

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

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

B Check if applicable: <input checked="" 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 FONDREN RENAISSANCE FOUNDATION		D Employer identification number 64-0873626
	Doing business as		E Telephone number 601-981-9606
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 268,487.
	4145 OLD CANTON RD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code JACKSON, MS 39216		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: ROY CAMPBELL 4145 OLD CANTON RD, JACKSON, MS 39216		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.FONDREN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: MS	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE HOUSING RENOVATIONS, NEIGHBORHOOD BEAUTIFICATION AND BUSINESS REVITALIZATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 164,038.	Current Year 145,366.
	9 Program service revenue (Part VIII, line 2g)	112,168.	85,873.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,880.	6,473.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,684.	30,775.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	329,770.	268,487.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	132,167.	129,584.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,120.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	305,287.	227,187.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	437,454.	356,771.
19 Revenue less expenses. Subtract line 18 from line 12	-107,684.	-88,284.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 669,026.	End of Year 575,458.
	21 Total liabilities (Part X, line 26)	12,134.	13,846.
	22 Net assets or fund balances. Subtract line 21 from line 20	656,892.	561,612.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ROY CAMPBELL, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DIANNE SINGLEY	Preparer's signature	Date 09/17/19	Check if self-employed <input type="checkbox"/>	PTIN P01383243
	Firm's name ▶ KEMP, WILLIAMS, STEVERSON & BERNARD, PA	Firm's address ▶ P. O. BOX 271 MERIDIAN, MS 39302	Firm's EIN ▶ 20-5707632	Phone no. 601-693-6105	