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Form **990** 

**Return of Organization Exempt From Income Tax** 

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

2021

OMB No. 1545-0047

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/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change ADVANCE MEMPHIS Name change 62-1778254 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 9015438525 769 VANCE AVENUE 2,607,614. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MEMPHIS, TN 38126 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: STEPHEN T. NASH for subordinates? ..... Yes X No P.O. BOX 2201, MEMPHIS, TN **H(b)** Are all subordinates included? Yes Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.ADVANCEMEMPHIS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1999 M State of legal domicile: TN ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER ADULTS IN SOUTH Governance MEMPHIS TO BREAK CYCLES OF UNEMPLOYMENT, ESTABLISH ECONOMIC if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 161 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year Prior Year** 1,444,608. 1,365,633. Contributions and grants (Part VIII, line 1h) 8 1,032,040. 948,124. Program service revenue (Part VIII, line 2g) 0. -6,251. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 155,282. 293,854. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11  $\overline{2,631,930}$ 2,601,360. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,755,369. 1,596,070. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 634,403. 789,350. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,389,772. 2,385,420. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 242,158. 215,940. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,226,715. 2,542,529 Total assets (Part X, line 16) 66,572. 166,446. 21 Total liabilities (Part X, line 26) 三年 160,143. 376,083 22 Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign STEPHEN T. NASH, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature J SLATER SMITHERS CP 09/02/22 self-employed P00281055 J SLATER SMITHERS CPA Paid Firm's name FRAZEE IVY DAVIS PLC Firm's EIN ▶ 20-5556145 Preparer Firm's address 5100 POPLAR AVE STE 1400 Use Only Phone no. 901-685-1040 MEMPHIS, TN 38137-1499 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO EMPOWER ADULTS IN SOUTH MEMPHIS TO BREAK CYCLES OF UNEMPLOYMENT,
	ESTABLISH ECONOMIC STABILITY, RECONCILE RELATIONSHIPS, AND RESTORE
	DIGNITY THROUGH KNOWLEDGE, RESOURCES, AND SKILLS BY THE POWER OF JESUS
	CHRIST.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	WORK LIFE - PARTICIPANTS ATTEND A 6 WEEK SOFT SKILLS JOB TRAINING CLASS
	TO ASSIST THEM IN PREPARING AND SEARCHING FOR, OBTAINING AND
	MAINTAINING MEANINGFUL EMPLOYMENT, HELPING 142 PEOPLE FIND JOBS IN THE
	COMMUNITY IN 2021. THE PROGRAM ALSO INCLUDES FINANCIAL MANAGEMENT
	CURRICULUM AS WELL AS A COMPUTER LITERACY COURSE.
4b	(Code:) (Expenses \$1, 166, 655including grants of \$) (Revenue \$) (Revenue \$)
	STAFFING SERVICE PROGRAM - GRADUATES OF THE ORGANIZATION'S JOBS FOR
	LIFE PROGRAM ARE ELIGILBLE TO PARTICIPATE AS AN EMPLOYEE IN THE
	STAFFING SERVICE PROGRAM, AS THESE INDIVIDUALS LOOK TO BUILD UPON THE
	LESSONS AND SKILLS LEARNED DURING THE JOBS FOR LIFE PROGRAM.
	PARTICIPANTS OF THE ADVANCE MEMPHIS STAFFING SERVICE PROGRAM ARE PLACED
	WITH AREA BUSINESSES ON A TEMPORARY BASIS. 130 GRADUATES WERE EMPLOYED
	THROUGHOUT THE YEAR.
	205 501
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 395,581.
	OUTSOURCING PROGRAM - THE ORGANIZATION'S PROVIDES GRADUATES OF THE JOBS
	FOR LIFE PROGRAM WITH OPPORTUNITIES FOR ON-THE-JOB APPLICATION OF THE
	SKILLS AND CONCEPTS LEARNED IN JOBS FOR LIFE.
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 1,847,721.

**4e** Total program service expenses ▶

Form 990 (2021) ADVANCE MEMPHIS
Part IV Checklist of Required Schedules

1 Is the organization described in section 501 (c/S) or 4947(s)(1) (other than a private foundation?)  **Prive**, complete Schedule B. Schedule G. Schedule of Contributors**) See instructions  **Did the organization engage in Index or indirect political campaign activities on behalf of or in opposition to candidates for public office? **In **Prive**, complete Schedule C. Part I.**  **Section 501 (c/S) organizations. Did the organization engage in Inabiging activities, on have a section 501 (th) election in office during the tax year? **In **Yea**, complete Schedule C. Part II.**  **Section 501 (c/S) organizations. Did the organization organization that receives membership dues, assessments, or an international and an international contributions of the provide activities on behalf of or investment of amounts in such funds or accounts? **In **Yea***, complete Schedule C. Part II.**  **Did the organization maintain and organization organization that receives membership dues, assessments, or an international contributions of the provided activities on the distribution or investment of amounts in such funds or accounts? **In **Yea***, complete Schedule D. Part II.**  **Did the organization receive or hold a conservation essement, including essements to presence open space, the environment, historic land areas, or historic structures **In **In **In **In **In **In **In **I				Yes	No
2 Is 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 I I the organization engage in direct or indirect political campaign activities, or have a section 501(i)e election in effect during the tax year? If "Yes," complete Schedule C, Part I I I I the organization as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part I I I I the organization as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part I I I I I I I I I I I I I I I I I I I	1			7.7	
3 Dit 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 II  4 Section 501(x)(3) organizations. Did the organization engage in loobying activities, or have a section 501(th) election in effect outling the tax year? If "Yes," complete Schedule C, Part III  5 List the organization assection 501(th)(4), 501(t)(5), 50 or 501(x)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III  6 Did the organization maintain any done advised funds or any similar funds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization receive or floid a conservation assessment, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization received not collisions of vorks of art, historical threasures, or other similar assests? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide coeffictions and the organization report and amount for investments, or the received repairs, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IVI  11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IVI  12 Did the organization report an amount for other stableties Part X line 10? If "Yes," complete S		•			
public office? If "Yes," complete Schedule C, Part II  Section 501(R)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 III is the organization as extend 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev Price, "Borgle "Yes," complete Schedule C, Part III is the organization and introduction or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, complete formers, interest in a manual transment, historical treasures, or complete Schedule D, Part II is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is the organization amounts not lated in Part X, or provide credit counseling, debt management, credit repairs, or debt negotiation services?  If "Yes," complete Schedule D, Part IV is the organization in exercise or provide credit counseling, debt management, credit repairs, or debt negotiation services?  If the organization is exercised in Part X, line 167 if "Yes," complete Schedule D, Part X is the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part X is a splicitable.  If the organization report an amount for investments - program related in Part X, line 157 if "Yes," complete Schedule D, Part X is 11b X  If the organization report an amount for investments or the securities in Part X, line 157 in the securities in Part X, line 157 in the organization report an amount for the assets in Part X, line 157 in the securities of the part X is 11b X			2	<u> </u>	
4 Section 501(x)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 organization as exciton 501(k)4, 501(e)6, 501(e)	3				- T
during the tax year? If "Yes," complete Schedule C, Part II sets the organization a section 50 (c)(8), 50 (c)(			3		
5 Is the organization a section 50 ftc/(4), 50 ftc/(6), or 50 ftc/(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 // "Yes," complete Schedule C, Part III	4		_		7,7
similar amounts as defined in Rev. Proc. 88-19" If "Yes," complete Schedule C, Part III  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 II  Did the organization celevic or hold a conservation easement, including easements to preserve open space, the environment, historical land areas, or historic structure? If "Yes," complete Schedule D, Part III.  Bit the organization report an amount in Part X, line 21, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "ess," complete Schedule D, Part VIII.  If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, D, or X, as applicable.  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments - organizer related in Part X, line 12. That is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization in school an amount for investments - organizer related in Part X, line 15? If "Yes," complete Schedule D, Part X III  Did the organization or school described in security i	_		4		
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 announts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to be preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Side or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV II If the organization is experted to the rough a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V II If the organization sarver to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II I	5		_		7,7
provide advice on the distribution or investment of amounts in such funds or account? **I** "Yes," complete Schedule D, Part I	_		5		
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 I I I I I I I I I I I I I I I I I	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    by the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV    to the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasis andowments? If "Yes," complete Schedule D, Part V    to Did the organization assers to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI    b Did the organization report an amount for investments - organ related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    b Did the organization report an amount for organization report an amount for amount for extrements or produce and the organization report an amount for organization selected in Part X, line 18 in Part X, line 18 in 9 in	_		6		
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Schedule D, Part III  Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "ves," complete Schedule D, Part IV  Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, lift the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, lift the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X  116  X  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  117  Did the organization separate or consolidated financial statements for the tax year?  If "Yes," and if the organization separate, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XIII organization Part X, line 26? Schedule D, Part X and XIII organization Part X, line 15, then complete Schedule D, Part X and XIII organization Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for orany foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for orany foreign organ	_		7		
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV 9	8	, , ,			- T
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  ## 17'es, "complete Schedule D, Part IV"  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? ## 10	_		8		
## **Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  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.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  b 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  d Did the organization report an amount for other assets in Part X, line 18. If Yes," complete Schedule D, Part VIII  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 VIII  110	9				
Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 1  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.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 1  b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 1  C 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 11  A 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 X II 11  A 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 X II 11  A Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X II 11  A Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X II 11  A Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II IX II II IX II II IX II II IX II II			_		7,7
or in quasi endowments? If "Yes," complete Schedule D, Part V  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.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII  b Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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 VIII  d Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11c			9		
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as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c 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  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 X line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 17 line If Yes," complete Schedule D, Part X line If Yes, "complete Schedule D, Part X line If Yes," complete Schedule D, Part X line If Yes," complete Schedule D, Part X line If Yes," complete Schedule D, Part X line If Yes, "complete Schedule D, Part X line If Yes," complete Schedule D, Part X line If Yes," complete Schedule If If Yes, "complete Schedule If If Yes," complete Schedule If If Yes, "complete Schedule If If Yes," complete Schedule If If Yes, "complete Schedule If If Yes, "complete Schedule If If If Yes, "complete Schedule If If If If If If Yes, "complete Schedule If			10		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c 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  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 X III  Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X III  Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  Did 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 X III and XII III  Did the organization maintain an office, employees, or agents outside of the United States?  13	11				
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Form 990 (2021) 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		-25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ا
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  In the number of Forms W-2G included on line 1a. Enter -0- if not applicable  In the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
b	Enter the harmon of terms with a little of a more approached			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Х	
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2021) ADVANCE MEMPHIS
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 62-1778254 Page **5** 

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ļ ,,
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		<b>₩</b>
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>.</b>		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	L		
а	Did the conservation approximation made and translate distributions and the color (0000)	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021) ADVANCE MEMPHIS 62-17/8254 Page
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 11			
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	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 reached at the			
	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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with 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 its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEPHEN T. NASH - 901-543-8525			
	769 VANCE AVE MEMPHIS TN 38126			

Form 990 (2021) ADVANCE MEMPHIS 62-1778254 Page 7

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)					
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(do not check more the box, unless person is officer and a director/				than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations					
(1) STEPHEN NASH	40.00	-						115 010							
EXECUTIVE DIRECTOR	1 00			Х				116,812.	0.	0.					
(2) MICHAEL DAVIS	1.00			.,					_	•					
DIRECTOR (2) FRED HOLMES	1 00	Х		Х				0.	0.	0.					
(3) FRED HOLMES	1.00	.,						_	_	0					
DIRECTOR (4) VONESHA MITCHELL	1.00	Х			$\vdash$			0.	0.	0.					
DIRECTOR	1.00	Х						0.	0.	0.					
(5) NICK NUNN	1.00	Λ						0.	0.	0.					
DIRECTOR	1.00	х						0.	0.	0.					
(6) DAVID OZIER	1.00							•	•	•					
DIRECTOR		Х						0.	0.	0.					
(7) LANE PATIKAS	1.00														
DIRECTOR		Х						0.	0.	0.					
(8) HUNTER ACOSTA	1.00														
DIRECTOR		Х						0.	0.	0.					
(9) LEANNE SCULL	1.00														
DIRECTOR		Х						0.	0.	0.					
(10) TINA JOHNSON	1.00														
DIRECTOR		Х						0.	0.	0.					
(11) AUDREY HURST	1.00														
DIRECTOR		Х						0.	0.	0.					
(12) DAN BUTLER	1.00	l													
CHAIRMAN OF THE BOARD		Х						0.	0.	0.					
		-													
		$\left\{ \ \ \right\}$													
	-	$\left\{ \right\}$													
		1													
-					$\vdash$										
		1													
		1	<u> </u>	L				l		5 <b>000</b> (2221)					

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(	F)
Name and title	Average	(da	Position Reportable Repor		Reportable	1	nated				
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)						compensation	compensation	1	unt of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	ot	her
	(list any	ector						the	organizations	compe	nsation
	hours for	Individual trustee or director	a.			ted		organization	(W-2/1099-MISC/	fron	n the
	related	stee	Institutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	1 ~	ization
	organizations below	al tru	onalt		Key employee	le s		1099-NEC)		1	elated
	line)	dividu	itati	Officer	/ emp	hest	Former			organi	zations
	lii ic)	Ĕ	Ë	5	, Ke	E E	요				
		-									
						-				+	
		1									
		-									
										1	
		1									
		-									
										-	
		-									
1h Subtotal								116,812.	0.	+	0.
1b Subtotal c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)								116,812.	0.		0.
2 Total number of individuals (including but n							no re	•			
compensation from the organization						,		,	1		1
										Υ	es No
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or st	ıch ı	oers	on				5	X
Section B. Independent Contractors  1 Complete this table for your five highest contractors	mneneated inc	lono	nda	nt or	ntr	acto	re +h	nat received more than <sup>©</sup>	\$100,000 of company	ation from	
the organization. Report compensation for											
(A)				<u>.g</u>				(B)		(C)	
Name and business	address	NC	INC	3				Description of s	ervices	Compens	ation
							$\dashv$				
							$\dashv$				
							_				
2 Total number of independent contractors (in	ncluding but p	ot lin	niter	d to	thos	se lie	ted	above) who received mo	ore than		
\$100,000 of compensation from the organization		J. 111				)	,.ou	assvoj wno roccivou me	o. o triair		
, , , , , , , , , , , , , , , , , , ,	-								<u> </u>	- 00	0 (0001)

62-1778254

Form 990 (2021) ADVANCE MEMPHIS
Part VIII Statement of Revenue

		Check if Schedule Coentains a response of	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response of	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts nts	1	Federated campaigns 1a					
ira Oui		Membership dues 1b		-			
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events					
Sift ar		d Related organizations 1d					
ini		Government grants (contributions) 1e					
ion		All other contributions, gifts, grants, and					
the the		similar amounts not included above $\dots$ 1f $ 1$ ,	<u>365,633.</u>				
E O		Noncash contributions included in lines 1a-1f 1g \$	7,665.				
Sol		Total. Add lines 1a-1f		1,365,633.			
			Business Code				
ø	2	STAFFING REVENUE	561300	552,543.	552,543.		
, <u>ki</u>	_	OUTSOURCING PROGRAM	561499	395,581.	395,581.		
Ser				,	,		
E S		<u> </u>					
Program Service Revenue							
Pro		All other program service revenue					
		Total. Add lines 2a-2f	<b></b>	948,124.			
	3	Investment income (including dividends, interes		740,124.			
	3			3.			3.
	4	other similar amounts)		J.			J •
	4	Income from investment of tax-exempt bond pr					
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Personal	-			
	6						
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 293,854.		000 054			000 054
		d Net rental income or (loss)		293,854.			293,854.
	7	a Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a					
		Less: cost or other basis					
ıne		and sales expenses	6,254. -6,254.				
Revenue		Gain or (loss) 7c	-6,254.				
Re		d Net gain or (loss)	<b></b>	-6,254.	-6,254.		
Jer	8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<b>&gt;</b>				
	9	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b></b>				
		a Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	<b>.</b>				
		Hat modifie of hossy from sales of five fields	Business Code				
ns	11						
Jeo Ue							
Miscellaneous Revenue							
Sce		A All other revenue					
Ξ		d All other revenue					
		Total revenue See instructions	·····	2,601,360.	9/1 970	0	293,857.
	12	Total revenue. See instructions	-	L , UUI, JUU.	· /=1,0/U•	ı U •	477,071.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 116,812. 116,812. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,308,570. 1,029,205. 167,978. 111,387. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 21,726. 24,268. 60,401. 14,407. Other employee benefits 9 110,287. 88,672. 12,997. 8,618. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 31,146. column (A), amount, list line 11g expenses on Sch O.) 31,146. 11,245. 5,622. 5,623. Advertising and promotion 12 19,100. 19,100. 13 Office expenses 27,725. 27,725. Information technology 14 Royalties 15 16 Occupancy 6,546. 6,546. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 10,682. 10,682. 20 Payments to affiliates 21 <u>72,</u>133. 80,147. 4,007. 4,007. Depreciation, depletion, and amortization 22 165,662. 160,043. 3,109. 2,510. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 179,501. 130,743. 48,758. MATERIALS AND TEACHING UTILITIES 75,729. 68,157. 3,786. 3,786. 75,721. 68,149. REPAIRS AND MAINTENANCE 3,786. 3,786. 28,877. 28,877. d MATCHING FUNDS 77,269.  $27,2\overline{24}$ 48,494. 1,551. e All other expenses 2,385,420. 1,847,721. 333,266. 204,433. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			182,707.	1	140,560.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	209,625.	3	204,000.		
	4	Accounts receivable, net			152,721.	4	142,109.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied per	onssons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ıς	7	Notes and loans receivable, net			2,388.	7	2,888.
Assets	8	Inventories for sale or use				8	
As	9	5			6,161.	9	3,730.
	10a	Land, buildings, and equipment: cost or other					
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10a	2,502,389.			
	b	Less: accumulated depreciation	10b	453,147.	1,673,113.	10c	2,049,242.
	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			2,226,715.	16	2,542,529.
	17	Accounts payable and accrued expenses			63,572.	17	75,392.
	18	Grants payable				18	
	19	Deferred revenue			3,000.	19	3,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	88,054.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	· ·			66,572.	26	166,446.
		Organizations that follow FASB ASC 958, che	ck here	• ► X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			1,951,018.	27	2,172,083.
Ba	28	Net assets with donor restrictions			209,125.	28	204,000.
n n		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📖			
Ē		and complete lines 29 through 33.					
8	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			0.460.440	31	0.054.00
Š	32	Total net assets or fund balances			2,160,143.	32	2,376,083.
	33	Total liabilities and net assets/fund balances .			2,226,715.	33	2,542,529.

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	2,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,38		
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,16	0,1	<u>43.</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	2,37	6,0	83.
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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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_	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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		X
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	(2021)

#### **SCHEDULE A**

(Form 990)

Total

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

2021

Open to Public Inspection

**Employer identification number** Name of the organization ADVANCE MEMPHIS 62-1778254 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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 on 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))

Schedule A (Form 990) 2021 ADVANCE MEMPHIS 62-1778

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	tion A. Public Support		·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	, ,
	membership fees received. (Do not						
	include any "unusual grants.")	1120413.	1762575.	1500064.	1444608.	1365633.	7193293.
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	1100110	4566555	1500061	4.4.4.6.0.0	1065600	
	Total. Add lines 1 through 3	1120413.	1762575.	1500064.	1444608.	1365633.	7193293.
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)						F102002
	Public support. Subtract line 5 from line 4.						7193293.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017 1120413.	(b) 2018 1762575.	(c) 2019 1500064.	(d) 2020 1444608.	(e) 2021 1365633.	(f) Total 7193293.
	Amounts from line 4	1120413.	1/025/5.	1300004.	1444000.	1303033.	1133433.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2.	6.	7.	8.	3.	26.
_	and income from similar sources	4.	0.	/ •	0.	3.	20.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						7193319.
	Gross receipts from related activities,	oto (oco inatruotic	\			12	948,124.
12	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tox v			710,121.
10	organization, check this box and <b>stor</b>			•			ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li			olumn (f))		14	100.00 %
15	- · · · · · · · · · · · · · · · · · · ·						100.00 %
16a	33 1/3% support test - 2021. If the c					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· <b>&gt;</b>

# 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness 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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	<b>&gt;</b>
k	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	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 support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	tne 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,			
	supervised, or controlled the supporting organization.	2		
Sect	stion 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		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	, , ,	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
	and the management of the mana		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, 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			
Sect	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
	<i>y</i>			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below.	ty (see instruction	Yes	No
2			162	No
	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	20		
	that these activities constituted substantially all of its activities.	2a		
	, , ,			
	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	Ola		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>.</u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

Part \	<ul> <li>Type III Non-Functionally Integrated 509(a)(3) Support</li> </ul>	ing Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions		
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.			
Section A - Adjusted Net Income  (A) Prior Year  (B) Current Year (optional)						
1 Ne	et short-term capital gain	1				
2 Re	ecoveries of prior-year distributions	2				
<b>3</b> Of	ther gross income (see instructions)	3				
<b>4</b> Ad	dd lines 1 through 3.	4				
<b>5</b> De	epreciation and depletion	5				
<b>6</b> Pc	ortion of operating expenses paid or incurred for production or					
	ollection of gross income or for management, conservation, or					
	aintenance of property held for production of income (see instructions)	6				
	ther expenses (see instructions)	7				
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
<b>1</b> Ag	ggregate fair market value of all non-exempt-use assets (see					
ins	structions for short tax year or assets held for part of year):					
a A	verage monthly value of securities	1a				
<b>b</b> A	verage monthly cash balances	1b				
	air market value of other non-exempt-use assets	1c				
	otal (add lines 1a, 1b, and 1c)	1d				
	iscount claimed for blockage or other factors					
	xplain in detail in <b>Part VI</b> ):					
	cquisition indebtedness applicable to non-exempt-use assets	2				
	ubtract line 2 from line 1d.	3				
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	e instructions).	4				
	et value of non-exempt-use assets (subtract line 4 from line 3)	5				
	ultiply line 5 by 0.035.	6				
	ecoveries of prior-year distributions	7				
	inimum Asset Amount (add line 7 to line 6)	8				
	C - Distributable Amount			Current Year		
<b>1</b> Ac	djusted net income for prior year (from Section A, line 8, column A)	1				
<b>2</b> Er	nter 0.85 of line 1.	2				
	inimum asset amount for prior year (from Section B, line 8, column A)	3				
	nter greater of line 2 or line 3.	4				
	come tax imposed in prior year	5				
	istributable Amount. Subtract line 5 from line 4, unless subject to					
	nergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function		Type III supporting orga	nization (see		

Schedule A (Form 990) 2021

instructions).

	t V Type III Non-Functionally Integrated 509(		nizations (continu	(pd)	Z 1770ZJ4 Page 7
	ion D - Distributions	(a)(a) capporting crga	(COMMIT	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Our chi Tea
_ <u>-</u>	Amounts paid to perform activity that directly furthers exemp		•		
_	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	<u> </u>	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

# **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 Inspection

Name of the organization

ADVANCE MEMPHIS

**Employer identification number** 62-1778254

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		r Similar Funds	or Accour	nts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor ad	vised funds	<b>(b)</b> Fur	nds 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 v		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			I .	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
_	listed in the National Register			<u>2d</u>	
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 eas				
5	Does the organization have a written policy regarding the per				Yes No
6	violations, and enforcement of the conservation easements it		and onforcing con		
6	Staff and volunteer hours devoted to monitoring, inspecting,	manuling of violations	, and emorcing con	servation ease	erilerits during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	Lenforcing conserva	ation essemen	ts during the year
′	S	alling of violations, and	remoreing conserve	tion casemen	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170	(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?	*			Yes No
9	In Part XIII, describe how the organization reports conservation				
_	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	<del>g</del>			
Par	t III Organizations Maintaining Collections of	f Art, Historical 1	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar assets for financia		
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				

Par	t III   (	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	
3	Using th	ne organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t make sig	ınificant ι	use of its			
	collection	on items (check all that apply):										
а	P	ublic exhibition	d		Loan or exc	hange progra	am					
b	S S	cholarly research	е		Other							
С	P	reservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During t	the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	er similar a	assets		_		
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Par		Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on I	orm 990	, Part IV, I	ine 9, or		
	r	reported an amount on Form 990, Par	rt X, line 21.									
1a		rganization an agent, trustee, custodi							_	_		_
		1 990, Part X?							L	Yes		No
b	If "Yes,'	explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
										Amount		
	-	ng balance										
		ns during the year										
		tions during the year										
		balance						1f		_		
		organization include an amount on Fo						y?	L	Yes		_ No
		explain the arrangement in Part XIII.										
Par	t V	Endowment Funds. Complete i				· · · · · · · · · · · · · · · · · · ·			haal	(-) [		h a alı
			(a) Current year	(b) P	rior year	(c) Two yea	rs dack (	<b>a)</b> Three y	rears back	(e) Four	years	раск
		ng of year balance										
		utions										
		estment earnings, gains, and losses										
		or scholarships										
е		xpenditures for facilities										
		grams										
f		strative expenses										
g	•	ear balance										
2		the estimated percentage of the curr	•	e (line 1g	g, column (a)	) held as:						
а		lesignated or quasi-endowment		_%								
		ent endowment	%									
С			%									
	•	centages on lines 2a, 2b, and 2c sho	•									
3a	_	re endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	ıd administei	red for the	organiza	ation	Г	V	No
	by:										res	NO
		elated organizations								3a(i)		<u> </u>
		ated organizations								3a(ii)		_
		on line 3a(ii), are the related organiza								3b		<u> </u>
4 Par	Describ	e in Part XIII the intended uses of the Land, Buildings, and Equipm		wment ti	unas.							
· ui		Complete if the organization answered		Part IV	/ line 11a S	00 Form 990	Part X li	ine 10				
		<u> </u>	I					cumulate	- I	/d\ Doole		
		Description of property	(a) Cost or o basis (investr		. ,	or other (other)	٠,	reciation	eu	(d) Book	valu	е
10	Land		`	.5.1.6)		4,386.	цор	. 50.40011		21/	. 3	86.
						3,692.	3	52,29	99	$\frac{219}{1,741}$	<u>د ,  ع</u>	93
		ps			2,09	5,054.		J		_,,	. , ,	<del></del>
			I		1 0	4,311.	1	00,84	18.	93	1	63.
		ent	I			-,J11•		50,04			, =	<del>55.</del>
		es 1a through 1e. <i>(Column (d) must e</i>		V 65/	n /D\ !: = 1:	no 1	1		<b>•</b>	2,049	) . 2	42.
otal	Aud IIII	<u>es ra unough re. (Column (a) must e</u>	<u>quai roiiii 990, Part</u>	A. COIUM	<u>ш (Б), IINе Т(</u>	<i></i>				_, , , , ,	, 4	<u></u>

Schedule D (Form 990) 2021 ADVANCE MEN	MPHIS	62	2-1778254	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market v	alue
(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"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a	) Description		(b) Book va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	<b>&gt;</b>	,	
Part X Other Liabilities.			1	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book va	alue
(1) Federal income taxes				
(2)				
(3)				
(4)				
• •				

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 1,434,705. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 1,166,655. Other (Describe in Part XIII.) 1,166,655. c Add lines 4a and 4b 4c 2,601,360. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,218,765. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 1,218,765. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

**b** Other (Describe in Part XIII.)

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

1,166,655.

#### PART X, LINE 2:

BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD MORE LIKELY THAN NOT BE UPHELD UNDER THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX EXAMINATION. POSITIONS HAS BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF STAFFING AND OUTSOURCING SERVICES

1,166,655.

1,166,655.

2,385,420.

### PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF STAFFING AND OUTSOURCING SERVICES

1,166,655.

Schedule D (Form 990) 2021 ADVANCE MEMPHIS	62-1778254 Page <b>5</b>
Schedule D (Form 990) 2021 ADVANCE MEMPHIS  Part XIII Supplemental Information (continued)	

# **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.