PUBLIC DISCLOSURE COPY

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ARMANINO LLP

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Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2020
Open to Public Inspection
inspection

AF	or th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and e	ending	JUN 30, 2021						
	heck if pplicab	e: C Name of organization		D Employer identi	fication number					
	Addre	ss AVANCE, INC.								
	Name	e Doing business as		74-1769114	4					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone numb	er					
	Final returr	118 NORTH MEDINA STREET		210-270-463						
	termi ated			G Gross receipts \$	12,181,616.					
	Amer			H(a) Is this a group	return					
	Appli tion	F Name and address of principal officer. HITPA GONZALES		for subordinate	es? Yes X No					
	pend	⁹ SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No					
		empt status: 🕱 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or	r 📃 52	If "No," attach	a list. See instructions					
		te: HTTPS://WWW.AVANCE.ORG/		H(c) Group exempt	ion number 🕨					
		organization: 🕱 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Yea	ar of formation: 1973	M State of legal domicile: TX					
Pa	irt I	Summary								
Ð	1	Briefly describe the organization's mission or most significant activities: TO STREE		FAMILIES IN AT						
Governance		RISK COMMUNITIES THROUGH PARENT EDUCATION AND SUPPORT PROGRAM								
erné	2	Check this box		1	1					
0 V	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>						
	4	Number of independent voting members of the governing body (Part VI, line 1b)								
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)								
Activities &	6	Total number of volunteers (estimate if necessary)	-							
Act		Total unrelated business revenue from Part VIII, column (C), line 12			-					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		-					
	_	Contributions and suggets (Dart) (III line 11)		Prior Year 2,421,172	Current Year . 11,842,973.					
ue	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	26,849							
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,022	· · · · · · · · · · · · · · · · · · ·						
Ве	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	/ /					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,540,043	· · · · ·					
	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	. 0.					
(0	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,007,732	. 7,599,761.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	······································							
per	b		59.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,054,538	4,003,934.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,062,270	. 11,603,695.						
	19	Revenue less expenses. Subtract line 18 from line 12	-522,227	. 577,921.						
or			E	Beginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,036,602	. 2,347,446.					
t As d B	21	Total liabilities (Part X, line 26)		221,954	,					
Fue	22	Net assets or fund balances. Subtract line 21 from line 20		814,648	1,392,569.					
Pa	irt II	Signature Block								
Und	er pen	lities of perjury, I declare that I have examined this return, including accompanying schedules a	and stater	nents, and to the best of n	ny knowledge and belief, it is					
true.	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch prepare	er has anv knowledge.						

Signature of officer Date Sign ELIDA GONZALES, COO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature MATTHEW PETROSKI MATTHEW PETROSKI 02/18/22 P00853132 Paid self-employed Firm's name ARMANINO, LLP Preparer Firm's EIN ► 94 - 6214841Firm's address 🕨 15950 N. DALLAS PKWY, #600 Use Only Phone no.972-661-1843 DALLAS, TX 75248 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2020) AVANCE, INC.	74-1769114	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: AVANCE CREATES PATHWAYS TO ECONOMIC MOBILITY FOR PREDOMINATELY LATINO		
	FAMILIES THROUGH HIGH QUALITY, CULTURALLY RESPONSIVE, TWO-GENERATION		
	PROGRAMMING THAT ENSURES SCHOOL-READINESS FOR YOUNG CHILDREN AND		
	OPPORTUNITIES FOR PARENTS TO BUILD SOCIAL AND ECONOMIC CAPITAL.		
2	Did the organization undertake any significant program services during the year which were not listed		
	prior Form 990 or 990-EZ?	X	Yes No
•	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 If "Yes," describe these changes on Schedule O.		Yes No
4	Describe the organization's program service accomplishments for each of its three largest program se	ervices, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total exper	ises, and
	revenue, if any, for each program service reported.		
4a) (Revenue \$	226,385.)
	EARLY HEAD START AND HEAD START - COMPREHENSIVE PROGRAMS SUPPORTING		
	EXPECTANT MOTHERS AND CHILDREN AGES SIX WEEKS TO FIVE YEARS OLD. RICH		
	LEARNING EXPERIENCES, DESIGNED TO HELP CHILDREN DEVELOPMENTALLY,		
	SOCIALLY, EMOTIONALLY, AND PHYSICALLY, CONTRIBUTE TO A CHILD'S		
	READINESS FOR SCHOOL AND BEYOND.		
4b	(Code:) (Expenses \$ 174,810. including grants of \$) (Revenue \$	0.)
	QUALITY CHILD CARE MATTERS PROVIDES HOME-BASED CHILDCARE PROVIDERS WITH		,
	TRAINING AND SUPPORT TO ENSURE THEY ARE FOLLOWING LICENSING STANDARDS,		
	THEY HAVE APPROPRIATE POLICIES AND PROCESSES IN PLACE, AND THAT THEY		
	ARE IMPLEMENTING BEST PRACTICES IN CHILD DEVELOPMENT AND EARLY		
	CHILDHOOD LEARNING.		
4c	(Code:) (Expenses \$ 51,885. including grants of \$) (Revenue \$	46,070.)
	AVANCE PARENT-CHILD EDUCATION PROGRAM (PCEP) TEACHES PARENTS HOW TO		
	BECOME THEIR CHILD'S FIRST TEACHER AND HOW TO ENSURE THAT THE HOME IS		
	THE FIRST CLASSROOM. PCEP HAS BEEN IMPLEMENTED WITH THOUSANDS OF THE		
	HARDEST-TO-REACH FAMILIES AND CHILDREN FOR THE PAST 46 YEARS AND HAS		
	IN PCEP EXPERIENCE AN INCREASE IN KNOWLEDGE OF EARLY CHILD DEVELOPMENT		
	AND IMPROVE PARENTING SKILLS.		
	AND IMPROVE PARENTING SKIDES.		
4d	Other program services (Describe on Schedule O.)		
14	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses ► 9,210,278.		
			Form 990 (2020)
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	2		

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Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6		-5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
<u>د</u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
م	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			<u> </u>
u		444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include 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	х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
18		40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X
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Pa	rt 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								
	Schedule K. If "No," go to line 25a	2	4a		x				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	·····	4b						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	····· F							
-	any tax-exempt bonds?	2	4c						
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	····· –	4d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	····· =	ī		<u> </u>				
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2	5a		x				
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	····· 2	Ja		<u> </u>				
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete								
			5 6		x				
00	Schedule L, Part I		5b						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				x				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	······ -*	26						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	占	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, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	·····	8a		x				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	2	8b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	·····	8c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	2	29	X	<u> </u>				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	🖵	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	🖵	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	[3	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		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	Х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		5a		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	3	5b						
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?								
		:	38	х					
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	· · · ·							
	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	32							
	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								
5	(gambling) winnings to prize winners?		1c	х					
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				,	/				

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 186			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
L	If "Yes," enter the name of the foreign country	40		
a				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
6a	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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against I			
b				
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		0000	
		E e e com	. uun	(0000)

Form **990** (2020)

	990 (2020) AVANCE, INC. 74-176911		Р	ag
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			_
		_	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Γ
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	t
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		t
	Did the survey institute have a sector data data data and	6		┢
6	Did the organization have members or stockholders?	0		┢
<i>1</i> a	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?	<u>7a</u>		
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Γ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies nor required by the internal nevenue dode.)		Yes	Γ
102	Did the organization have local chapters, branches, or affiliates?	10a	x	t
	-			┢
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104	x	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		┝
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	⊢
	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	Х	┞
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	L
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	Γ
15	Did the process for determining compensation of the following persons include a review and approval by independent			t
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		45.	х	E
	The organization's CEO, Executive Director, or top management official	15a		┝
b	Other officers or key employees of the organization	15b	X	⊢
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		L
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		Γ
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)	s only	availo	h
10		S Offiy)	avalla	U
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELIDA GONZALES, COO - 210-270-4630			
	118 NORTH MEDINA STREET, SAN ANTONIO, TX 78207			_
32006	5 12-23-20	Form	9 90	(2
	6			,
302	218 701245 121407.02 2020.05070 AVANCE, INC.		12	1
				-

^{2020.05070} AVANCE, INC.

Form 990 (2020)	AVANCE, INC.	74-1769114	Page 7
Part VII Cor	mpensation of Officers, Directors, Trustees, Key Employees, High	est Compensated	
Em	ployees, and Independent Contractors		
Cheo	ck if Schedule O contains a response or note to any line in this Part VII		
Section A. Offi	icers, Directors, Trustees, Key Employees, and Highest Compensated Employees	1	
1a Complete this	is table for all persons required to be listed. Report compensation for the calendar year	^r ending with or within the organization	ı's tax year.
	he organization's current officers, directors, trustees (whether individuals or organizati nns (D), (E), and (F) if no compensation was paid.	ions), regardless of amount of compensions	sation.
 List all of the 	he organization's current key employees, if any. See instructions for definition of "key	employee."	

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title		Average Position						Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	offic	cer an	id à d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC)		organization
	organizations	al trus	onal ti		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. TERESA GRANILLO	40.00		-	0	×	Ξæ	ш.			
CEO		1		x				178,391.	0.	7,365.
(2) ELIDA GONZALES	40.00									
<u>coo</u>				х				131,881.	0.	8,814.
(3) SONIA DOMINGUEZ	40.00									
СРО				х				133,272.	0.	6,694.
(4) LISSETTE RODRIGUEZ	1.00									
BOARD CHAIR		х		х				0.	0.	0.
(5) MANUEL BERRELEZ	1.00									
VICE CHAIR		х		х				0.	0.	0.
(6) ROBERT MCALLISTER	1.00									
SECRETARY/PARLIAMENTARIAN	1 00	х		Х				0.	0.	0.
(7) RON ORAN	1.00									
TREASURER	1.00	х		Х				0.	0.	0.
(8) JOANNA CAMARILLO	1.00								•	0
POLICY COUNCIL REP. (9) HILDA GALVAN	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(10) MARLO MICHAELI	1.00	^						<u>.</u>	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(11) CLAUDIA SANTAMARIA	1.00								••	
BOARD MEMBER	1.00	x						0.	0.	0.
(12) MELANIE JOHNSON	1.00									
BOARD MEMBER (START 12/20)		х						0.	0.	0.
(13) LUZELMA CANALES	1.00									
BOARD MEMBER (START 12/20)		х						0.	0.	0.
(14) SOFIA RAMON	1.00									
BOARD MEMBER (START 12/20)		х						0.	0.	0.
(15) RYAN RAMIREZ	1.00									
BOARD MEMBER (START 12/20)		х						0.	0.	0.
					-					
		1								
	1	L		I	I	I	L	I		– 000 (2000)

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Form 990 (2020)

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	990 (2020) AVANCE, INC.									74-17	6911	4	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck i ss per	more rson i) than c is both pr/trust	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	I	fr org an	pensa om th anizat d relat anizati	e ion ed
			-											
			-											
	Subtotal Total from continuation sheets to Part VII								443,544.		0.		22,	873. 0.
	Total (add lines 1b and 1c)								443,544.		0.		22,	873.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			3
•											1		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-			•	•				•		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	isati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		5		x
Sec	tion B. Independent Contractors		- 0 /	51 30		5613	011 .				<u> </u>			
1	Complete this table for your five highest con the organization. Report compensation for t										pensat	ion fro	om	
	(A) Name and business				<u> </u>				(B) Description of s		C) ompe	C) nsatio	n
	E EARLY LEARNING, 500 SEVENTH AVI								TECHNICAL ASSISTAN			ompo		
<u>F.TOC</u>	DR, NEW YORK, NY 10018								START				624,	932.
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f		se lis [.] 1	ted	above) who received mo	ore than				

			2020) AVANCE, INC.				74-176911	.4 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any line		(5)	(2)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total Tevende		business revenue	from tax under
								sections 512 - 514
nts	1	а	Federated campaigns 1a	15,000.				
Gra			Membership dues 1b	40,000.				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
			Related organizations 1d					
ini,			Government grants (contributions)	11,108,629.				
er S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	679,344.				
ontri		g	Noncash contributions included in lines 1a-1f	179,380.				
<u>о</u> е		h	Total. Add lines 1a-1f	····· ►	11,842,973.			
				Business Code				
e	2	а	AFFILIATION FEES	900099	226,385.	226,385.		
ervi		b	PROGRAM SERVICE FEES	900099	46,070.	46,070.		
n Se		С						
ran ev		d						
Program Service Revenue		е						
Ē		f	All other program service revenue					
		g	Total. Add lines 2a-2f	f	272,455.			
	3		Investment income (including dividends, inte					
			other similar amounts)		66,188.			66,188
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
evenue		с	Gain or (loss)					
Re		d	Net gain or (loss)	►				
Other Re	8	а	Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8	a				
		b	Less: direct expenses8	b				
		с	Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9					
		b	Less: direct expenses9	b				
			Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10)a				
		b)b				
		с	Net income or (loss) from sales of inventory					
ω				Business Code				
Miscellaneous Revenue	11	а						
ane		b						
sella		с						
Alisc B		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		12,181,616.	272,455.	٥.	66,188.
03200	9 12-	-23-	20					Form 990 (2020

0000	on 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respons		his Part IX	(C)	<u>×</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	483,333.	22,828.	460,505.	
6	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,731,676.	5,157,740.	573,936.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,377.	6,552.	5,825.	
9	Other employee benefits	663,196.	603,690.	59,506.	
10	Payroll taxes	709,179.	623,309.	85,870.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	840.		840.	
	Accounting	65,160.		65,160.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,484,479.	660,408.	824,071.	
12	Advertising and promotion	12,358.	5,498.	6,860.	
13	Office expenses	638,572.	555,114.	83,458.	
14	Information technology	77,524.	34,488.	43,036.	
15	Royalties				
16	Occupancy	391,066.	342,616.	48,450.	
17	Travel	47,854.	18,908.	28,946.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,129.	1,250.	2,879.	
20	Interest	9,102.		9,102.	
21	Payments to affiliates	972.	972.		
22	Depreciation, depletion, and amortization	110,116.	110,116.		
23	Insurance	37,317.	34,217.	3,100.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	772,165.	690,916.	81,249.	
a b	DONATED GOODS	179,380.	179,380.	• • •	
с С	STAFF DEVELOPMENT	122,876.	122,826.	50.	
d	EQUIPMENT RENTAL/MAINTE	41,712.	37,220.	4,492.	
e	All other expenses	8,312.	2,230.	6,023.	59.
25	Total functional expenses. Add lines 1 through 24e	11,603,695.	9,210,278.	2,393,358.	59.
26	Joint costs. Complete this line only if the organization	. , -	. , .	, , ,	-
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

AVANCE, INC.

Page 10 74-1769114

Form 990 (2020)

Form 990 (
Part X	Ba	lance Sheet

AVANCE, INC.

74-1769114 Page **11**

				(A) Beginning of year		(B) End of year
4	Cash non interact bearing				-	907,276
				0,0,001.		
		123 321		974,335		
						0
					4	
5	-					
					5	
6					5	
0	-		59(a)(2)(D)		6	
7			· · · · · · · · · · · · · · · ·			
-						
-				3 175		4,997
			·····	5,175.	9	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10a		10-	565 075			
L			· · · · · ·	33 302	100	441,758
			/	55,552.		
	•		0		19,080	
				-		2,347,446
						954,877
	—					
					21	
22						
					22	
22						
					27	
25						
		3 17-24). Oomp			25	
26			·····	221 954.		954,877
20		ck here	X	, .	20	,
27				781,660.	27	1,392,569
						0
20				, -		
	0					
29					29	
31	Retained earnings, endowment, accumulated in				31	
	i locarios carningo, crisowinent, accumulateu li					
32	Total net assets or fund balances		I	814,648.	32	1,392,569
		 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the 6 Loans and other receivables from other disquali under section 4958(f)(1)), and persons describer 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equ 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete 22 Loans and other payables to any current or form trustee, key employee, creator or founder, subs controlled entity or family member of any of the 23 Secured mortgages and notes payable to unrelate 24 Unsecured notes and loans payable to unrelate 25 Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or ex 	 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer trustee, key employee, creator or founder, substantial contribu controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (a under section 4958(f)(1)), and persons described in section 49 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Sche 22 Loans and other payables to any current or former officer, dire trustee, key employee, creator or founder, substantial contribu controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third partis 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Net assets with donor restrictions 20 Are assets with donor restrictions 21 Paidon or capital surplus, or land, building, or equipment fund 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 thro	 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 565,075. b Less: accumulated depreciation 10a 565,075. b Less: accumulated depreciation 10a 565,075. b Less: accumulated depreciation 10a 123,317. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 26 Total liabilities. Add lines 17 through 25 Organizations that do nor restrictions 28 Net assets with donor restrictions 29 Area assets with donor restrictions	2 Savings and temporary cash investments 123,321. 3 Pledges and grants receivable, net 123,321. 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1))), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 10a 565,075. 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 565,075. 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 565,075. 11 Investments - other securities. See Part IV, line 11 11 11 11 Investments - other securities. See Part IV, line 11 0,0 0. 13 Investments - other securities. See Part IV, line 11 0,1 0. 14 Intaglible assets. Add lines 1 through 15 (must equal line 33) 1,035,602. 0. 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,035,602. 0. 17 Accounts payable and accrured expenses 221,954.	1 Cash - non-interest bearing 876,681. 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 123,321. 3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 49580(f1)), and persons described in section 49580(c)(3)(B) 6 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 3, 175. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities 11 13 Intragible assets 14 14 Deferred revenue 21

Form **990** (2020)

Form	990 (2020) AVANCE, INC.	74-176911	4	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	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	12,	,181,	616.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,603,	695.
3	Revenue less expenses. Subtract line 2 from line 1	3		577,	921.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		814,	648.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	,392,	569.
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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				
	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 on Sch				
3a	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?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
				990	(000)

Form **990** (2020)

SCHE	DULE A
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Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2020
Open to Public Inspection

Interna	nevel		Go to www.irs.gov	//Form990 for instruction	ons and th	ie latest ir	nformation.		I	nspection	
Nam	e of t	he organization								ication number	
Par	+ 1	AVANCE Reason for Public (,	(All organizations must a	omploto th	nic part \ S	oo instructior		74-17	69114	
								15.			
1	nyan	ization is not a private found A church, convention of ch	-		•	-	IVAVi)				
2		A school described in secti					•,~,'}•				
3	-	A hospital or a cooperative					i).				
4								(iiii) Enter	the hos	spital's name	
- 1		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
•		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
	X	An organization that norma	-					ne general r	oublic d	lescribed in	
		section 170(b)(1)(A)(vi). (C						- J			
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in conju	inction with a	land-grant	college	1	
-		or university or a non-land-g									
		university:		, , , , , , , , , , , , , , , , , , ,			,	0			
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross	receipts from	
		activities related to its exem									
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	ganization a	fter Jur	ne 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)								
11 [An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purpos	es of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check t	he box in	
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.			
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipportin	ıg	
		organization. You must c	complete Part IV, Se	ctions A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ing		
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	orted		
		organization(s). You mus									
с		Type III functionally inte						lly integrate	d with,		
-	_	its supported organization		-					,		
d		J Type III non-functionally						-)	
		that is not functionally int	v	c ,	•		•	an attentiv	reness		
		requirement (see instructi	,	•				U. T			
е		Check this box if the orga					турет, туре	п, туре п			
f	Ente	functionally integrated, or er the number of supported o									
		vide the following information	•	d organization(s)							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) /	Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	suppor	t (see instructions)	
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

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Schedule A (Form 990 or 990-EZ) 2020 AVANCE, INC.

Part II

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 **(a)** 2016 (d) 2019 (b) 2017 (c) 2018 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,011,609. 2,728,116. 2,137,236 2,421,172. 11,842,973 23,141,106. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 630,707. 630,707. 4,011,609, 2,728,116. 2,137,236, 2,421,172. 12,473,680. 23,771,813. 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) 23,771,813. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e)</u> 2020 Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (f) Total 4,011,609. 2,728,116. 2,137,236. 2,421,172. 12,473,680. 23,771,813. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 235,028 92,022. 66,188. 206,710 147,716 747,664. 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.) 24,519,477. **11 Total support.** Add lines 7 through 10 1,157,640. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.95 14 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2019 Schedule A, Part II, line 14 94.89 15 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

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74-1769114 Page **2**

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

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

Section A. Public Support					_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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		1	7	-	-	1
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9 Amounts from line 6						
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.)	L					
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the						ine 17 is not
more than 33 1/3%, check this box ar						▶∟
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che						tion
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			·····
032023 01-25-21		1	5	Sch	edule A (Forr	n 990 or 990-EZ) 2020

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

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		74-1769114	Pa	age
'ai	t IV Supporting Organizations (continued)			
			Yes	N
	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
C	tion B. Type I Supporting Organizations			
			Yes	N
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
	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 suppo	rtad		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
С	tion C. Type II Supporting Organizations	•		
			Yes	N
	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		
С	tion D. All Type III Supporting Organizations	•		
			Yes	N
	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
С	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		lass instruction		
C	L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	(see instruction	· ·	N1
_	Activities Test. Answer lines 2a and 2b below.		Yes	N
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.
- b Did the activities described in line 2a, above, 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

Зb

13580218 701245 121407.02

2020.05070 AVANCE, INC.

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Schedule A (Form 990 or 990-EZ) 2020 P	AVANCE,	INC.
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	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi	zations	74-1769114 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mus			
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	AVANCE,	INC.
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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		-	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020		
			110 2020				
_1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - <i>explain in</i> Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
<u>a</u>	From 2015						
b	From 2016						
C	From 2017						
d	From 2018						
e	From 2019						
	Total of lines 3a through 3e						
<u> </u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

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	Schedule A	(Form 990	or 990-EZ	2020	AVANCE,	INC.
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Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; Pa	ide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Ic, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, section E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 01-25-21	Schedule A (Form 990 or 990-EZ) 2020
	20
30218 701245 121407.02	2020.05070 AVANCE, INC. 12140

Schedule B

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

Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

0		
	AVANCE, INC.	74-1769114
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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.

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

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

-	organization	Emp	loyer identification number
AVANCE,	INC.		74-1769114
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,980,601.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

Schedule B (Form 990, 990-EZ, or 990-PF) (2020))
	7

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of o	organization		Employer identification number
AVANCE,	INC.	74-1769114	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
023453 11-2		\$	B (Form 990, 990-EZ, or 990-PF) (2020)

Page 4

lame of orga	anization			Employer identification numbe	
VANCE, II	NC.			74-1769114	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	v For organizations		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held	
Part I					
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee	
-					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held	
		(e) Transfer of gift			
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
-					
a) No. from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4		Insferor to transferee	
-					
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
Part I					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
-	iransteree's name, address, at		neiationship of tra	Insteror to transferee	
-					
3454 11-25-20)	24	Schedule	B (Form 990, 990-EZ, or 990-PF) (20	

13580218 701245 121407.02

Department of the Treasury

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. information.



Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest
Name of the organization	on

Employer	identification	number
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7	٨	1	7	۲	۵	1	1	٨	
	4 -	т	1	σ	9	т	т	4	

	AVANCE, INC.		74-1769114
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or /	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
	•	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
Par			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
5	year	leased, extinguished, or terminated by the orga	
4	Number of states where property subject to conservation east	soment is located	
5	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements in	t la - Lala O	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer nours devoted to monitoring, inspecting,	rianding of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and opforcing conservation	assempts during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$		easements during the year
0	Does each conservation easement reported on line 2(d) above	(a) action $(170/b)(4)$	
8			
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's infancial statements	that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		alanco shoot works
Ia			
	of art, historical treasures, or other similar assets held for pul		
L	service, provide in Part XIII the text of the footnote to its final		as short works of
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	· · ·	
	, , , , , , , , , , , , , , , , , , ,	c exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		N N
~			
2	If the organization received or held works of art, historical tre		i, provide
	the following amounts required to be reported under FASB A	0	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020
032051	12-01-20	25	

Sche	dule D (Form 990) 2020 AVANCE , IN							74-176		Pa	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c		Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	on answered '	'Yes" on	Form 99), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for	contribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amoun	t	
с	Beginning balance						. <u>1c</u>				
d	Additions during the year						. <u>1d</u>				
е	Distributions during the year						. <u>1e</u>				
f	Ending balance								7		
	Did the organization include an amount on F						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete								() 5		
4-	Desire in a factor balance	(a) Current year	(b)⊦	Prior year	(c) Two year	rs dack	(d) Three	years back	(e) Fou	r years	раск
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the cur	-	L (line 1/)) hold oo:						
2	Board designated or quasi-endowment	•		y, column (a	III HEIU as.						
a h	Permanent endowment		70								
b C	Term endowment	%									
U	The percentages on lines 2a, 2b, and 2c sho	_^ -									
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administer	ed for th	ne organiz	ation			
04	by:						ie erganiz	ation		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	ed "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) A	ccumulat	ed	(d) Boo	k valu	e
		basis (investr	ment)	basis	(other)	de	preciatior				
1a	Land				14,500.					14,	500.
b	Buildings				202,469.		40,	494.		161,	975.
с	Leasehold improvements				301,513.		60,	303.		241,	210.
d	Equipment										
e	Other				46,593.		22,	520.		,	073.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, colun</u>	nn (B), line 1	0c.)					,	758.
								Cohodulo		- 000	0000

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	Complete in the organization answered Tes off off 990, 1 at 10, line Trd. See 1 off 990, 1 at 7, line TS.	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Par	t 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

(9)

X

Par	t XI Reconciliation of Revenue per Audited Financial Stateme		nue per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a L	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
-	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5 Par	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> t XII Reconciliation of Expenses per Audited Financial Stateme			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18.</i>)			
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		; Part V, line 4; Part X, line 2; Part XI,	
PART	X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION	N		
501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT THAT	IT HAS		
UNRE	LATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE TAXABLE	UNRELATED		
BUSI	NESS INCOME DURING THE YEAR ENDED JUNE 30, 2021. THE ORGANIZA	TION'S		
ESTI	MATE OF THE POTENTIAL OUTCOME OF ANY UNCERTAIN TAX ISSUES IS	SUBJECT		
 	ANAGEMENT'S ASSESSMENT OF RELEVANT RISKS, FACTS, AND CIRCUMST.	ANCES		
<u>10 M</u>		ANCED		
EXIS	TING AT THE TIME. THE ORGANIZATION USES A MORE LIKELY THAN NO	Т		
THRE	SHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF	Α ΤΑΧ		
POSI	TION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TO THE EX	TENT THAT		
THE	ORGANIZATION'S ASSESSMENT OF SUCH TAX POSITION CHANGES, THE C	HANGE IN		
ESTI	MATE IS RECORDED IN THE PERIOD IN WHICH THE DETERMINATION IS	MADE. THE		
032054	12-01-20 20		Schedule D (Form 990) 2	2020

Schedule D (Form 990) 2020

AVANCE, INC.

74-1769114

Page 4

Part XIII Supplemental Information (continued)

ORGANIZATION REPORTS TAX-RELATED INTEREST AND PENALTIES, IF APPLICABLE, AS

A COMPONENT OF INCOME TAX EXPENSE AS INCURRED. AS OF JUNE 30, 2021, NO

UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED.

Schedule D (Form 990) 2020

032055 12-01-20

SC			OMB No. 1	545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງດ		
		Compensated Employees		20	ZU	J	
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	pen to Public		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	ne of the organization	n	Employer i		on nur	nber	
		AVANCE, INC.	74-1	769114			
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chet)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41			
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indianta which if a	ny, of the following the organization used to establish the compensation of the organization's					
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s					
		ation of the CEO/Executive Director, but explain in Part III.	51110				
	Compensation						
	·	compensation consultant Compensation survey or study					
	·	ther organizations X Approval by the board or compensation c	ommittee				
			ommittee				
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 re						
а	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				x	
с		eive payment from an equity-based compensation arrangement?				x	
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	The organization?			5a		х	
b	Any related organiz	ation?				X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	net earnings of:					
а	The organization?			6a		x	
b		ation?				x	
	If "Yes" on line 6a o	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	n 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2020	

032111 12-07-20

74-1769114

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. TERESA GRANILLO	(i)	178,391.	0.	0.	1,257.	6,108.	185,756.	0
	(ii)	٥.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) _							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) _							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							

Schedule J (Form 990) 2020

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.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer	identification	number

	AVANCE, INC. 74-176					76911	4	
Pa	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	Х	1	179,380.	FMV			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period'	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solic	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M	(Form 990) 2020 AVANCE, INC.	74-1769114	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the organization of both. Also com	ation
SCHEDULE 1	M, PART I, COLUMN (B):		
THIS NUMB	ER REFLECTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER		
OF ITEMS	CONTRIBUTED.		
032142 11-23-20)	Schedule M (Form	n 990) 2020
	24		

SCHEDULE O

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury

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.



Employer identification number 74-1769114

AVANCE, INC.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION HAS EXPENDED ITS HEAD START AND EARLY HEAD START

SERVICES, SEE PROGRAM 4A FOR DETAILS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION HAS MOVED ITS PROGRAM SERVICES TO A VIRTUAL PLATFORM

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS TO ALLOW THE BOARD CHAIR TO SERVE UP TO

TWO CONSECUTIVE TERMS,

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS DISTRIBUTED TO THE BOARD FOR REVIEW PRIOR TO FILING. THE

AUDIT FINANCE COMMITTEE OF THE BOARD APPROVES THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE OFFICERS, DIRECTORS, AND KEY STAFF ARE REQUIRED TO DISCLOSE ANY

CONFLICTS OF INTEREST ANNUALLY BY SIGNING A DISCLOSURE STATEMENT.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING

THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL

INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE

INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE

MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020		Page
Name of the organization AVANCE, INC.		Employer identification number 74-1769114
VOTED UPON. THE REMAINING BOARD OR COMMITTEE N	MEMBERS SHALL DECIDE IF A	
CONFLICT OF INTEREST EXISTS.		
IF THE GOVERNING BOARD OR COMMITTEE HAS REASON	NABLE CAUSE TO BELIEVE A	
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIE	BLE CONFLICTS OF INTEREST, IT	
SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH	BELIEF AND AFFORD THE MEMBER	
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE	TO DISCLOSE. IF, AFTER	
HEARING THE MEMBER'S RESPONSE AND AFTER MAKING	G FURTHER INVESTIGATION AS	
WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING	BOARD OR COMMITTEE DETERMINES	
THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OF	R POSSIBLE CONFLICT OF	
INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINA	ARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:		
COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIV	VE COMMITTEE AND OFFICERS	
EXECUTIVE COMMITTEE PREPARES ANNUAL PERFORMANC	CE EVALUATION & DETERMINES	
COMPENSATION ADJUSTMENT.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY, FINANCIAL STATEMENTS,	
AND FORM 990 ARE AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PAYROLL FEES:		
PROGRAM SERVICE EXPENSES	30,600.	
MANAGEMENT AND GENERAL EXPENSES	38,183.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	68,783.	
CONSULTANTS:		
032212 11-20-20	36	Schedule O (Form 990 or 990-EZ) 2020
30218 701245 121407.02	2020.05070 AVANCE, IN	C. 1214

Name of the organization		Employer identification number
AVANCE, INC.		74-1769114
PROGRAM SERVICE EXPENSES	365,913.	
MANAGEMENT AND GENERAL EXPENSES	456,594.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	822,507.	
CHILD CARE PARTNERSHIP:		
PROGRAM SERVICE EXPENSES	110,160.	
MANAGEMENT AND GENERAL EXPENSES	137,461.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	247,621.	
MEDICAL & EMPLOYMENT TESTING FEES:		
PROGRAM SERVICE EXPENSES	110,075.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	247,428.	
CONTRACT SERVICES:		
PROGRAM SERVICE EXPENSES	42,647.	
MANAGEMENT AND GENERAL EXPENSES	53,216.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	95,863.	
EMPLOYMENT FEES:		
PROGRAM SERVICE EXPENSES	1,013.	
MANAGEMENT AND GENERAL EXPENSES	1,264.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,277.	
032212 11-20-20	37	Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
AVANCE, INC.	74-1769114
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,484,479.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	
032212 11-20-20 38	Schedule O (Form 990 or 990-EZ) 2020
J O	

032161	10-28-20	LHA

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Related Organizations and L	Unrelated	Partnerships
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Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

AVANCE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
AVANCE - SAN ANTONIO - 91-1780559							
903 BILLY MITCHELL SUITE 100	FAMILY SUPPORT AND						
SAN ANTONIO, TX 78226	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	х	
AVANCE - HOUSTON - 91-1780562							
4281 DACOMA STREET	FAMILY SUPPORT AND						
HOUSTON, TX 77092	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	х	
AVANCE - DALLAS - 75-2699260							
2060 SINGLETON BOULEVARD SUITE 103	FAMILY SUPPORT AND						
DALLAS, TX 75212	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	х	
AVANCE - AUSTIN - 91-1916705							
745 MANSELL AVENUE	FAMILY SUPPORT AND						
AUSTIN, TX 78702	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	x	

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

Employer identification number 74-1769114

Schedule R (Form 990) 2020

2020

OMB No. 1545-0047

Open to Public Inspection

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year assets	Disproportionate allocations?			General or managing partner?		Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										-		
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
 Sharing of paid employees with related organization(s) 			
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)		X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AVANCE AUSTIN	с	10,000.	FMV
(2) AVANCE AUSTIN	Q	30,645.	мол
(3) AVANCE DALLAS	с	10,000.	FMV
(4) AVANCE DALLAS	Q	76,260.	мои
(5) AVANCE HOUSTON	с	10,000.	FMV
(6) AVANCE HOUSTON	Q	57,360.	MOU

Schedule R (Form 990) AVANCE, INC.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) AVANCE SAN ANTONIO	с	10,000.	FMV
(8) AVANCE SAN ANTONIO	Q	62,120.	мол
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
_ (20)			
_ (21)			
(22)			
_ (23)			
(24)			

Schedule R (Form 990) 2020 AVANCE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener		rcentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	er? OW	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	NO	

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

032165 10-28-20

13580218 701245 121407.02