PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

or 494/(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.

2019
Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	· 2019 calendar year, or tax year beginning and	l ending					
	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	ADVANCE MEMPHIS]				
	Name change	Doing business as		62-17782	54			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 769 VANCE AVENUE	, ·					
	termin- ated			901543852 G Gross receipts \$	2,937,351.			
	Ameno			H(a) Is this a group re				
	Application			for subordinates				
	pendin	9 P.O. BOX 2201, MEMPHIS, TN 38101		H(b) Are all subordinates in				
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) ()	or 527	1 ` ′	list. (see instructions)			
		e: NWW.ADVANCEMEMPHIS.ORG		H(c) Group exemption	,			
		organization: X Corporation	L Year		1 State of legal domicile: TN			
	art I	Summary	, =					
_	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$	MPOWER	ADULTS IN S	SOUTH			
Governance		MEMPHIS TO BREAK CYCLES OF UNEMPLOYMENT,						
nar	2	Check this box if the organization discontinued its operations or dispo						
Š	3			3	13			
		Number of independent voting members of the governing body (Part VI, line 1b)			13			
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			239			
ıtie.	6	Total number of volunteers (estimate if necessary)			197			
ξi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ď	b	Net unrelated business taxable income from Form 990-T, line 39			0.			
				Prior Year	Current Year			
40	8	Contributions and grants (Part VIII, line 1h)		1,762,575.	1,500,064.			
ž	9	Program service revenue (Part VIII, line 2g)		1,443,493.	1,368,278.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,504.	69,009.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,254,572.	2,937,351.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,155,293.	2,213,896.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ber	. b	Total fundraising expenses (Part IX, column (D), line 25)	23.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		466,622.	667,735.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,621,915.	2,881,631.			
	19	Revenue less expenses. Subtract line 18 from line 12		632,657.	55,720.			
Net Assets or	í		Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,908,259.	2,258,985.			
ASS	21	Total liabilities (Part X, line 26)		45,994.	341,000.			
<u></u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,862,265.	1,917,985.			
Pa	art II	Signature Block						
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	re	STEPHEN T. NASH, EXECUTIVE DIRECTOR						
		Type or print name and title		5.4. T =	= I BTIN			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN			
Paid		J SLATER SMITHERS CPA J SLATER SMITHE	KS CP 1	.0/29/20 self-employ				
	parer	Firm's name FRAZEE IVY DAVIS PLC		Firm's EIN ▶	<u>20-5556145</u>			
Use	Only	Firm's address 5100 POPLAR AVE STE 1400			4 605 40:5			
		MEMPHIS, TN 38137-1499		Phone no. 90	1-685-1040			
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

1.895.997.

Total program service expenses

62-1778254

Form 990 (2019) ADVANCE MEMPHIS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		1 37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
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Form 990 (2019) ADVANCE MEMPHIS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Do:	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		 I -	
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2019) ADVANCE MEMPHIS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	1		Yes	No
Lu	filed for the calendar year ending with or within the year covered by this return	2a	239			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		•	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction					
32		,		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			0.0		
··u	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
b	If "Yes," enter the name of the foreign country	aoooai		-iu		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		·	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
	TENSOR III III III III III III III III III I			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.					
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	1	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1			
l1 -	Section 501(c)(12) organizations. Enter:	- د د ا	I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u>,</u>	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

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

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
_				2		Х					
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the										
3	of officers, directors, trustees, or key employees to a management company or other person?										
				4		X					
4											
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	•									
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	ders, or								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies _{(This Section B} requests information about policies not required by the Internal Re		Code)								
	The state of the first of the f		<u> </u>		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
-		•		10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y DCIOI	e ming the form:	IIa							
				12a	Х						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Λ						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y	,		١.,	v						
	in Schedule O how this was done			12c	Х	37					
13	Did the organization have a written whistleblower policy?			13		X					
14	Did the organization have a written document retention and destruction policy?			14		Х					
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ind	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official			15a		Х					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶TN										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	T (Section 501(c)(3)	s only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.	550	(222.0.1 00 1(0)(0)	- Jy)	und						
	Own website X Another's website X Upon request Other (explain	. or 0-	hadula (1)								
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		•	d finar	nia!						
19		n milet C	i interest policy, an	u mian	Jal						
00	statements available to the public during the tax year.	٠٠- حداد	l								
20	State the name, address, and telephone number of the person who possesses the organization's book	oks and	records -								
	STEPHEN T. NASH - 901-543-8525										
	769 VANCE AVE, MEMPHIS, TN 38126										

Form 990 (2019) ADVANCE MEMPHIS 62-1778254 Page

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

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

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

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

See instructions for the order in which to list the persons above.

932007 01-20-20

Check this box if neither the organiza		orga T	nıza			nper	sate			(E)	
(A) Name and title	(B)	(C) Position		(D)	(E)	(F)					
name and title	Average hours per		not c	heck i	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of	
	week					r/trus		from	from related	other compensation	
	(list any	ctor						the	organizations		
	hours for	or dire	a l			ited		organization	(W-2/1099-MISC)	from the	
	related	ıstee	truste		e e	bens		(W-2/1099-MISC)		organization	
	organizations below	ual tri	tional) ploy	t com	_			and related organizations	
	line)	ndivid	Individual trustee or director Institutional trustee Officer Key employee		Highest compensated employee	Former			organizations		
(1) SYDNEY ASHBY	1.00	T -									
DIRECTOR		Х						0.	0.	0.	
(2) RHONDA BAINES	1.00										
DIRECTOR		Х						0.	0.	0.	
(3) DAN BUTLER	1.00										
DIRECTOR		Х						0.	0.	0.	
(4) MICHAEL DAVIS	1.00	1						_	_	_	
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.	
(5) ANDREA ECHOLS	1.00	ļ									
DIRECTOR	1 00	Х						0.	0.	0.	
(6) MIKE HARRIS	1.00	١.,								•	
DIRECTOR	1 00	Х						0.	0.	0.	
(7) FRED HOLMES	1.00	₹.						0.	0.	^	
OIRECTOR (8) AUDREY HURST	1.00	Х						0.	0.	0.	
DIRECTOR	1.00	Х						0.	0.	0.	
(9) VONESHA MITCHELL	1.00	1						0.	0.	<u>_</u>	
DIRECTOR	1.00	x						0.	0.	0.	
(10) NICK NUNN	1.00	<u> </u>							•	•	
DIRECTOR		х						0.	0.	0.	
(11) DAVID OZIER	1.00										
DIRECTOR		Х						0.	0.	0.	
(12) LANE PATIKAS	1.00										
DIRECTOR		Х		L				0.	0.	0.	
(13) STEPHEN NASH	40.00										
EXECUTIVE DIRECTOR				Х				113,944.	0.	0.	
		<u> </u>									
]									
		<u> </u>									
		1									
		<u> </u>				_					
		-									

Form **990** (2019)

Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)	(F)	
Name and title	Average	(do	Position do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of	
	week	-	Cei ai	lu a u	II ecto	T	100)	from	from related	other	
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensatio	n
	related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruste	ıl trus		99/	mpen		(***2/1099*****130)		and related	
	below	dual t	Institutional trustee		mplo)	st co	i ia			organizations	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				
						<u> </u>					
	1	<u> </u>	_	_		<u> </u>	_			_	
		1									
		-									
	1	-				_				-	
		-									
	1									1	
		-									
4. 0								113,944.	0.	 	_
1b Subtotal								0.	0.) <u>.</u>
c Total from continuation sheets to Part V								113,944.	0.) <u>.</u>
d Total (add lines 1b and 1c)							<u> </u>	•		1	<u>, .</u>
2 Total number of individuals (including but r	not limited to tr	iose	liste	ed ac	oove	e) wn	io re	eceived more than \$100,	000 of reportable		1
compensation from the organization										Yes N	10
3 Did the organization list any former officer	director trust	00 l	·01 ·	nmnl	01/0	0 Or	hia	host componented omn	lovos on	100 1	
line 1a? If "Yes," complete Schedule J for s		,	,	•	•	,	·	• •	•	3 2	X
4 For any individual listed on line 1a, is the s											Ť
and related organizations greater than \$15										4 2	X
5 Did any person listed on line 1a receive or											
rendered to the organization? If "Yes." cor	•				•			· · · · · · · · · · · · · · · · · ·		5 2	X
Section B. Independent Contractors			<u> </u>		,,,,,						_
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compens	ation from	
the organization. Report compensation for											
(A)								(B)		(C)	
Name and business	address	N	INC	3				Description of s	ervices	Compensation	
							_				
							_				
							_				
2 Total number of independent contractors (ot lir	nited	o to	_		ted	above) who received mo	ore than		
\$100,000 of compensation from the organ	zation				(Farra 990 (00)	

62-1778254

Form 990 (2019) ADVANCE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Officer if deficable of contains a response	or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts Its	1 a	Federated campaigns1a					
za Z	b	Membership dues					
e, i	С	Fundraising events1c					
ifts		Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e					
Siz		All other contributions, gifts, grants, and					
E Ė	•		500,064.				
들됨			300,004.	-			
on Di	_	Noncash contributions included in lines 1a-1f 1g \$		1 500 064			
<u>5 6</u>	<u>h</u>	Total. Add lines 1a-1f		1,500,064.			
			Business Code				
ě		STAFFING REVENUE		1,086,047.			
ξ	b	OUTSOURCING PROGRAM	900099	282,231.	282,231.		
Sel	С						
E S	d						
gra	•						
Program Service Revenue		All alle and a second a second and a second					
-		All other program service revenue		1 260 270			
		Total. Add lines 2a-2f		1,368,278.			
	3	Investment income (including dividends, interest					
		other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 69,009.					
				-			
				60 000			CO 000
		Net rental income or (loss)		69,009.			69,009.
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
en	С	Gain or (loss) 7c					
Revenue		Net gain or (loss)	—				
er		Gross income from fundraising events (not					
	0 a	· · · · · · · · · · · · · · · · · · ·					
ŏ							
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8b					
	С	Net income or (loss) from fundraising events	<u></u>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	io a	Gross sales of inventory, less returns					
		and allowances 10a		-			
		Less: cost of goods sold 10k					
	С	Net income or (loss) from sales of inventory	<u>,</u>				
_ω			Business Code				
oŭ.	11 a	L					
E in	b						
Miscellaneous Revenue	c						
<u>Š</u>		All other revenue					
Σ		Total. Add lines 11a-11d		1			
	12	Total revenue See instructions	·····	2.937.351.	1 368 278	0.	69 009.

Form 990 (2019) ADVANCE MEMPHIS Part IX Statement of Functional Expenses

0	504(-)(0) 1.504(-)(4)	Internal control All office		(.)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	113,944.	113,944.		
6	Compensation not included above to disqualified	113,344.	113,311.		
0	· · · · · · · · · · · · · · · · · · ·				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,686,275.	1,168,755.	496,641.	20,879.
7	Other salaries and wages	1,000,2/3.	1,100,/33.	470,041.	40,019.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	777 573	110,375.	162,579.	A 610
9	Other employee benefits	277,573. 136,104.	98,470.	35,984.	4,619. 1,650.
10	Payroll taxes	130,104.	90,470.	33,904.	1,030.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	32,300.		32,300.	
12	Advertising and promotion				
13	Office expenses	28,203.		28,203.	
14	Information technology	62,268.		62,268.	
15	Royalties				
16	Occupancy				
17	Travel	9,971.	9,971.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,124.	59,512.	3,306.	3,306.
23	Insurance	62,435.	29,874.	32,561.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	145 15	100 000		
а	MATERIALS AND TEACHING	167,162.	108,350.		58,812.
b	REPAIRS AND MAINTENANCE	81,145.	81,145.		
С	UTILITIES	52,605.	47,345.	2,630.	2,630.
d	MATCHING FUNDS	32,154.	32,154.	26.133	
е	All other expenses	73,368.	36,102.	36,139.	1,127.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	2,881,631.	1,895,997.	892,611.	93,023.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2019)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			221,594.	1	216,065.
	2	Savings and temporary cash investments			911.	2	
	3	Pledges and grants receivable, net	89,750.	3	242,125.		
	4	Accounts receivable, net	120,041.	4	115,805.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net			7,613.	7	8,311.
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			7,945.	9	6,715.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,047,814.			
	b	Less: accumulated depreciation	10b	377,850.	1,460,405.	10c	1,669,964.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,908,259.	16	2,258,985.
	17	Accounts payable and accrued expenses			29,146.	17	147,324.
	18	Grants payable		18			
	19	Deferred revenue			16,848.	19	3,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iab		controlled entity or family member of any of the	se perso	ons		22	100 575
_	23	Secured mortgages and notes payable to unrel				23	190,676.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line		•			
		of Schedule D			45 004	25	241 000
	26	Total liabilities. Add lines 17 through 25		. [77]	45,994.	26	341,000.
s		Organizations that follow FASB ASC 958, che	eck here				
)Ce		and complete lines 27, 28, 32, and 33.		-	1 (5) 507		1 675 060
alar	27	Net assets without donor restrictions			1,653,527.	27	1,675,860.
Ä	28	Net assets with donor restrictions			208,738.	28	242,125.
Ĕ		Organizations that do not follow FASB ASC 9	958, che	eck here			
P.		and complete lines 29 through 33.		-		20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
λΑ	31	Retained earnings, endowment, accumulated in			1,862,265.	31	1 017 005
ž	32	Total net assets or fund balances				32	1,917,985.
	33	Total liabilities and net assets/fund balances			1,908,259.	33	2,258,985.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,93				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,88				
3	Revenue less expenses. Subtract line 2 from line 1	3		5,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,86	2,2	<u>65.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,91	7,9	<u>85.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	-					
	Act and OMB Circular A-133?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2019)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019Open to Public

Inspection

Name of the organization **Employer identification number** ADVANCE MEMPHIS 62-1778254 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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: 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). X 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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, 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) 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1129714.	778,174.	1120413.	1762575.	1500064.	6290940.
2	Tax revenues levied for the organ-						
	ization'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	1129714.	778,174.	1120413.	1762575.	1500064.	6290940.
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)						
	Public support. Subtract line 5 from line 4.						6290940.
	ction B. Total Support	Г			Т	Γ	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1129714.	778,174.	1120413.	1762575.	1500064.	6290940.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			•	_	_	
	and income from similar sources		18.	2.	6.	7.	33.
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.)						6000000
11	Total support. Add lines 7 through 10						6290973.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-	s first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
Sec	organization, check this box and store ction C. Computation of Publi						
				olumn (f)\		14	100.00 %
14	Public support percentage for 2019 (I						1 0 0 0 0
15	Public support percentage from 2018 33 1/3% support test - 2019. If the control of the control o						
108	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o						
b	and stop here. The organization qual						
175	10% -facts-and-circumstances test						
17 a	and if the organization meets the "fac	ŭ					•
	meets the "facts-and-circumstances"		•	-	•	•	
h	10% -facts-and-circumstances test						
J		ū				•	
	,		·		•		´ ▶ □
18	Private foundation. If the organization			•			
12	more, and if the organization meets the organization meets the "facts-and-circ Private foundation. If the organization	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□

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

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

Se	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
ď	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						 ▶□
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (li	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						>
k	33 1/3% support tests - 2018. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio						
LV	i i vate i variationi. Il tile organizatio	TI GIG HOL GHEGK A	201 UI III 10 14, 19	u, or rob, crieck li	no box and see III		

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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
Зс		
4a		
4b		L
4c		
5a		
5b		
5c		
6		<u> </u>
7		
8		<u> </u>
9a		
9b		
9c		
10a		<u> </u>
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	1a		
b	A family member of a person described in (a) above?	lb		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	1c		
Sect	tion 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? 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			
	, ,,	1		
	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	. • • · · · · · · · · · · · · · · · · ·	2		
Sect	tion C. Type II Supporting Organizations			
		Т	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed	,		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
000	ion b. Air Type in Supporting Sigurizations	\neg	Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		162	NO
	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			
•	7	1		
	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? If "No," explain in Part VI how	\dashv		
	and digarization maintained a dioce and dominated working relationship with the dapported digarization(o).	2		
	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? If "Yes," describe in Part VI the role the organization's			
Soci	supported organizations played in this regard.	<u>; </u>		
	tion E. Type III Functionally Integrated Supporting Organizations	—		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the contraction of	- 1	<u>, </u>	
	Activities Test. Answer (a) and (b) below.		Yes	No
	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? 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			
	and those definition definition of the definition	а		
	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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities survived to organization of inventorial	b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The section will be a section with the section will be a section will be a section with the section will be a section will be a section will be a section with the section will be a section will be a section will be a section with the section will be a section will be a section with the section will be a section will be a section with the section will be a section	а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Secti	on 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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Secti	on 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	y integrated	d Type III supporting orga	nization (see
	instructions).			,

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 ADVANCE MEMPH	IS		2-1778254 Page 7
Pai	Type in them I unread and in the gratea deep	(a)(3) Supporting Orga	nizations (continued)	Τ
Sect	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	<u> </u>		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3_4	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions			
<u>6</u> 7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			
8	_	ho organization is responsive		
0	Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.	ne organization is responsive		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
<u>c</u>	From 2016			
<u>d</u>	From 2017			
<u> e</u>	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
<u>d</u>	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

62-1778254	Page 8

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ADVANCE MEMPHIS

Employer identification number 62-1778254

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization held a qualification of the complete lines 2d if the organization of the organization of the complete lines 2d if the organization of the organizatio	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ition easements during the year
_	\$		(() (4) (() ()
8	Does each conservation easement reported on line 2(d) above	·	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· ·	
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	ote to the organization's imancial statem	ents that describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
Ia	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finance	,	·
h	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in fact	riciance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS		a gan, provido
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	A		•

Par	rt III Organizations Maintaiı	ning Colle	ections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continue	ed)	
3	Using the organization's acquisition,	accession, a	and other record	s, check	any of the f	ollowing that	t make sig	nificant ι	ise of its	•	ĺ	
	collection items (check all that apply)	:										
а	Public exhibition		c	ı 🔲 1	Loan or exc	hange progra	am					
b	Scholarly research		e	,	Other							
С	Preservation for future generate	ions										
4	Provide a description of the organiza	tion's collec	tions and explair	n how th	ey further th	e organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization	solicit or red	ceive donations of	of art, his	storical treas	sures, or othe	er similar a	assets		_		
	to be sold to raise funds rather than t									Yes		No
Par	rt IV Escrow and Custodial			ete if the	organizatio	n answered '	"Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form											
1a	Is the organization an agent, trustee,									7		
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in F	Part XIII and	complete the fol	llowing ta	able:							
										Amount		
	Beginning balance											
	Additions during the year											
е	Distributions during the year											
Ť	Ending balance							1f		7.,	$\overline{}$	
	Did the organization include an amou							y?		Yes		No
	rt V Endowment Funds. Co							າ				
. u.) Current year		rior year	(c) Two yea			oare back	(e) Four ye	nare h	
10	Beginning of year balance) Current year	(b) F	nor year	(C) TWO yea	15 Dack	u) Tillee y	tais Dack	(e) Four y	tais no	aun
												—
	Contributions	I										
4	Net investment earnings, gains, and l											—
u	Grants or scholarships Other expanditures for facilities											—
-	Other expenditures for facilities											
f	and programs Administrative expenses											—
												—
g 2	Provide the estimated percentage of	·	vear end halance	L e (line 10	L column (a)) held as:	I					
– a				% %	,, ooiaiiii (a)	y riola ao.						
	Permanent endowment		%									
	Term endowment	%										
_	The percentages on lines 2a, 2b, and	2c should	egual 100%.									
За	Are there endowment funds not in th		•	ation that	t are held ar	nd administer	red for the	organiza	ition			
	by:	•	J					Ü		Y	es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related of									3b		
4	Describe in Part XIII the intended use			wment fu	unds.							
Par	rt VI Land, Buildings, and E	quipment	t.									
	Complete if the organization a	inswered "Y	es" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X, li	ine 10.				
	Description of property		(a) Cost or o			or other (other)		cumulate reciation	ed	(d) Book v	/alue	
12	Land		240.5 (1110511			4,386.	ССР	. 55,41,611		214	3.8	6 -
	Land Buildings					2,813.	2	50,59	22.	$\frac{214}{1,392}$		
	Leasehold improvements				<u> </u>	_, = .		50,5		_, _, _,	,	<u></u>
	Equipment				19	0,615.	1	27,25	58.	63	, 35	7.
	Other					-,			-		,	<u> </u>
	II. Add lines 1a through 1e. (Column (d	must equa	I Form 900 Port	X colum	n (R) line 1	Oc)				1,669	, 96	$\overline{4}$.
. otal		r musi edna	i i Ulli 330, Fáll	A. CUIUIT	ш (Б), ІІП С Т	<i></i>				_ ,	,	<u> </u>

Schedule D	(Form 990)	2019	ADVANCE	MEMPHIS
Part VII	Investn	nents ·	- Other Securitie	es.

Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
	(b) Book value	(b) Method of Valuation. Cost of ond of	or your market value
(2)		<u> </u>	
(2) Closely held equity interests (3) Other			
(A)			
(A) (B)			
(C)		<u> </u>	
(D)			
(E)			
(F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	o Form 000 Port IV line	11a Can Form 000 Port V line 12	
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
	(b) Dook value	(c) Method of Valuation. Gost of the C	or year market value
(1)			
(2)			
(3)			
(4)		+	
(5)			
(6)		+	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" or	o Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
·	escription	Tru. See Form 930, Fart X, line 15.	(b) Book value
(1)	Cocription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
• •			
(8) (9)			
• • •	45)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	[5.]		
	a Form 900 Part IV line	11e or 11f See Form 990 Part Y line 25	
Complete if the organization answered "Ves" of		THE OF THE DECTORNING SOUTH ATTIME 25.	
Complete if the organization answered "Yes" or	Troini 990, Fait IV, line	, ,	(b) Book value
1. (a) Description of liability	Troini 990, Faitiv, line	, ,	(b) Book value
(a) Description of liability (1) Federal income taxes	Troim 990, Partiv, line		(b) Book value
(a) Description of liability (1) Federal income taxes (2)	Tromi 990, Partiv, line		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3)	Tromi 990, Partiv, line		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Tromi 990, Partiv, line		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	770111 990, Part IV, IIIIe		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Tromi 990, Partiv, line		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Tromi 990, Partiv, line		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Tromi 990, Partiv, line		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	25.)		

Par	Reconciliation of Revenue per Audited Financial State	ments with Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,758,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,758,598.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 1,178,753.		
С	Add lines 4a and 4b		4c	1,178,753.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	2,937,351.
Par	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses per I	Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	1,702,878.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	l l		
е	Add lines 2a through 2d	•	2e	0.
3	Subtract line 2e from line 1		3	1,702,878.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	Add lines 4a and 4b		4c	1,178,753.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,881,631.
	rt XIII Supplemental Information.			, ,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; R 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		i; Part X	,, line 2; Part XI,
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
COS	ST OF STAFFING AND OUTSOURCING SERVICES			1,178,753.
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:			
സ	ST OF STAFFING AND OUTSOURCING SERVICES			1,178,753.
<u> </u>	OF OF BIAITING AND COTBOOKEING BERVIEED			1,110,133.

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.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

ADVANCE MEMPHIS

Employer identification number 62-1778254

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STABILITY, RECONCILE RELATIONSHIPS, AND RESTORE DIGNITY THROUGH
KNOWLEDGE, RESOURCES, AND SKILLS BY THE POWER OF JESUS CHRIST
FORM 990, PART VI, SECTION B, LINE 11B:
DIRECTORS REVIEW THE FORM 990 INDEPENDENTLY AND THEN DISCUSS DURING A
DIRECTORS' MEETING BEFORE FILING THE FORM 990
FORM 990, PART VI, SECTION B, LINE 12C:
A COPY OF THE CONFLICT OF INTEREST POLICY IS FURNISHED TO EACH DIRECTOR,
OFFICER AND SENIOR STAFF MEMBER THAT BEGINS SERVING THE ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.