EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For th	e 2018 calendar year, or tax year beginning 001 1, 2018 and	enaing L	<u> 10N 30, 2019</u>				
В	Check if applicab	C Name of organization		D Employer identif	ication number			
	Addre							
	Name	Doing business as		03-0	485501			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Final return	665 MADISON AVENUE		(901)526-1944				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,839,955.				
	Amen return	MEMPHIS, IN 30103		H(a) Is this a group	return			
	Application	F Name and address of principal officer: A • LEMOTHE ROBLINGON	1	for subordinate	s? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No			
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach	a list. (see instructions)			
<u>J</u>	Websi	te: ► WWW.INFLUENCE1.ORG		H(c) Group exemption	on number			
K	Form o	forganization: X Corporation Trust Association Other	L Year	of formation: 2002	M State of legal domicile: $\mathbf{T}\mathbf{N}$			
P	art I	Summary						
4	1	Briefly describe the organization's mission or most significant activities: ${\tt \underline{TO}}$ SU	JSTAIN	EDUCATIONA	L			
ű		ENRICHMENT, COMMUNITY DEVELOPMENT AND ECO.	NOMIC	EMPOWERMENT	· · · · · · · · · · · · · · · · · · ·			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.			
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3				
Activities & Governance	4	Number of independent voting members of the governing body (Part VI, line 1b)		4				
80	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5				
/itie	6	Total number of volunteers (estimate if necessary)		6	90			
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12						
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 38		7b	0.			
Revenue				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		522,589.				
	9	Program service revenue (Part VIII, line 2g)		4,060,315.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,276.				
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	17,495.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4,584,180.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,769,649.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
x	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,249,236.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,018,885.				
_	19	Revenue less expenses. Subtract line 18 from line 12		565,295.	418,579.			
Net Assets or	9		Ве	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		5,435,675.	5,779,878.			
TAS	21	Total liabilities (Part X, line 26)		2,840,243.				
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		2,595,432.	3,014,011.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		Signature of officer		 Date				
Sig		1'						
He	re	R. LEMOYNE ROBINSON, CHIEF EXECUTIVE O Type or print name and title	FFICE	Κ				
			Т	Date Check	PTIN			
D-:		Print/Type preparer's name STEPHANIE L. LIVINGSTON, STEPHANIE L. LIV	if					
Pai			тисоп		62-1657946			
	parer	Firm's name CANNON WRIGHT BLOUNT PLLC Firm's address 756 RIDGE LAKE BLVD, SUITE 100	Firm's EIN ▶	04-103/340				
USE	Only	MEMPHIS, TN 38120		Dhone no O (1-685-7500			
N/-	v tha '	RS discuss this return with the preparer shown above? (see instructions)		I Phone no. 30				
ivid	y ule l	no discuss this return with the preparet shown above? (See instructions)			X Yes No			

Га	Otal (10 to 10 to
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE INFLUENCE1 FOUNDATION WORKS TO PROVIDE ITS SERVICE COMMUNITIES
	WITH RESOURCES AND SERVICES RELEVANT TO SUSTAINING EDUCATIONAL
	ENRICHMENT, COMMUNITY DEVELOPMENT AND ECONOMIC EMPOWERMENT.
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 \$ 2,845,239. including grants of \$) (Revenue \$ 4,296,803.
	OPERATES 4 CHARTERED COLLEGE PREP SCHOOLS; ALSO RESPONSIBLE FOR THE
	38106 JOINT AGENCY COLLABORATIVE, 1URBAN GALLERY, AND THE MEMPHIS
	STARTS WITH ME COMMUNITY PROGRAMS.
	-
4h	10
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
тu	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses \$ 2.845, 239.

Form 990 (2018) INFLUENCE1 FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		_
9	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?			x
40	If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		X
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f		116		
•	the organization's separate of consolidated financial statements for the tax year monde a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2018) INFLUENCE1 FOUNDATION, INC.

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			
	Schedule J	23	Х	
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			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	, , ,	24c		
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 30		
31		31		X
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
=	(gambling) winnings to prize winners?	1c	Х	
			200	

Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 100 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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)? X 4a **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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7<u>d</u> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year?

16

Х

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018) INFLUENCE1 FOUNDATION, INC. 03-0485501 Pag
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 in 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 7			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in 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		Х
	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	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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 ▶ NONE			
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))	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	CONSTANCE KING - (901)526-1944			
	665 MADISON, MEMPHIS, TN 38103			

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(-1-	Position (do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per	box					n an	compensation	compensation	amount of
	week	-	officer and a direc			ector/trustee)		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mper		(** 27 1000 141100)		and related
	below	Individual trustee or director	In stit utio nal tru stee	Je.	Key employee	Highest compensated employee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) DR. MICHAEL ALSTON	2.00	1							_	_
PRESIDENT		Х		Х				0.	0.	0.
(2) KATHERINE HUNT	2.00	1								
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) PHYLLIS FICKLING	2.00	l								
TREASURER		Х		X				0.	0.	0.
(4) SANDRA WALLS	2.00	l								
BOARD MEMBER		Х				_		0.	0.	0.
(5) LAQUITA JOHNSON	2.00	٠,,								•
BOARD MEMBER	2 00	Х						0.	0.	0.
(6) CARLO FOSTER	2.00	.,							0	_
BOARD MEMBER (7) WHITNEY CLIFTON	2.00	Х						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(8) DR. R. LEMOYNE ROBINSON	40.00	^						0.	0.	0.
CHIEF EXECUTIVE OFFICER	40.00	1		Х				163,555.	0.	14,536.
(9) FELICIA P. HARTSFIELD	40.00							103/3331		11/3300
CHIEF OPERATING OFFICER	20100	1		х				105,514.	0.	13,959.
									•	
		1								
		1								
		1								
		1								
		<u> </u>								
]								
		<u> </u>								
		1								

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(da		Pos				Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation	า	an	nount	of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	tion
	hours for	Individual trustee or director	ao			rted		organization	(W-2/1099-MIS	C)	l .	om the	
	related	ste e	ruste			bensa		(W-2/1099-MISC)			_	anizati	
	organizations below	al tru	onal t		loyee	lo e					l .	d relate	
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		드	드	Đ	₹ e	를 들	요						
		-											
						\vdash							
		1											
						├							
		1											
						\vdash							
						_					<u> </u>		
		-											
_						\vdash							
		1											
1b Sub-total					<u> </u>	<u> </u>		269,069.		0.	25	8,49	95.
c Total from continuation sheets to Part VI							•	0.		0.			0.
d Total (add lines 1b and 1c)								269,069.		0.	28	8,49	95.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization												1	2
										1		Yes	No
3 Did the organization list any former officer,													Х
line 1a? If "Yes," complete Schedule J for s											3		$\overline{}$
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a	accrue comper	co Isati	on fi	ele s m	anv	unre	elate	or sucri iriaiviauai ed organization or individ	dual for services		7		
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											•	
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NT/	ONE	7				(B) Description of s	ervices	C	(C Comper		n
Nume and business	4441000	14(JIVI	<u>. </u>				Beschption of a	ICI VICCO	<u></u>	- Ciripoi	- Ioatioi	<u> </u>
2 Total number of independent contractors (i	actuding but :	ot II-	nita	1+~	tha	00 lic	+~~	abova) who reasived re-	are then				
2 Total number of independent contractors (in \$100,000 of compensation from the organic		ot III	iliteo	101	tnos (rea	above) who received mo	ле шап				
w 100,000 of compensation from the organi.	Lation					_						aan "	

03-0485501

		Check if Schedule O conta	ains a response	or note to anv lir	ne in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ΩΩ	1 a	Federated campaigns	1a					012 011
ant		Membership dues			-			
2 8		Fundraising events						
ifts		Related organizations						
nila		Government grants (contributi		515,373.				
Sir		All other contributions, gifts, grant	′ 	•				
ber j	•	similar amounts not included abov	· I I	24,980.				
ğ	q	Noncash contributions included in lines 1		•				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		>	540,353.			
				Business Code				
o l	2 a	SCS PER-PUPIL A	LLOCATI		4,175,745.	4,175,745.		
Program Service Revenue		STUDENT SERVICE		611110	103,563.			
Ser	С							
am	d							
Be	е							
Pr	f	All other program service reve	nue					
		Total. Add lines 2a-2f			4,279,308.			
	3	Investment income (including						
		other similar amounts)		>	2,799.			2,799.
	4	Income from investment of tax						
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses			_			
	С	Gain or (loss)						
		Net gain or (loss)		· <u></u>				
anc	8 a	Gross income from fundraising including \$	•					
Ş		contributions reported on line						
Other Revenu		Part IV, line 18	•					
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
]	С	Net income or (loss) from sales	s of inventory					
]		Miscellaneous Revenue	e	Business Code				
	11 a	MISC INCOME		611600	17,495.	17,495.		
	b							
	С							
		All other revenue			15 405			
		Total. Add lines 11a-11d			17,495.		_	0 700
	12	Total revenue. See instructions	<u></u>		4,839,955.	<u>μ,296,803.</u>	0.	2,799.

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 (B)
Program service
expenses (**D**)
Fundraising (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, 293,315. 293,315. 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 2,279,229. 1,683,965. 595,264. 7 Pension plan accruals and contributions (include 88,141. 61,323. 26,818. section 401(k) and 403(b) employer contributions) 114,447. 15,470. 98,977. Other employee benefits 9 173,738. 49,710. 124,028. 10 Payroll taxes 11 Fees for services (non-employees): 368,437. 316,028. 52,409. Management 66,067. 66,067. Legal 55,136. 55,136. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 88,941. 14,219. 74,722. Office expenses 13 Information technology 14 15 Royalties 276,768. 325,609. 48,841. 16 Occupancy 146,077. 146,077. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 90,726. 90,726. 20 Payments to affiliates 21 133,348. 113,346. 20,002. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 132,963. 69,565. 63,398. SUPPLIES DUES & SUBSCRIPTIONS 48,042. 10,905. 37,137. 9,232. 9,232. STUDENT SERVICES 6,837. TAXES & LICENSES 200. 6,637. 1.091. 1.091. All other expenses 4,421,376. 2,845,239. 1,576,137. 0. 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.

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

Pai	πX	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			702,824.	1	1,281,332.
	2	Savings and temporary cash investments			2,612.	2	2,613.
	3	Pledges and grants receivable, net			248,356.	3	28,377.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti					
γ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			180.	8	180.
	9	B				9	
	10a	Land buildings and equipment; cost or other	l I				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	5,324,826.			
	b	Less: accumulated depreciation	10b	1,573,096.	3,811,860.	10c	3,751,730.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	669,843.	15	715,646.		
	16	Total assets. Add lines 1 through 15 (must equa			5,435,675.	16	5,779,878.
	17	Accounts payable and accrued expenses			268,807.	17	372,793.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		ı		21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
<u>i</u>		key employees, highest compensated employee					
Liabilities						22	
Ë	23	Secured mortgages and notes payable to unrela		ı	2,282,519.	23	2,173,075.
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		ı			
		Schedule D			288,917.	25	219,999.
	26	Total liabilities. Add lines 17 through 25			2,840,243.	26	219,999. 2,765,867.
		Organizations that follow SFAS 117 (ASC 958)	, checl	k here 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 and					
ည	27	Unrestricted net assets	2,595,432.	27	2,916,676.		
<u>aa</u>	28	Temporarily restricted net assets		28	2,916,676. 97,335.		
B	29	Permanently restricted net assets				29	
Ĕ		Organizations that do not follow SFAS 117 (AS					
P.		and complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
Š	33	Total net assets or fund balances			2,595,432.	33	3,014,011.
	34	Total liabilities and net assets/fund balances			5,435,675.	34	5,779,878.

Form **990** (2018)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

-orm	1990 (2018) INFLUENCEL FOUNDATION, INC.	03-0	4022UT	Pag	ge ∣∠
	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	4,839	9!	55.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,421	.,3'	76.
3	Revenue less expenses. Subtract line 2 from line 1	3	418	3,5	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,595	, 4:	32.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,014	.,01	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization INFLUENCE1 FOUNDATION, 03-0485501 INC. 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2018 INFLUENCE1 FOUNDATION, INC. 03-0485 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		1	T	_		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						_
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	-			-		. —
<u>S0/</u>	organization, check this box and stop						>
	etion C. Computation of Public		<u>-</u>	-1 (6)			
	Public support percentage for 2018 (li					14	<u>%</u>
	Public support percentage from 2017 33 1/3% support test - 2018. If the control of the control o					15	% (and
10a	stop here. The organization qualifies						. —
h	33 1/3% support test - 2017. If the o		-			or more check thi	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test		•			and line 14 is 10% (
., .	and if the organization meets the "fact	-					
	meets the "facts-and-circumstances"		•	•	•	ū	. \square
h	10% -facts-and-circumstances test	_	-		-		
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ				-		•
18	Private foundation. If the organization		· ·	•	,		······································

Schedule A (Form 990 or 990-EZ) 2018 INFLUENCE1 FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	clow, picase comp	oloto i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0 4 1 6 11 0	(a) 2014	(b) 2013	(6) 2010	(a) 2017	(e) 2010	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	or the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2018 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	018 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	e organization did เ				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	> □
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	•			•	ore than 33 1/3%, a	and
20 Private foundation. If the organization		-	· ·		-	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9с		
	10a		
	,		
_	10b	\0 E7\	2010

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	3		
a	The organization satisfied the Activities Test. Complete line 2 below.	·,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	tructions)	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>g Organ</u>	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Sche Pa i	dule A (Form 990 or 990-EZ) 2018 INFLUENCE1 FO			3-0485501 Page 7
Secti	on D - Distributions	1	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>i</u> _	Carryover from 2013 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	INFLUENCE1	FOUNDATION,	INC.	03-0485501	Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, li	2, 3b, 3c, 4b, 4c, 5a, 6 nes 2 and 3; Part IV, 5	5, 9a, 9b, 9c, 11a, 11b, Section E, lines 1c, 2a, 2	y Part II, line 10; Part II, line 17 and 11c; Part IV, Section B, lin b, 3a, and 3b; Part V, line 1; P complete this part for any add	ies 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	C, rt V,
	(See instructions.)					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

INC.

OMB No. 1545-0047

Name of the organization

INFLUENCE1 FOUNDATION

Employer identification number

03-0485501

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Name of organization

Employer identification number

INFLUENCE1 FOUNDATION, INC. 03-0485501 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 CHRISTIAN COMMUNITY FOUNDATION X Person **Payroll** 13,710. 4515 POPLAR AVENUE, SUITE 324 Noncash (Complete Part II for MEMPHIS, TN 38117 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

INFLUENCE1 FOUNDATION, INC.

03-0485501

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** INFLUENCE1 FOUNDATION, INC. 03-0485501 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(d) Description of how gift is held

(a) No. from

Part I

(b) Purpose of gift

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INFLUENCE1 FOUNDATION, INC. **Employer identification number** 03-0485501

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised fullus	(b) I dilds 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		1.5
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
Dai	impermissible private benefit? † II Conservation Easements. Complete if the organism	usination and world IIVanii an Faura 200	
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Y
а	Total number of conservation easements		
b	•		
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	-
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	ance of public service, provide, in Part XII
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balance sheet works of art, historic
	treasures, or other similar assets held for public exhibition, edu	•	
	relating to these items:	,	,, <u> </u>
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under SFAS 116		a. gaili, provido
а	Revenue included on Form 990, Part VIII, line 1	· ·	• \$
	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ued)	_
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the f	following that	t are a sigi	nificant u	se of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	llections and explair	n how th	ey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	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 mai	intained as part of th	ne organ	nization's co	llection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for o	contributions	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes	N	No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes	N	No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years bad	ck_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are held ar	nd administer	red for the	organiza	tion	_		
	by:								,	Yes N	lo_
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investn		` '	or other (other)	. ,	cumulate reciation	d	(d) Book	value	
	Lond	<u> </u>	iioiii)		3,800.	uep	COIGLIOIT		283	,800	_
	Land				$\frac{3,800.}{1,427.}$	5	84,76	51	$\frac{203}{3,426}$		
	Buildings			- ,01	<u> </u>		U=,/(<u> </u>	J, ±40	, 000	•
	Leasehold improvements			57	4,163.	5	58,01	7	1.6	,146	.
	Equipment				5,436.		30,31			,118	
	Other		V!						3,751		
iota	l. Add lines 1a through 1e. (Column (d) must ec	guai Form 990, Part	x, colur	nn (B), line 1	UC.)				J, IJI	, , , , ,	<u>, •</u>

Schedule D (Form 990) 2018 INFLUENCE1 E	FOUNDATION,	INC.	3-0485501 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) NET PENSION ASSET			298,075
(2) DEFERRED OUTFLOWS RELATED	TO PENSIONS		417,571
(3)			
(4)			
(5)			
(6)			

(a) Description	(b) Book value
(1) NET PENSION ASSET	298,075.
(2) DEFERRED OUTFLOWS RELATED TO PENSIONS	417,571.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	715,646.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED INFLOWS RELATED TO	
(3)	PENSIONS	219,999.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 219,999.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization INFLUENCE1 FOUNDATION, INC.

 $Employer\ identification\ number \\ 0\ 3-0\ 4\ 8\ 5\ 5\ 0\ 1$

		7403	JUI	
Pa	rt I		VEC	
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.	х	
	other governing instrument, or in a resolution of its governing body?	1	Α_	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		₩.	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		Х	
	If you need more space, use Part II IT IS PUBLICIZED THROUGH RECRUITMENT ACTIVITIES.	3	Α_	
ı	Does the organization maintain the following?			
٠,	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
a	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	X	\vdash
b	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	40	-22	\vdash
·	admissions, programs, and scholarships?	4c	х	
4	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	\vdash
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40		
5	Does the organization discriminate by race in any way with respect to:			١,
	Students' rights or privileges?	5a		7
	Admissions policies?	5b		7
	Employment of faculty or administrative staff?	5c		2
	Scholarships or other financial assistance?	5d		2
	Educational policies?	5e		7
	Use of facilities?	5f		2
	Athletic programs?	5g		_
h	Other extracurricular activities?	5h		2
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
			v	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	١.
b	Has the organization's right to such aid ever been revoked or suspended?	6b		2
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
•	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		77	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2018

Part II Supplemental Information. Provide the explanations required by Part I lines 3, 4d, 5h, 6h, and 7, as applicable
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
INFLUENCE1 RECEIVES GOVERNMENT FINANCIAL ASSISTANCE FROM BOTH THE U.S.
DEPARTMENT OF EDUCATION AND THE TENNESSEE DEPARTMENT OF EDUCATION FOR
SHELBY COUNTY SCHOOLS.
SHELDI COUNII SCHOOLS.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

OMB No. 1545-0047

INFLUENCE1 FOUNDATION, INC.

Part I Questions Regarding Compensation

03-0485501

			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X	
С	c Participate in, or receive payment from, an equity-based compensation arrangement?				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		<u>X</u>	
b	Any related organization?	5b		X	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
	The organization?	6a		<u>X</u>	
b	Any related organization?	6b		Х	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. R. LEMOYNE ROBINSON	(i)	163,555.	0.	0.	11,271.	3,265.	178,091.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE INFLUENCE1 FOUNDATION BOARD REVIEWS COMPARABILITY DATA ON SALARIES FOR
THE POSITIONS. THE INFORMATION IS DISCUSSED AMONG THE BOARD MEMBERS. THE
FINAL SALARY IS MOTIONED AND VOTED INTO ACTION.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

INFLUENCE1 FOUNDATION, INC.	03-0485501				
FORM 990, PART VI, SECTION B, LINE 11B:					
THE BOARD OF DIRECTORS AND CHIEF EXECUTIVE OFFICER REVIEW	THE FORM 990 FOR				
ACCURACY BEFORE IT IS FILED.					
FORM 990, PART VI, SECTION B, LINE 12C:					
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND	ENFORCES				
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PERIOR	DICALLY REQUIRING				
ITS EMPLOYEES AND BOARD MEMBERS TO UPDATE THEIR CONFLICT	OF INTEREST FORMS.				
FORM 990, PART VI, SECTION B, LINE 15:					
THE PROCESS FOR DETERMINING THE COMPENSATION OF TOP MANAGE	SEMENT AND OTHER				
KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD	OF DIRECTORS. THE				
BOARD REVIEWS COMPARABILITY DATA ON SALARIES FOR THE POSI	TIONS, AND THE				
INFORMATION IS DISCUSSED AMONG THE MEMBERS. THE FINAL SAI	LARY IS MOTIONED				
AND VOTED INTO ACTION.					
FORM 990, PART VI, SECTION C, LINE 19:					
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST				
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.					
FORM 990, PART XII, LINE 2C:					
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.					

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6 Month Extension of Time College where the spirit ariginal (no paper of the charity)

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print INFLUENCE1 FOUNDATION, INC. 03-0485501 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 665 MADISON AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38103 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 10 Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CONSTANCE KING The books are in the care of ► 665 MADISON - MEMPHIS, TN 38103 Telephone No. \triangleright (901)526-1944 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or \blacktriangleright X tax year beginning JUL 1, 2018 ___ , and ending JUN 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

instructions