2020.

LEADERSHIP

CHARLESTON MOVES PROVIDES STRONG LEADERSHIP AND RESOURCES FOR SEVERAL PROPOSED PROJECTS AND PLANS THROUGHOUT THE COUNTY, ENSURING PEOPLE WHO RIDE

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BIKES, WALK AND TAKE PUBLIC TRANSIT ARE REPRESENTED THROUGHOUT THE
PLANNING, DESIGNING AND FUNDING PROCESSES. THIS YEAR, WE ALSO PROUDLY
PRESENTED ON THE ASHLEY RIVER CROSSING AT THE NATIONAL AMERICAN PLANNING
ASSOCIATION CONFERENCE.

WE SIT ON THE FOLLOWING COMMITTEES AND WORKING GROUPS:

» 526 LOWCOUNTRY CORRIDOR PROJECT

STAKEHOLDER GROUP (WIDENING, NOT
EXTENSION)

» BERKELEY-CHARLESTON-DORCHESTER COUNCIL

OF GOVERNMENTS (BCDCOG) AIR QUALITY
COALITION

» BCDCOG CHARLESTON AREA

TRANSPORTATION STUDY (CHATS) SAFETY
IMPROVEMENTS COMMITTEE

» BCDCOG CORRIDOR ADVOCACY COMMITTEE

FOR LOWCOUNTRY RAPID TRANSIT

» CHARLESTON COUNTY'S STAKEHOLDER

ADVISORY GROUP FOR THE CENTRAL
PARK & RIVERLAND DRIVE INTERSECTION
IMPROVEMENTS PROJECT

Name of the organization CHARLESTON MOVES	Employer identification number 38-3714959
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» CHARLESTON REGIONAL DEVELOPMENT

ALLIANCE (CRDA) ONE REGION'S CONNECTED

COMMUNITY COMMITTEE

» CITY OF CHARLESTON'S BICYCLE AND

PEDESTRIAN ADVISORY COMMITTEE

» HIGHWAY 41 STAKEHOLDER WORKING GROUP

» LOWCOUNTRY ALLIANCE FOR MODEL

COMMUNITIES (LAMC) LOCAL FOOD LOCAL

PLACES STEERING COMMITTEE

» RETHINK FOLLY ROAD STEERING COMMITTEE

» SOUTH CAROLINA EAST COAST GREENWAY

STATE COMMITTEE

MANY OF THESE COMMITTEES ADDRESS PORTIONS OF OUR SIGNATURE 32-MILE BATTERY2BEACH (B2B) ROUTE. WE ARE PROUD OF OUR PROGRESS ON B2B THIS YEAR; 40% OF THE ROUTE IS COMPLETE, 100% IS SIGNED, AND ISLE OF PALMS AND SULLIVAN'S ISLAND HAVE COMPLETELY INSTALLED THEIR PORTIONS.

CRITICAL MASS

CHARLESTON MOVES HOSTS BIKE RIDES AND DATA COLLECTION ACTIVITIES IN ORDER TO BUILD A CRITICAL MASS OF PEOPLE WHO WANT TO SEE SAFE, CONNECTED MOBILITY OPTIONS FOR ALL. THIS YEAR, WE HOSTED 10 RIDES, INCLUDING NEIGHBORHOOD

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HISTORY TOURS, BIKE RODEOS FOR CHILDREN, AND OUR ANNUAL RIDE OF SILENCE. HELPING PEOPLE BE COMFORTABLE ON BIKES WITH GROUPS OF PEERS, AS WELL AS DEMONSTRATING TO THE BROADER COMMUNITY HOW MANY PEOPLE WANT TO BIKE, GREATLY FURTHERS OUR CAUSE.

WE CONDUCTED A WALKING AUDIT OF RUTLEDGE AVENUE TO UNDERSTAND OUR OPPORTUNITIES FOR INSTALLING BIKE LANES, CROSSWALKS AND UPGRADING SIDEWALKS. WE ALSO PARTNERED WITH THE COLLEGE OF CHARLESTON'S DEPARTMENT OF PUBLIC HEALTH AND THE OFFICE OF SUSTAINABILITY ON SEVERAL BICYCLE AND PEDESTRIAN COUNTS AT KEY INTERSECTIONS AND CORRIDORS, ARMING US WITH KNOWLEDGE TO ADVOCATE FOR IMPROVING LEVEL OF SERVICE FOR NON-MOTORIZED USERS.

OUR HISTORY:

IN 1993, THE CHARLESTON BICYCLE ADVOCACY GROUP (CBAG) WAS FOUNDED TO ELEVATE SUPPORT FOR BICYCLISTS IN AND AROUND CHARLESTON. THE GROUP PUSHED FOR A VARIETY OF GOALS, INCLUDING BICYCLE LANES ON KEY STREETS AND BICYCLE RACKS ON BUSES. CBAG'S BIG OPPORTUNITY CAME IN THE EARLY 2000S WHEN IT LOBBIED FOR A PROVISION FOR BICYCLE/PEDESTRIAN TRAFFIC ON THE PROPOSED RAVENEL BRIDGE. THE GROUP'S LOBBYING EFFORTS ATTRACTED WIDE SUPPORT FROM HIGH-PROFILE INDIVIDUALS AND INSTITUTIONS, AND THE FINAL BRIDGE PLAN INCLUDED A 12-FOOT BICYCLE AND PEDESTRIAN PATH. IN 2005, CBAG CHANGED ITS NAME TO CHARLESTON MOVES, IN RECOGNITION OF A BROADER MISSION: TO PROMOTE ALTERNATIVE MODES OF TRANSPORTATION SUCH AS CYCLING, WALKING AND MASS TRANSIT. IN 2009, CHARLESTON MOVES LAUNCHED BATTERY2BEACH, A 32-MILE ROUTE OF MIXED-USE PATHS CONNECTING THREE MAJOR BEACHES IN THE CHARLESTON AREA. WITH SOLID FINANCES AND DEDICATED OFFICE SPACE, CHARLESTON MOVES HIRED ITS

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FIRST PAID FULL-TIME DIRECTOR IN 2014.

CHARLESTON MOVES' CORE MESSAGE IS THAT EVERYONE - INCLUDING THE DRIVING PUBLIC - BENEFITS WHEN PEOPLE WALK, RIDE BIKES OR TAKE TRANSIT. SINCE ITS FOUNDING IN 2005, KEY SUCCESSES INCLUDE THE BIKE/PEDESTRIAN LANE OVER THE ARTHUR RAVENEL JR. BRIDGE AND LANES ALONG EAST BAY STREET ON THE PENINSULA AND ON COLEMAN BOULEVARD IN MT. PLEASANT. CHARLESTON MOVES HELPED INITIATE THE LOWLINE PROJECT, A MULTI-MILE PLANNED BIKE AND PEDESTRIAN PATH THAT FOLLOWS ABANDONED RAIL TRACKS THROUGH THE UPPER PENINSULA. EVEN BROADER GAINS HAVE BEEN MADE IN CHANGING THE PUBLIC CONVERSATION. IN RECENT YEARS, NO TRANSPORTATION PROJECT IS DISCUSSED WITHOUT ATTENTION TO ALTERNATIVE FORMS OF TRANSPORTATION, AND CHARLESTON MOVES HAS A SEAT AT THE TABLE WHENEVER THESE PROJECTS ARISE.

TODAY, CHARLESTON MOVES CONTINUES TO SET AMBITIOUS GOALS. AN AMBITIOUS CALENDAR OF LOCAL EVENTS SEEKS TO DIVERSIFY THE AGE, RACE AND GENDER DEMOGRAPHICS OF THE ORGANIZATION AND RAISE THE BAR IN ITS FUNDRAISING EFFORTS. MOST IMPORTANT, CHARLESTON MOVES CONTINUES TO EXPAND THE NOTION OF WHAT TRANSPORTATION IS, WHAT IT SHOULD BE AND WHAT IT CAN BE IN THE GREATER CHARLESTON AREA.

CHARLESTON MOVES HAD APPROXIMATELY 310 VOLUNTEERS SERVING THE ORGANIZATION DURING 2018.

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZATIONAL DOCUMENTS
THE ORGANIZATION'S BOARD VOTED TO CHANGE THE QUORUM TO 40% AT THEIR JANUARY 30, 2018 MEETING.

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name _____ Taxpayer Identification Number _____

CHARLESTON MOVES

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		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	1.		
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12.		
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16.		
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.		
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20.		
	21. Other expenses	21.		
	22. Total expenses. Add lines 13 through 21	22.		
	23. Excess or (Deficit). Subtract line 22 from line 12	23.		
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24.		
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26.		
	27. Total assets	27.		
	28. Total liabilities	28.		
	29. Retained earnings	29.		
	30. Number of voting members of governing body	30.		
	31. Number of independent voting members of governing body	31.		
	32. Number of employees	32.		
	33. Number of volunteers	33.	60	

CHASMOVES Charleston Moves
38-3714959
FYE: 12/31/2018

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
BOARD GIVING	\$ 7,600
DONORS AND CORPORATIONS	53,013
GRANTS	104,052
PEDAL AND PANACHE CASH CONTRIBUTION	24,950
TOTAL	\$ 189,615

Schedule A, Part III, Line 2(e)

Description	Amount
PEDAL AND PANACHE	\$ 6,140
TOTAL	\$ 6,140

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2014	2015	2016	2017	2018
BOARD GIVING	\$ 12,350	\$ 22,725	\$ 15,850	\$ 9,625	\$ 7,850
TOTAL	\$ 12,350	\$ 22,725	\$ 15,850	\$ 9,625	\$ 7,850

Schedule A, Part III, Line 10a(e)

Description	Amount
TOTAL	\$ 1,550

CHASMOVES Charleston Moves

38-3714959

FYE: 12/31/2018

Federal Statements

Pedal and Panache

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ <u>2,843</u>
TOTAL	\$ <u><u>2,843</u></u>