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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Α	or the	2020 calendar year, or tax year beginning J	UL 1, 2020 and	ending J	UN 30, 202	L					
В	Check if applicable	C Name of organization			D Employe	r identifica	tion number				
	Addres										
	Name change	Doing business as			91-2	074499					
	Initial return Final return/	Number and street (or P.O. box if mail is not do	livered to street address)	Room/suite	E Telephone number 210-270-4630						
	termin ated	City or town, state or province, country, and	7IP or foreign postal code		G Gross receipts \$ 57,590,485.						
	Ameno		Zii di lordigii postar odde		H(a) Is this a group return STMT 1						
	Application		A GONZALES		1	ordinates?	— —				
	pendin	SAME AS C ABOVE			1		Ided? X Yes No				
$\overline{}$	T			or	1						
				or 527	1		t. See instructions				
		e: N/A	ssociation Other	1. 1/			number > 8052				
	art I	organization: X Corporation Trust A Summary	SSOCIATION Uniter	L Year	of formation: 1	9/3 M S	State of legal domicile: TX				
•		<u> </u>	ainmidiana antivitian TO STRI	ематием в	AMILIES IN	ι λπ					
Governance	1	Briefly describe the organization's mission or most RISK COMMUNITIES THROUGH PARENT EDUCA									
r	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of i	ts net asset	S.				
o Ve	3	Number of voting members of the governing body	(Part VI, line 1a)			3	57				
		Number of independent voting members of the go					57				
φ o	5	Total number of individuals employed in calendar					0				
itie.	6	Total number of volunteers (estimate if necessary)					2362				
Activities &	7 a		tal unrelated business revenue from Part VIII, column (C), line 12								
_ <	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.				
					Prior Yea	ır	Current Year				
a)	8	Contributions and grants (Part VIII, line 1h)	55,26	3,141.	57,351,652.						
Revenue	9	Program service revenue (Part VIII, line 2g)				0.	0.				
eve	10	nvestment income (Part VIII, column (A), lines 3, 4			3	7,287.	11,949.				
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			16	4,314.	-6,493.				
	1	Fotal revenue - add lines 8 through 11 (must equal			55,46	4,742.	57,357,108.				
		Grants and similar amounts paid (Part IX, column (24	7,459.	40,000.				
	1	Benefits paid to or for members (Part IX, column (A				0.	0.				
"	45	Salaries, other compensation, employee benefits (35,13	5,807.	37,159,634.					
Expenses	16a	Professional fundraising fees (Part IX, column (A),			2	2,250.	42,060.				
De C	. ь	Fotal fundraising expenses (Part IX, column (D), lin					·				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d			19,24	0,931.	19,533,176.				
		Fotal expenses. Add lines 13-17 (must equal Part I									
	1	Revenue less expenses. Subtract line 18 from line			81	8,295.	582,238.				
or	3			Be	ginning of Curr		End of Year				
t Assets or	20	Total assets (Part X, line 16)				5,703.	9,679,832.				
Ass	21	Fotal liabilities (Part X, line 26)				6,206.	2,458,097.				
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		•	9,497.	7,221,735.				
	art II	Signature Block				<u>, </u>					
Und	er pena	ties of perjury, I declare that I have examined this return	including accompanying schedules	and stateme	ents, and to the	best of my ki	nowledge and belief, it is				
	-	, and complete. Declaration of preparer (other than offic				-	,				
	,		,								
Sig	n	Signature of officer			Date						
Hei		ELIDA GONZALES, COO									
	_	Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Pai	d	MATTHEW PETROSKI	MATTHEW PETROSKI	0:	02/18/22 ifP00853132						
	parer	Firm's name ARMANINO, LLP		<u> </u>			94-6214841				
	Only	Firm's address 15950 N. DALLAS PKWY, #6	500		THINSLIN						
	,	DALLAS, TX 75248			Phor	ne no.972-6	661-1843				
1/0	ı tha IE	S discuss this return with the preparer shown abo	vo2 Soc instructions		[1 1101	10 110.	X Ves No				

revenue, if any, for each program service reported. 6,908,070. including grants of \$ 20,100.) (Revenue \$ 4a (Code: _____) (Expenses \$ _____ FAMILY SUPPORT AND EDUCATION PROGRAMS: PARENT-CHILD EDUCATION PROGRAM (PCEP) - THIS PROGRAM FOSTERS PARENTING KNOWLEDGE AND SKILLS THAT DIRECTLY IMPACT CHILDREN'S DEVELOPMENT. WHILE ALSO EMPOWERING PARENTS TO ACHIEVE THEIR OWN EDUCATIONAL AND PROFESSIONAL GOALS. PCEP OFFERS A TWO-GENERATION APPROACH THAT CAPITALIZES ON PARENTS' STRENGTH AND LOVE TO HELP THEM BECOME THE BEST TEACHERS AND STEWARDS OF THEIR CHILDREN'S SUCCESS. SERVICES TO FATHERS - THIS PROGRAM IS COMMITTED TO ENABLING FATHERS TO BECOME INVOLVED AND LOVING DADS, ENHANCING FAMILY UNITY, INCREASING THE FATHER'S ROLE IN THEIR CHILDREN'S EDUCATION, AND IMPROVING INTERPERSONAL RELATIONSHIPS AMONG COUPLES. - HEALTHY MARRIAGE - THE FOCUS OF THIS INITIATIVE IS TO HELP HISPANIC 42,597,682. including grants of \$ 40,000.) (Revenue \$) (Expenses \$ SCHOOL READINESS PROGRAMS: HEAD START AND EARLY HEAD START HEAD START - THE HEAD START PROGRAM PROVIDES COMPREHENSIVE SERVICES TO LOW-INCOME CHILDREN (AGES 3-4) THROUGH A CENTER-BASED SERVICES PROGRAM OPTION. HEAD START PROVIDES CHILDREN WITH COMPREHENSIVE EDUCATION, HEALTH, DEVELOPMENTAL, FAMILY SUPPORT, AND FAMILY ENGAGEMENT SERVICES. HEAD START PROMOTES SCHOOL READINESS AND GAUGES THE PROGRESS AND OUTCOMES OF CHILDREN. EARLY HEAD START - THE EARLY HEAD START PROGRAM PROVIDES LOW-INCOME INFANTS AND TODDLERS (AGES 0-3) WITH HOME-BASED AND CENTER-BASED SERVICE PROGRAM OPTIONS. THE EARLY HEAD START PROGRAMS ENHANCE CHILDREN'S PHYSICAL, SOCIAL, EMOTIONAL, AND COGNITIVE DEVELOPMENT; AND PROMOTES PRENATAL ENGAGEMENT ON ALL LEVELS. EARLY HEAD START PROMOTES 410,051. including grants of \$) (Expenses \$) (Revenue \$ NUTRITION PROGRAMS: CHILD AND ADULT CARE FOOD PROGRAM - PROVIDES DAILY BREAKFAST, SNACK AND LUNCH SERVED FAMILY STYLE TO ALL CHILDREN ENROLLED IN OUR LICENSED

CHILDCARE FACILITIE	S. THE MENUS ARE DEVELOPED BY A LI	CENSED DIETICIAN	
MEETING ALL THE FOO	D REQUIREMENTS OF THE TEXAS DEPART	TMENT OF	
AGRICULTURE FOR NUT	RITIOUS AND HEALTHY MEALS.		
Other program services (D	escribe on Schedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)

Form **990** (2020)

49,915,803.

Total program service expenses

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Form 990 (2020) AVANCE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	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? <i>If</i> "Yes," <i>complete</i>	- '-		
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			\vdash
D	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	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	\vdash
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		—
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

032003 12-23-20

Form	990 (2020) AVANCE, INC. 91-2074	499	Р	age 4
Pai	T 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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	.		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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			۱,,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		Х
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			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
	11 100, 00111p1010 001100010 11, 1 art v, 11110 2	<u> </u>		-

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

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* Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V										
	_										
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming								
	(gambling) winnings to prize winners?			10	х						

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Form 990 (2020)

AVANCE, INC.

Part 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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)				
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccoun	ts (FBAR).			**
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		<u>x</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	inization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		r gifts	6a		
D	and the desired of the Alberta	0115 01	giits	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 ser	vices r	provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	V1000 F	novidud to the payor.	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did \ a \ donor \ advised \ fund \ maintained$	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	, , , , , , , , , , , , , , , , , , , ,			9b		
10	Section 501(c)(7) organizations. Enter:	مد ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	-		
11		11a	I			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	114	1			
J	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>			
				14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					,,,
	excess parachute payment(s) during the year?			15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.		0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 57			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			17
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
40-	Did the constitution have been been been been as of the beautiful and	40 -	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Α
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? 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.	Ha		
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	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	IZU		
·	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	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	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	financ	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 - 210-270-4630 118 NORTH MEDINA STREET SAN ANTONIO TX 78207			
	LLO MURTE MELLINA STREET SAN ANTONIO TY 78707			

Form 990 (2020) AVANCE, INC. 91-2074499 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		99	n pen		(W-2/1099-MISC)		organization and related
	below	dual t	rtio na		nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			- 5. ga <u>-</u> a55
(1) LUZ FLORES	40.00		-	_						
HOUSTON EXECUTIVE DIRECTOR				х				175,777.	0.	7,911.
(2) KAVIN A. MONTGOMERY	40.00									
HOUSTON CHIEF ADMINISTRATOR					Х			171,272.	0.	9,570.
(3) CINDY TRAN	40.00									
HOUSTON CFO				Х				151,598.	0.	9,277.
(4) SUSAN S. THOMPSON	40.00									
SAN ANTONIO EXECUTIVE DIRECTOR				Х				152,897.	0.	3,547.
(5) WASHINGTON JACKSON III	40.00									
HOUSTON CHIEF ADMIN. OF SUPPORT PROG						Х		136,606.	0.	8,672.
(6) JANET DELEON	40.00									
HOUSTON CHIEF DEVEVELOPMENT/COMMS. O						х		112,784.	0.	6,398.
(7) MARIA YESENIA GONZALEZ	40.00									
SAN ANTONIO CHIEF PROGRAMS OFFICER						Х		101,688.	0.	8,107.
(8) MICHELLE HYDE	40.00									
SAN ANTONIO CHIEF FINANCIAL OFFICER				Х				101,500.	0.	8,122.
(9) VANESSA MALDONADO	40.00									
DALLAS EXECUTIVE DIRECTOR				Х				78,798.	0.	1,260.
(10) CRISTINA GARZA	40.00]								
AUSTIN EXECUTIVE DIRECTOR				Х				75,296.	0.	4,008.
(11) SANTIAGO JORBA	1.00]								
DALLAS BOARD CHAIR		Х		Х				0.	0.	0.
(12) RICHARD HEFFERNAN	1.00									
DALLAS BOARD CHAIR (LEFT 6/21)		Х		Х				0.	0.	0.
(13) LISA TOMAKA	1.00									
AUSTIN BOARD CHAIR		Х		Х				0.	0.	0.
(14) SAUL VALENTIN	1.00									
HOUSTON BOARD CHAIR		Х		Х				0.	0.	0.
(15) MARIA F. BREEN	4.00	1								
SAN ANTONIO CHAIR		Х	_	Х				0.	0.	0.
(16) MARIA CANTU HEXSEL	1.00	1								
AUSTIN VICE CHAIR		Х	_	Х				0.	0.	0.
(17) DAVID VASSAR	1.00	1								
HOUSTON VICE CHAIR		Х		Х				0.	0.	0.
032007 12-23-20										Form 990 (2020)

Form 990 (2020) AVANCE, INC. 91-2074499 Page **8**

Form 990 (2020) AVANCE, IN	ic.								91-20/449	Page o
Part VII Section A. Officers, Directors, T	rustees, Key Emp	loy	ees,	anc	Hiç	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		nne.	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any hours for	or director						the	organizations	compensation
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee	l trus		99	ubeu		(88-2/1099-181130)		and related
	below	dual t	ntio na	_	nploy	st col	- in			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(18) JASON WESTENSKOW	2.00									
SAN ANTONIO VICE CHAIR		Х		Х				0.	0.	0.
(19) MARIA ACEVES	1.00									
DALLAS SECRETARY		Х		Х				0.	0.	0.
(20) VANESSA SANTAMARIA DAITON	1.00									
AUSTIN SECRETARY (START 1/21)		Х		Х				0.	0.	0.
(21) POOJA AMIN	1.00									
HOUSTON SECRETARY		Х		Х				0.	0.	0.
(22) ROBERT ECHAVARRIA	2.00									
SAN ANTONIO SECRETARY		Х		Х				0.	0.	0.
(23) ALICE RODRIGUEZ	1.00									
DALLAS TREASURER		Х		Х				0.	0.	0.
(24) JORGE PADILLA	1.00									
AUSTIN TREASURER (START 1/21)		Х		Х				0.	0.	0.
(25) KEITH ARGUETA	1.00									
HOUSTON TREASURER		Х		Х				0.	0.	0.
(26) MARY BAILEY	2.00									
SAN ANTONIO TREASURER		Х		X				0.	0.	0.
1b Subtotal							>	1,258,216.	0.	66,872.
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	1,258,216.	0.	66,872.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TOPBOX SOLUTIONS, LLC, 142 CHULA VISTA DR		
STE 250, SAN ANTONIO, TX 78232	IT SERVICES	728,995.
CHILDCARE CAREERS, LLC, 2000 SIERRA POINT		
PKWY, SUITE 702, BRISBANE, CA 94005	SUBSTITUTE TEACHERS	409,466.
GOOD SAMARITAN COMMUNITIY SERVICES		
1600 SALTILLO, SAN ANTONIO, TX 78207	EARLY HEAD START SERVICES	337,986.
AMBASSADOR SERVICES, LLC, 11710 NORTH		
FREEWAY, SUITE 200, HOUSTON, TX 77060	JANITORIAL SERVICES	318,868.
BEN E. KEITH		
PO BOX 2497, FORT WORTH, TX 76113	FOOD SERVICE	294,972.
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	
\$100,000 of compensation from the organization	14	
	•	200

SEE PART VII, SECTION A CONTINUATION SHEETS

91-2074499 AVANCE, INC. Form 990

(A) (B) (C) (D) (E) (E) (E) (D) (E) (D) (E) (E	Form 990 AVANCE, INC.									91-20744	199
Name and title	Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
hours check all that apply) compensation from related organizations from related organization	(A)	(B)			(0	C)			(D)	(E)	(F)
Per week (list any light week list any light week light week (list any light week	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Week		hours	(c	heck	all ·	that	арр	ly)	compensation	compensation	amount of
(ist any bound for related organization (W2/1099-MISC) (W2/109-MISC) (W2/10-MISC)		per							from		other
(27) FRED GAONA			_				oyee		I		compensation
(27) FRED GAONA		1 '	irecto				empl		1 -	(W-2/1099-MISC)	from the
(27) FRED GAONA				tee			sated		(W-2/1099-MISC)		organization and related
(27) FRED GAONA			ruste	ll trus		ee/	m pen				organizations
(27) FRED GAONA		1 0	dualt	ution	<u></u>	old m	stco	er			organizationic
DALLAS DIRECTOR		line)	Indivi	Instit	Office	Key e	High	Form			
(28) RYAN RAMIREZ	(27) FRED GAONA	1.00									
DALLAS DIRECTOR X	DALLAS DIRECTOR		Х						0.	0.	0.
(29) JULIA DODD	(28) RYAN RAMIREZ	1.00									
DALLAS DIRECTOR (LEFT 6/21)	DALLAS DIRECTOR		Х						0.	0.	0.
(30) AMANDO RODRIGUEZ	(29) JULIA DODD	1.00									
DALLAS DIRECTOR (LEPT 2/21)	DALLAS DIRECTOR (LEFT 6/21)		Х						0.	0.	0.
(31) JESSICA BASS BOLANDER	(30) AMANDO RODRIGUEZ	1.00									
DALLAS DIRECTOR (START 8/21)	DALLAS DIRECTOR (LEFT 2/21)		Х						0.	0.	0.
(32) YESENIA CARDOZA RAMIREZ	(31) JESSICA BASS BOLANDER	1.00									
DALLAS DIRECTOR (START 4/21)			Х						0.	0.	0
(33) JEROME PRINCE	(32) YESENIA CARDOZA RAMIREZ	1.00									
DALLAS DIRECTOR (START 7/20)			Х						0.	0.	0
(34) WILLIAM HORNBERGER	(33) JEROME PRINCE	1.00									
DALLAS DIRECTOR (START 8/21)			Х						0.	0.	0
(35) CRISTINA CORNEJO		1.00	1								
AUSTIN DIRECTOR			Х						0.	0.	0
36 JULIO DE LA LLATA		1.00	1								
AUSTIN DIRECTOR			Х						0.	0.	0
1,00		1.00	1								
AUSTIN DIRECTOR			Х						0.	0.	0
(38) PHILLIP MARTIN		1.00									
AUSTIN DIRECTOR (LEFT 6/21)	AUSTIN DIRECTOR		Х						0.	0.	0
Carron C	(38) PHILLIP MARTIN	1.00									
AUSTIN DIRECTOR (LEFT 6/21)			Х						0.	0.	0
(40) KYLER ARNOLD RAMSEY 1.00 AUSTIN DIRECTOR (LEFT 6/21) X 0. (41) AMBER WALKER 1.00 X AUSTIN DIRECTOR (LEFT 6/21) X 0. (42) ZENAIDA "SANDY" MARTINEZ NAVA 1.00 AUSTIN DIRECTOR (LEFT 12/20) X 0. (43) YAJAIRA MUNOZ 1.00 AUSTIN DIRECTOR (START 1/21) X 0. (44) BELINDA ARAMBULA 1.00 AUSTIN DIRECTOR (START 1/21) X 0. (45) ALMA RUIZ 1.00 AUSTIN DIRECTOR (START 1/21) X 0. (46) SUSANA CASTILLO 1.00 AUSTIN DIRECTOR (START 1/21) X 0. 0. 0.		1.00									
AUSTIN DIRECTOR (LEFT 6/21)	AUSTIN DIRECTOR (LEFT 6/21)		Х						0.	0.	0
(41) AMBER WALKER 1.00 AUSTIN DIRECTOR (LEFT 6/21) X (42) ZENAIDA "SANDY" MARTINEZ NAVA 1.00 AUSTIN DIRECTOR (LEFT 12/20) X (43) YAJAIRA MUNOZ 1.00 AUSTIN DIRECTOR (START 1/21) X (44) BELINDA ARAMBULA 1.00 AUSTIN DIRECTOR (START 1/21) X (45) ALMA RUIZ 1.00 AUSTIN DIRECTOR (START 1/21) X (46) SUSANA CASTILLO 1.00 AUSTIN DIRECTOR (START 1/21) X AUSTIN DIRECTOR (START 1/21) X		1.00	1								
AUSTIN DIRECTOR (LEFT 6/21)			Х						0.	0.	0
(42) ZENAIDA "SANDY" MARTINEZ NAVA 1.00 AUSTIN DIRECTOR (LEFT 12/20) X 0. (43) YAJAIRA MUNOZ 1.00 AUSTIN DIRECTOR (START 1/21) X 0. (44) BELINDA ARAMBULA 1.00 AUSTIN DIRECTOR (START 1/21) X 0. (45) ALMA RUIZ 1.00 AUSTIN DIRECTOR (START 1/21) X 0. (46) SUSANA CASTILLO 1.00 AUSTIN DIRECTOR (START 1/21) X 0. AUSTIN DIRECTOR (START 1/21) X 0.		1.00	_								
AUSTIN DIRECTOR (LEFT 12/20) (43) YAJAIRA MUNOZ AUSTIN DIRECTOR (START 1/21) (44) BELINDA ARAMBULA AUSTIN DIRECTOR (START 1/21) (45) ALMA RUIZ AUSTIN DIRECTOR (START 1/21) X 0. 0. 0. 0. 0. 0. 0. 0. 0.			Х						0.	0.	0
(43) YAJAIRA MUNOZ 1.00 AUSTIN DIRECTOR (START 1/21) X (44) BELINDA ARAMBULA 1.00 AUSTIN DIRECTOR (START 1/21) X (45) ALMA RUIZ 1.00 AUSTIN DIRECTOR (START 1/21) X (46) SUSANA CASTILLO 1.00 AUSTIN DIRECTOR (START 1/21) X AUSTIN DIRECTOR (START 1/21) X		1.00	1								
AUSTIN DIRECTOR (START 1/21)			Х						0.	0.	0
(44) BELINDA ARAMBULA 1.00 AUSTIN DIRECTOR (START 1/21) X (45) ALMA RUIZ 1.00 AUSTIN DIRECTOR (START 1/21) X (46) SUSANA CASTILLO 1.00 AUSTIN DIRECTOR (START 1/21) X 0. 0. 0. 0.		1.00	1								
AUSTIN DIRECTOR (START 1/21) X 0. 0. (45) ALMA RUIZ 1.00 X 0. 0. (46) SUSANA CASTILLO 1.00 X 0. 0. (46) SUSANA CASTILLO X 0. 0. 0. (47) AUSTIN DIRECTOR (START 1/21) X 0. 0. 0. (48) SUSANA CASTILLO X 0. 0. (49) AUSTIN DIRECTOR (START 1/21) X 0. 0. (49) AUSTIN DIRECTOR (START 1/21) X 0. (49) AUSTIN DIRECTOR (START 1/21) AUSTIN DIRECTOR (START		 	Х				_		0.	0.	0
(45) ALMA RUIZ 1.00 AUSTIN DIRECTOR (START 1/21) X (46) SUSANA CASTILLO 1.00 AUSTIN DIRECTOR (START 1/21) X 0. 0. 0. 0.		1.00	ł						_	_	_
AUSTIN DIRECTOR (START 1/21) X 0. 0. (46) SUSANA CASTILLO 1.00 X 0. 0. AUSTIN DIRECTOR (START 1/21) X 0. 0.			Х				_		0.	0.	0
(46) SUSANA CASTILLO AUSTIN DIRECTOR (START 1/21) X 0. 0.		1.00	-							_	_
AUSTIN DIRECTOR (START 1/21) X 0. 0.		<u> </u>	Х	_			_	-	0.	0.	0
		1.00	 								_
Total to Part VII, Section A, line 1c	AUSTIN DIRECTOR (START 1/21)		Х						0.	0.	0
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A, line 1c										

Form 990 AVANCE, INC. 91-2074499

(A) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable compensation compensation amount of per from from related other	Form 990 AVANCE, INC.									91-20744	199
Name and title	Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	ees (continued)	
Name and title										' '	(F)
Per week (list any hours for related organizations (W-2/1099-MISC) Per lated organizations organizations (W-2/1099-MISC) Per lated organizations organizations organizations (W-2/1099-MISC) Per lated organizations (W-2/1099-MISC) Per lated organizations organizations (W-2/1099-MISC) Per lated organizations (W-2/1099-MISC) P											Estimated
Week		hours	(cl	heck	all ·	that	арр	ly)	compensation	compensation	amount of
(ist any		per									
1.00		1	_				oyee		I		compensation
1.00		1 '	irecto				empl		_	(W-2/1099-MISC)	
1.00			e or d	tee			sated		(W-2/1099-MISC)		"
1.00			ruste	ll trus		ee/	m pen				
407 EVELYN BEAN		~	dualt	utiona	_	oldm	stco	<u>-</u>			organizations
HOUSTON DIRECTOR		line)	Indivi	Instit	Office	Key e	Highe	Form			
(48) CHEVAZZ G, BROWN	(47) EVELYN BEAN	1.00									
NOUSTON DIRECTOR	HOUSTON DIRECTOR		х						0.	0.	0.
(49) MARY JANE GOMEZ	(48) CHEVAZZ G. BROWN	1.00									
NOUSTON DIRECTOR	HOUSTON DIRECTOR		х						0.	0.	0.
The content of the	(49) MARY JANE GOMEZ	1.00									
NO NO NO NO NO NO NO NO	HOUSTON DIRECTOR		х						0.	0.	0.
(51) CAREL STITH	(50) DR. VANITHA POTHURI	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		Х						0.	0.	0.
(52) CARINA BENAVIDES	(51) CAREL STITH	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		Х						0.	0.	0.
(53) APRIL PARRA	(52) CARINA BENAVIDES	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		Х						0.	0.	0.
SA ROBERT TENCZAR	(53) APRIL PARRA	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		Х						0.	0.	0.
STATE SALINAS 1,00	(54) ROBERT TENCZAR	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		х						0.	0.	0.
Section Color Co	(55) ANA P. SALINAS	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		х						0.	0.	0.
STOP DURWESH KHALFE	(56) NICOLE MCZEAL WALTERS	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		х						0.	0.	0.
1.00	(57) DURWESH KHALFE	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		х						0.	0.	0.
1.00	(58) ROGELIO MARROQUIN	1.00									
HOUSTON DIRECTOR	HOUSTON DIRECTOR		х						0.	0.	0.
1.00 SAN ANTONIO DIRECTOR (START 9/2020) X	(59) SHERYL JIMERSON	1.00									
SAN ANTONIO DIRECTOR (START 9/2020) X	HOUSTON DIRECTOR		Х						0.	0.	0.
Columbia	(60) TONDA BROWN	1.00									
SAN ANTONIO DIRECTOR (START 11/2020) X 0. 0. (62) SAMANTHA M. GALLEGOS 1.00 X 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0. (63) STEVE JACOBS 1.00 X 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0. (64) JIM JEFFERY 1.00 X 0. 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0. 0. (65) KAREN MAWYER 1.00 X 0. 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0.	SAN ANTONIO DIRECTOR (START 9/2020)		Х						0.	0.	0.
(62) SAMANTHA M. GALLEGOS 1.00 SAN ANTONIO DIRECTOR X (63) STEVE JACOBS 1.00 SAN ANTONIO DIRECTOR X (64) JIM JEFFERY 1.00 SAN ANTONIO DIRECTOR X (65) KAREN MAWYER 1.00 SAN ANTONIO DIRECTOR X (66) MATTHEW NEAL 1.00 SAN ANTONIO DIRECTOR X SAN ANTONIO DIRECTOR X	(61) GREGORIO FLORES	2.00									
SAN ANTONIO DIRECTOR X 0. 0. (63) STEVE JACOBS 1.00 X 0. 0. SAN ANTONIO DIRECTOR X 0. 0. (64) JIM JEFFERY 1.00 X 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0.	SAN ANTONIO DIRECTOR (START 11/2020)		Х						0.	0.	0.
Column	(62) SAMANTHA M. GALLEGOS	1.00									
SAN ANTONIO DIRECTOR	SAN ANTONIO DIRECTOR		Х						0.	0.	0.
(64) JIM JEFFERY 1.00 SAN ANTONIO DIRECTOR X 0. 0. (65) KAREN MAWYER 1.00 X 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0. (66) MATTHEW NEAL 1.00 X 0. 0. 0. SAN ANTONIO DIRECTOR X 0. 0. 0. 0.	(63) STEVE JACOBS	1.00									
SAN ANTONIO DIRECTOR	SAN ANTONIO DIRECTOR		Х						0.	0.	0.
(65) KAREN MAWYER 1.00 SAN ANTONIO DIRECTOR X (66) MATTHEW NEAL 1.00 SAN ANTONIO DIRECTOR X 0. 0. 0. 0.	(64) JIM JEFFERY	1.00									
SAN ANTONIO DIRECTOR X 0. 0. (66) MATTHEW NEAL 1.00 X 0. 0. SAN ANTONIO DIRECTOR X 0. 0.	SAN ANTONIO DIRECTOR		Х	L			L		0.	0.	0.
(66) MATTHEW NEAL 1.00 X 0. 0.	(65) KAREN MAWYER	1.00									
SAN ANTONIO DIRECTOR X 0. 0.	SAN ANTONIO DIRECTOR		Х	L					0.	0.	0.
	(66) MATTHEW NEAL	1.00									
Total to Part VII, Section A, line 1c	SAN ANTONIO DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u> .		<u></u>				

Form 990 AVANCE, INC. 91-2074499

Form 990 AVANCE, INC.									91-20744	199
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				eg m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	9.			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		ao	ben S				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	divid	stitut	Officer	y em	ghest	Former			
722.	line)	-	=	5	ş	王	요			_
(67) VIVIANA TRISTIAN	1.00							_	_	_
SAN ANTONIO DIRECTOR		Х						0.	0.	0.
(68) MICHAEL ZACHO	1.00									
SAN ANTONIO DIRECTOR (START 11/2020)		Х						0.	0.	0.
(69) RUBEN D. CAMPOS	2.00									
SAN ANTONIO DIRECTOR (START 6/2021)		Х						0.	0.	0.
			\vdash							
-										
							•			
Total to Part VII, Section A, line 1c										
								l	l .	

Page 9

Form 990 (2020) AVANCE, INC. Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to anv lin	e in this Part VIII			
					,,,,,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
တ တ	1	<u> </u>	Federated campaigns	1a	1,799,187.				
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues						
جَ ق			Fundraising events		316,320.				
ffs,			Related organizations		010,020.				
ig ig					51,544,852.				
Sir			Government grants (contributions		31,344,032.				
a tio		Т	All other contributions, gifts, grants, a		2 601 202				
들 된			similar amounts not included above .		3,691,293.				
o d		_	Noncash contributions included in lines 1a-1f		12,019.	E7 3E1 6E3			
<u>0</u> 8		n	Total. Add lines 1a-1f			57,351,652.			
					Business Code				
<u>e</u>	2	а							
er v		b							
Program Service Revenue		С							
e S		d							
og F		е							
<u>-</u>			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divi	dends, intere	st, and				
			other similar amounts)		12,590.			12,590.	
	4		Income from investment of tax-ex	empt bond p	roceeds				
	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		201,783.				
		b	Less: cost or other basis						
ē			and sales expenses 7b		202,424.				
en		С	Gain or (loss) 7c		-641.				
Şe.			Net gain or (loss)			-641.			-641.
her Revenue			Gross income from fundraising events	I .					
퉏			including \$ 316,32	. '					
			contributions reported on line 1c).	See					
			Part IV, line 18	8a	4,360.				
		b	Less: direct expenses	I .	30,953.				
			Net income or (loss) from fundrais		>	-26,593.			-26,593.
			Gross income from gaming activit						
			Part IV, line 19	I .					
		b	Less: direct expenses						
			Net income or (loss) from gaming		>				
			Gross sales of inventory, less retu						
		_	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales of						
\neg			(.355) 53165 61		Business Code				
sno	11	а	EXTERNAL SALES & TRAIN		900099	20,100.	20,100.		
Miscellaneous Revenue	•	b				,	, ,		
ella		c							
Sce			All other revenue						
Σ			Total. Add lines 11a-11d			20,100.			
	12	_	Total revenue. See instructions			57,357,108.	20,100.	0.	-14,644.

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Form 990 (2020) AVANCE, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	40,000.	40,000.		
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	1,111,258.	352,608.	686,049.	72,601
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,971,968.	25,422,753.	3,326,066.	223,149
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	313,623.	286,883.	24,912.	1,828
9	Other employee benefits	4,022,759.	3,702,046.	297,405.	23,308
10	Payroll taxes	2,740,026.	2,397,541.	317,995.	24,490
11	Fees for services (nonemployees):				
а	Management				
b	Legal	80,614.	48,610.	32,004.	
С	Accounting	104,423.		104,423.	
d	Lobbying	10.050			10.050
е	Professional fundraising services. See Part IV, line 17	42,060.			42,060
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 017 212	0 265 214	642 126	9 772
	column (A) amount, list line 11g expenses on Sch O.)	8,917,212. 17,232.	8,265,314.	643,126.	8,772 636
12	Advertising and promotion	871,750.	12,653. 760,668.	3,943.	2,738
13	Office expenses	871,750.	700,000.	100,344.	2,730
14	Information technology				
15	Royalties	3,538,471.	3,188,962.	335,253.	14,256
16	Occupancy	96,988.	70,789.	26,199.	14,230
17	Travel	30,300.	70,703.	20,199.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	24,745.	19,849.	4,141.	755
19	Conferences, conventions, and meetings	16,962.	17,049.	14,763.	2,199
20 21	Interest Payments to affiliates	226,385.	78,602.	147,603.	180
21 22	Payments to affiliates	600,218.	598,338.	1,880.	100
22 23		209,639.	172,476.	35,818.	1,345
23 24	Other expenses. Itemize expenses not covered	205,005.	2/2,2/0	55,525.	2,010
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	3,404,075.	3,293,458.	110,214.	403
a b	EQUIP. RENTAL/MAINTENAN	558,157.	455,467.	99,968.	2,722
C	STAFF DEVELOPMENT	485,195.	407,174.	78,001.	20
d	CLIENT FEES	308,661.	304,905.	3,756.	
e	All other expenses	72,449.	36,707.	24,585.	11,157
25	Total functional expenses. Add lines 1 through 24e	56,774,870.	49,915,803.	6,426,448.	432,619
<u>20</u> 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)				

AVANCE, INC. 91-2074499 Page **11**

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,646,315.	1	1,610,343
	2	Savings and temporary cash investments			1,572,842.	2	2,685,116
	3	Pledges and grants receivable, net			2,198,955.	3	2,895,322
	4	Accounts receivable, net			139,175.	4	87,615
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial co	ntributor, or 35%			
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Donat and a company of the forms of the company			102,554.	9	74,477
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	11,794,038.			
	b	Less: accumulated depreciation	10b	9,467,079.	2,575,862.	10c	2,326,959
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e		ı	9,235,703.	16	9,679,832
	17	Accounts payable and accrued expenses		2,266,227.	17	2,315,196	
	18	Grants payable		18			
	19	Deferred revenue Tax-exempt bond liabilities			266,170.	19	123,822
	20					20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f	ormer office	r, director,			
litie		trustee, key employee, creator or founder, su	ubstantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of	these persor	ns		22	
⋍	23	Secured mortgages and notes payable to un	related third	ı	63,809.	23	
	24	Unsecured notes and loans payable to unrela	ated third pa	arties		24	
	25	Other liabilities (including federal income tax	, payables to	related third			
		parties, and other liabilities not included on li	ines 17-24).	Complete Part X			
		of Schedule D			0.	25	19,079
	26	Total liabilities. Add lines 17 through 25			2,596,206.	26	2,458,097
		Organizations that follow FASB ASC 958,	check here	▶ X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	5,615,076.	27	5,714,401.		
Ba	28	Net assets with donor restrictions	1,024,421.	28	1,507,334.		
pur		Organizations that do not follow FASB AS	C 958, chec	k here 🕨 🔲			
ŗ.		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fur				29	
set	30	Paid-in or capital surplus, or land, building, o	r equipment	fund		30	
t As	31	Retained earnings, endowment, accumulated				31	
Se.	32	Total net assets or fund balances			6,639,497.	32	7,221,735.
	33	Total liabilities and net assets/fund balances			9,235,703.	33	9,679,832.

AVANCE, INC. 91-2074499 Page **12** Form 990 (2020)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	57	,357,	108.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56	774,	870.
3	Revenue less expenses. Subtract line 2 from line 1	3		582,	238.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,639,	497.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7	,221,	735.
Pai	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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		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	Х	
			Form	990	(2020)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Nan	ame of the organization Employer identification number								
		AVANCE							91-2074499
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	ıs.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Щ	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8	\square	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10	Ш	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment							
				•					•
		income and unrelated busin		(less section 511 tax) irc	in busines	sses acqui	rea by the org	janization a	arter June 30, 1975.
11		See section 509(a)(2). (Con An organization organized a	•	ivaly to toot for public co	foty Soo	cootion E(00(0)(4)		
12	H	An organization organized a	•	•	•			rn, out the	nurnoses of one or
12	ш	more publicly supported or	•	•	•			-	•
		lines 12a through 12d that	~						SHOOK THE BOX III
а		Type I. A supporting orga	* *			-		-	aivina
_		the supported organization	•	·	•	-			
		organization. You must o			,,				
b		Type II. A supporting org			ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	· ·				-		-
		organization(s). You mus			•				
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection w	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	l an attenti	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
<u>g</u>		vide the following information i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	,	organization	(II) LIIV	(described on lines 1-10	in your govern	ing document?	support (see in	,	support (see instructions)
				above (see instructions))	Yes	No			

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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.")	48,987,594.	48,700,849.	51,932,753.	55,263,141.	57,093,161.	261,977,498.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				122,918.	205,001.	327,919.
4	Total. Add lines 1 through 3	48,987,594.	48,700,849.	51,932,753.	55,386,059.	57,298,162.	262,305,417.
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)						
6	Public support. Subtract line 5 from line 4.						262,305,417.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	48,987,594.	48,700,849.	51,932,753.	55,386,059.	57,298,162.	262,305,417.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,042.	2,670.	9,550.	37,287.	12,590.	63,139.
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.)	221,983.	288,744.	499,836.	231,080.	282,951.	1,524,594.
11	Total support. Add lines 7 through 10	,	,	,	,	,	263,893,150.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	-		ourth, or fifth tax v	ear as a section 5		_
	organization, check this box and stop	_					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	99.40 %
	Public support percentage from 2019					15	99.22 %
	33 1/3% support test - 2020. If the o					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion		,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	ū					,
	meets the facts-and-circumstances te			-			▶ □
h	10% -facts-and-circumstances test	-	•	• • •	-		
~	more, and if the organization meets th	_					. = . • • •
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organizatio						······································
<u></u>	iodiidadom ii dio organizatio	Sid fiet dilock a l	22 311 10 10, 100	., ,			or 990-F7) 2020

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

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 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							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
(Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support			T	1			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975						 	
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
40	regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)						 	
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	•		•				
80	check this box and stop herection C. Computation of Publi	o Support Por	roontago				<u></u>	
				- 1 (6)		145		
	Public support percentage for 2020 (I					15	<u>%</u>	
	Public support percentage from 2019					16	<u>%</u>	
	tection D. Computation of Investment Income Percentage 7 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %							
18						18 13 2 1/3% and line 1	7 is not	
198	a 33 1/3% support tests - 2020. If the						/ 15 HUL	
L	more than 33 1/3%, check this box ar						P	
r.	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
20	i invate roundation, il the organizatio	THE GIVEN A	DON OH III IC 14, 19	a, or rob, crieck th	no box and see ins		·····	

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Page 4

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")? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	За		
	- Oa		
	O.		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	- 55		
	6		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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		
2	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		
3	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
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.	3b		

	dule A (Form 990 or 990-EZ) 2020 AVANCE, INC.			91-2074499 Page
Pai 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the organization satisfied the Integral Part Test as a qualifying Check here if the Organization satisfied the Integral Part Test as a qualifying Check here if the Organization satisfied the Integral Part Test as a qualifying Check here if the Organization satisfied the Integral Part Test as a qualifying Check here if the Organization satisfied the Integral Part Test as a qualifying Check here if the Organization satisfied the Integral Part Test as a qualifying Check here if the Organization satisfied satisfied the Organization satisfied satisfied the Organization satisfied sat			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must		•	rait vij. See ilistructions.
Sect	ion A - Adjusted Net Income	st complete c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
ect	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-functional	ally integrated	Type III supporting orga	anization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	•	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic			
	(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	
	,	(i)	(ii)	(iii)
Section	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	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 greate	er		
	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

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING PROCEEDS
2016 AMOUNT: \$ 221,983.
2017 AMOUNT: \$ 288,744.
2018 AMOUNT: \$ 499,836.
2019 AMOUNT: \$ 82,293.
2020 AMOUNT: \$ 262,851.
CHEVY SETTLE
2019 AMOUNT: \$ 4,218.
GAIN FROM DISCONTINUED OPERATIONS
2019 AMOUNT: \$ 144,569.
OTHER INCOME
2020 AMOUNT: \$ 20,100.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

	AVANCE,	INC.	91-2074499	
Organization typ	e (check one):			
Filers of:	Sec	tion:		
Form 990 or 990-EZ 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		
		red by the General Rule or a Special Rule. , or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.	
Conoral Bulo				
General Rule				
	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor's		
Special Rules				
sections any one	509(a)(1) and 17 contributor, duri	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ong the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the property of the prop	or 16b, and that received from	
	-	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	•	
literary, o	or educational pu	ear, total contributions of more than \$1,000 exclusively for religious, charitable, sci urposes, or for the prevention of cruelty to children or animals. Complete Parts I (e ad of the contributor name and address), II, and III.		
year, cor is checke purpose.	ntributions <i>exclu</i> ed, enter here th Don't complete	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sively for religious, charitable, etc., purposes, but no such contributions totaled me e total contributions that were received during the year for an exclusively religious any of the parts unless the General Rule applies to this organization because it, contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>	
but it must answe	er "No" on Part I	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•	

Name of amortistics	
Name of organization En	mployer identification number
AVANCE, INC.	91-2074499

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$\$\$\$	Person X 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			
NO.	Name, address, and ZIP + 4	\$	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.)			

Name of organization

Employer identification number

AVANCE, INC.

91-2074499

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

Name of o	rganization		Employer identification number
AVANCE,	INC.		91-2074499
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line entaitable, etc., contributions of \$1,000 contributions of \$1,000 contributions	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<u> </u>	(e) Transfer of g	l gift
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of m	
-	Transferee's name, address, an	(e) Transfer of g	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	jift
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	,	(e) Transfer of g	gift
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

AVANCE, INC. 91-2074499

FORM 990 LINE H(B) - I ORGANIZATIONS INC	STATEMENT 1	
NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
AVANCE - AUSTIN, INC.	745 MANSEL AVENUE - AUSTIN, TX 78702	91-1916705
AVANCE - SAN ANTONIO, INC.	P.O BOX 830487 - SAN ANTONIO, TX 78283	91-1780559
AVANCE - DALLAS, INC.	2060 SINGLETON BOULEVARD - DALLAS, TX 75212	75-2699260
AVANCE - HOUSTON, INC.	4281 DACOMA STREET - HOUSTON, TX 77092	91-1780562

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Nam	e of the organization AVANCE, INC.		Employer identification number 91-2074499
Par	•	Funds or Other Similar Funds	
Fai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Tabal more and an ad afficient	(a) Bonor advised funds	(b) I dinds 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		d 6 ve de
5	Did the organization inform all donors and donor advisors in w	-	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	• •	•
	for charitable purposes and not for the benefit of the donor or		
Par	impermissible private benefit? t II Conservation Easements. Complete if the organization	enization enguered "Vee" on Form 000. D	Ves No
			art iv, line 7.
1	Purpose(s) of conservation easements held by the organization		a biotoxically important land area
	Preservation of land for public use (for example, recreati	· —	a historically important land area a certified historic structure
	Protection of natural habitat	Preservation of	a certified historic structure
•	Preservation of open space	ad across ration contribution in the form	f a concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of	Held at the End of the Tax Year
	day of the tax year. Total number of conservation easements		_
a			
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru-	eture included in (a)	
C C	Number of conservation easements included in (c) acquired af		
d		•	e 2d
3	listed in the National Register Number of conservation easements modified, transferred, rele		
3	year	asea, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
·	violations, and enforcement of the conservation easements it	L - L-I-O	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	The state of	ianamig of violations, and officioning conto	stration decomand daming the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
-	▶ \$		on successions during and your
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	n)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) 4		. .
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 AVANCE, IN	c.						91-207	4499	Pa	age 2
	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(contin		
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sigr	nificant u	se of its	•		
	collection items (check all that apply):										
а	Public exhibition		t	Loan or excl	hange progra	am					
b	Scholarly research	•		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	e organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's col	llection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	"Yes" on F	orm 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contributions	or other ass	sets not inc	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 10			•		
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	d) Three y	ears back	(e) Four	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1ç	j, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С		_%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	t are held an	nd administer	ed for the	organiza	ition	Г		
	by:									Yes	<u>No</u>
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4 Doi	Describe in Part XIII the intended uses of the		wment f	unds.							
rai	t VI Land, Buildings, and Equipm					D-4 Y "	40				
	Complete if the organization answere							. 1	/ N.S. :		
	Description of property	(a) Cost or on the basis (investigation)		(b) Cost basis	or other (other)		cumulate eciation	ed	(d) Book	value)

2,326,959. Schedule D (Form 990) 2020

818,614.

394,482.

6,486,609.

1,767,374.

e Other

b Buildings

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

97,868.

1,836,129.

7,282,581.

2,157,359.

420,101.

97,868.

795,972.

389,985.

25,619.

1,017,515.

Schedule D (Form 990) 2020 AVANCE, INC. 91-2074499 Page **3**

Complete if the organization answered "Yes" on Form 990, Part IV, Iii (a) Description of security or category (including name of security) (b) Book 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, Iii (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▼	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
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, lin (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, Iii (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	44 - O F 000 B- 13/ # - 40
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	(c) Method of valuation: Cost or end-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
D. IV All. A. A I.	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	
(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.)	>
Complete if the organization answered "Yes" on Form 990, Part IV, lin	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO REALTED PARTIES	19,079
(3)	
(4)	
(5)	
(6)	I
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	

Schedule D (Form 990) 2020

Page 4

Par	t XI Reconciliation of Revenue per Audited Financial St		e 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		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1			
Pal	T XII Reconciliation of Expenses per Audited Financial S	-	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		Т.Т	
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:	1.1		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)		20	
e o	Add lines 2a through 2d			
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	42		
a				
b	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line			
_	t XIII Supplemental Information.	10.)		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1b and 2b: F	Part V line 4: Part X line 2: Part XI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	· ·	art 1, 1110 1, 1 art 14, 1110 2, 1 art 14,	
		,		
PART	X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	SECTION		
501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTEN	T THAT IT HAS		
TIME	TAMED DUGINEGS INCOME MUE ODGANIZAMION DID NOM HAVE MA	VADI E IMDELAMED		
UNRE	LATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE TA	XABLE UNKELATED		
BIIGT	NESS INCOME DIDING THE VEAD FADED TIME 30 2021 THE OD	CANT7ATTON'S		
D051	NESS INCOME DURING THE YEAR ENDED JUNE 30, 2021. THE OR	GANIZATION 5		
ESTI	MATE OF THE POTENTIAL OUTCOME OF ANY UNCERTAIN TAX ISSU	ES IS SUBJECT		
то м	ANAGEMENT'S ASSESSMENT OF RELEVANT RISKS, FACTS, AND CI	RCUMSTANCES		
	,			
EXIS	TING AT THE TIME. THE ORGANIZATION USES A MORE LIKELY T	HAN NOT		
THRE	SHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREME	NT OF A TAX		
POSI	TION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TO	THE EXTENT THAT		
m	ODGANITAMION'S ASSESSMENT OF SHOW FOR THE PARTY STREET	THE CHANCE TO		
THE	ORGANIZATION'S ASSESSMENT OF SUCH TAX POSITION CHANGES,	THE CHANGE IN		
T C M T	MAME TO DECADDED IN MUE DEDIAN IN MUTAU MUE NEMEDWINAMI	ON TO MADE MUE		
roll	MATE IS RECORDED IN THE PERIOD IN WHICH THE DETERMINATI	ON IS MADE. THE		

Schedule D (Form 990) 2020 AVANCE, INC.	91-2074499	Page 5
Schedule D (Form 990) 2020 AVANCE, INC. 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 G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer identification number	
AVANCE, INC.						91-2074499	
Part I Fundraising Activities. required to complete this par	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, I	line 17.	Form 990-EZ	filers are not
Indicate whether the organization rais	e X Solicita f X Solicita g Special or oral agreement with any individual lart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	novernment grants rnment grants events fficers, directors, trus undraising services?	stees, c	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (or	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
JOSE VILLARREAL - 4281 DACOMA		Yes	No				
STREET, HOUSTON, TX 77092	GRANT WRITING	-	Х	40,000.		27,760.	12,240.
		-					
Total			—	40,000.		27,760.	12,240.
3 List all states in which the organization			utions	or has been notified	l it is ex	cempt from rec	gistration
or licensing.							
<u> </u>							

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

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AUSTIN VIRTUAL HOUSTON GOLF (add col. (a) through FUNDRAISER TOURNAMENT col. (c)) (event type) (event type) (total number) 29,082. 78,740. 212,858. 320,680. 1 Gross receipts 2 Less: Contributions 78,740 24,722. 212,858 316,320. Gross income (line 1 minus line 2) 4,360. 4,360. 4 Cash prizes 5 Noncash prizes 858 997. Direct Expenses 500. 6 Rent/facility costs 1,684. 1,650. 34. 7 Food and beverages 3,000. 3,275. 8 Entertainment 11,250. 13,038 24,497. Other direct expenses 30,953. **10** Direct expense summary. Add lines 4 through 9 in column (d) -26,593. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	nedule G (Form 990 or 990-EZ) 2020 AVANCE, INC.	91-20	74499	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12			100	
	Indicate the percentage of gaming activity conducted in:	1	ا ءه	07
	a The organization's facility		13a	<u>%</u>
	a An outside facility	L	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Nama 🏲			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	of gaming revenue retained by the third party > \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address >			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	 10		
•	organization's own exempt activities during the tax year > \$			
D۵	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dort	III linaa O	0h 10h
		u Pari	III, IIIIes 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G (Form 990 or 990-EZ) AVANCE, INC.	91-2074499	Page 4
Schedule G (Form 990 or 990-EZ) AVANCE, INC. Part IV Supplemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

2020
Open to Public

Inspection

Name of the organization							Employer identification number
AVANCE, INC.							91-2074499
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	=				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than			T .		(f) Method of	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AVANCE, INC.							
118 MEDINA STREET							AFFILIATE FEES FOR
SAN ANTONIO, TX 78207	74-1769114	501(C)3	40,000.	0.			PROGRAM SERVICES
Sim imitality, in 70207	71 1703111	501(0)5	10,000.				TROCKER BERVIOLE
2 Enter total number of section 501(c)(3) a	and government or	ranizations listed in the	L a line 1 table	<u> </u>	l		1,
3 Enter total number of other organization	•		- IIII - I I I I I I I I I I I I I I I				0.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2020

032101 11-02-20

AVANCE, INC. 91-2074499 Schedule I (Form 990) 2020 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

AVANCE, INC.

Department of the Treasury

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

Employer identification number 91-2074499

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	REQUIRTIONS SECTION 3.3 4938-NICT/	· u		

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

Schedule J (Form 990) 2020

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 (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) LUZ FLORES	(i)	175,777.	0.	0.	1,703.	6,208.	183,688.	0.
HOUSTON EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAVIN A. MONTGOMERY	(i)	171,272.	0.	0.	3,362.	6,208.	180,842.	0.
HOUSTON CHIEF ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0,	0.
(3) CINDY TRAN	(i)	151,598.	0.	0.	3,069.	6,208.	160,875.	0.
HOUSTON CFO	(ii)	0.	0.	0.	0.	0.	0,	0.
(4) SUSAN S. THOMPSON	(i)	152,797.	100.	0.	3,058.	489.	156,444.	0.
SAN ANTONIO EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** 91-2074499 AVANCE, INC. PART III, LINE 2, NEW PROGRAM SERVICES: THE AVANCE HOUSTON CHAPTER NOW HAS A RELATIONSHIPS. EDUCATION ADVANCEMENT, DEVELOPMENT FOR YOUTH FOR LIFE (READY4LIFE) PROGRAM SPECIFICALLY DEDICATED TO SUPPORTING THE HEALTHY DEVELOPMENT OF TEENS AVANCE PARTNERS WITH LOCAL SCHOOL DISTRICTS AND COMMUNITY PARTNERS TO OFFER WORKSHOPS DESIGNED TO HELP YOUTH BUILD RELATIONSHIP SKILLS; SUPPORT POSITIVE SOCIOEMOTIONAL DEVELOPMENT; ENCOURAGE SUCCESSFUL TRANSITIONS TO YOUNG ADULTHOOD; SUPPORT YOUNG FATHERS AND/OR MOTHERS; AND PROMOTE JOB AND CAREER ADVANCEMENT. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: THE AVANCE HOUSTON CHAPTER'S OFFICE OF FAMILY ASSISTANCE HEALTHY RELATIONSHIP GRANT ENDED 9/29/2020; HOWEVER, THE AGENCY WAS AWARDED TWO OFFICE OF FAMILY ASSISTANCE GRANTS: FAMILY, RELATIONSHIP AND MARRIAGE EDUCATION WORKS (FRAMEWORKS) AND RELATIONSHIPS, EDUCATION, ADVANCEMENT DEVELOPMENT FOR YOUTH FOR LIFE (READY4LIFE) ON 9/30/2020. AS A RESULT OF THESE NEW GRANTS, ADULTS AND YOUTH ARE SERVED IN THEIR RESPECTIVE PROGRAMS WITH SEPARATE CURRICULUMS. THE PARENT-CHILD EDUCATION PROGRAM (PCEP) UNDER THE AVANCE AUSTIN AND AVANCE DALLAS CHAPTERS WAS MOVED TO A VIRTUAL PROGRAM SERVICE PLATFORM. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COUPLES GAIN ACCESS TO MARRIAGE EDUCATION SERVICES SO THAT THEY CAN ACQUIRE THE SKILLS AND KNOWLEDGE NECESSARY TO FORM AND SUSTAIN A

HEALTHY MARRIAGE FOR THE OVERALL WELL-BEING OF THEIR CHILDREN. THIS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization AVANCE, INC.	Employer identification number 91-2074499
PROGRAM IS IN RESPONSE TO THE NATIONAL HISPANIC HEALTHY MARRIAGE	•
INITIATIVE, AND THE COUPLE'S PARTICIPATION IS ENTIRELY VOLUNTARY.	
- ADULT LITERACY - THESE PROGRAMS INVOLVE A CONTINUUM OF LEARNING THAT	
ENABLES INDIVIDUALS TO ACHIEVE THEIR GOALS, TO DEVELOP THEIR KNOWLEDGE	
AND POTENTIAL, AND TO PARTICIPATE FULLY IN SOCIETY.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
PRE-SCHOOL READINESS AND GAUGES THE PROGRESS AND OUTCOMES OF CHILDREN.	
FORM 990, PART VI, SECTION A, LINE 4:	
AVANCE AUSTIN'S BYLAWS WERE AMENDED DURING THE TAX PERIOD. THE MAXIMUM	
NUMBER OF DIRECTORS INCREASED TO 21 FROM 20. AVANCE AUSTIN GAVE AVANCE,	
INC. AUTHORITY TO REMOVE ANY DIRECTORS FROM THE BOARD BY A 2/3 VOTES OF THE	
NATIONAL BOARD OF DIRECTORS. AVANCE AUSTIN ALSO REMOVED BOARD OVERSIGHT OF	
THE FINANCE MANAGER.	
AVANCE DALLAS' BYLAWS WERE AMENDED DURING THE TAX PERIOD. THE MAXIMUM	
NUMBER OF DIRECTORS IN THE BOARD INCREASED TO 21 FROM 20. AVANCE DALLAS	
ALSO REMOVED BOARD OVERSIGHT OF THE FINANCE MANAGER.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE GROUP FORM 990 IS DISTRIBUTED TO EACH CHAPTER'S BOARD FOR REVIEW PRIOR	
TO FILING. THE AUDIT COMMITTEES OF EACH BOARD WILL REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
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	

Name of the organization AVANCE, INC.	Employer identification number 91-2074499						
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							
VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A							
CONFLICT OF INTEREST EXISTS.							
IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A							
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE 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 FURTHER INVESTIGATION AS							
WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES							
THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF	_						
INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.							
FORM 990, PART VI, SECTION B, LINE 15:							
THE COMPENSATION OF THE EXECUTIVE DIRECTORS IS REVIEWED AND APPROVED BY THE							
CHAPTER BOARD OF DIRECTORS. EVERY THREE YEARS, AVANCE, INC. COMPLETES A							
COMPENSATION STUDY AND THE RESULTS ARE USED TO DETERMINE THE APPROVED							
SALARY. A REVIEW WAS LAST CONDUCTED IN OCTOBER 20, 2021 FOR HOUSTON, AND							
THE REST OF THE BRANCHES ARE WORKING ON THIS FOR 2021.							
FORM 990, PART VI, SECTION C, LINE 19:							
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS,							
AND FORM 990 ARE AVAILABLE UPON REQUEST.							

Name of the organization AVANCE, INC.		Employer identification number 91-2074499
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OLUNTEER STIPENDS:		
PROGRAM SERVICE EXPENSES	305.	
MANAGEMENT AND GENERAL EXPENSES	684.	
FUNDRAISING EXPENSES	69.	
TOTAL EXPENSES	1,058.	
PROMOTORA STIPENDS:		
PROGRAM SERVICE EXPENSES	2,301.	
MANAGEMENT AND GENERAL EXPENSES	720.	
FUNDRAISING EXPENSES	12.	
TOTAL EXPENSES	3,033.	
ADMIN SUPPORT FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	47,035.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	47,035.	
MEDICAL & EMPLOYMENT TESTING FEES:		
PROGRAM SERVICE EXPENSES	28,619.	
MANAGEMENT AND GENERAL EXPENSES	3,432.	
FUNDRAISING EXPENSES	89.	
TOTAL EXPENSES	32,140.	
CONTRACTED SERVICES:		
PROGRAM SERVICE EXPENSES	1,012,944.	
032212 11-20-20		Schedule O (Form 990 or 990-FZ) 202

Name of the organization AVANCE, INC.		Employer identification number
MANAGEMENT AND GENERAL EXPENSES	505,180.	
FUNDRAISING EXPENSES	7,807.	
TOTAL EXPENSES		
PAYROLL FEES:		
PROGRAM SERVICE EXPENSES	101,845.	
MANAGEMENT AND GENERAL EXPENSES	48,252.	
FUNDRAISING EXPENSES	687.	
TOTAL EXPENSES	150,784.	
T&TA CONSULTANTS:		
PROGRAM SERVICE EXPENSES	36,192.	
MANAGEMENT AND GENERAL EXPENSES	16,107.	
FUNDRAISING EXPENSES	1.	
TOTAL EXPENSES	52,300.	
EMPLOYER RECRUITMENT COSTS:		
PROGRAM SERVICE EXPENSES	215.	
MANAGEMENT AND GENERAL EXPENSES	96.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	311.	
CUSTODIAL FEES:		
PROGRAM SERVICE EXPENSES	267,996.	
MANAGEMENT AND GENERAL EXPENSES	18,115.	
FUNDRAISING EXPENSES	107.	
TOTAL EXPENSES	286,218.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

AVANCE, INC.

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

91 - 2074499

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state contry)	(d) or Total inco	me End-of-year		(f) Direct controlling entity		
	-							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more re	elated tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct	(f) controlling entity	Section 5 contr ent	rolled ity?
AVANCE, INC 74-1769114 118 N. MEDINA SAN ANTONIO, TX 78207	FAMILY SUPPORT AND EDUCATION	TEXAS	501(C)(3)		N/A		Yes	No x
	_							
For Panerwork Reduction Act Notice see the Instruction	s for Form 990		_		•	Schedule B (Form 90	N) 2020

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.

organizations trouted up a tribital partial tribital year.																			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(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 and	Predominant income (related, unrelated, excluded from tax under	dominant income Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership								
		country)		sections 512-514)		a33013	Yes	No	K-1 (Form 1065)	Yes	10								
	1																		
	1																		
	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) otion b)(13) rolled tity?
		Couriery)						Yes	No
	-								
									
	-								
	-								
									
	-								
	-								
									
	-								
	-								
									<u> </u>
	-								
	-								

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a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

1 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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)						Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	e Loans or loan guarantees by related organization(s)						X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	h Purchase of assets from related organization(s)						X
i	i Exchange of assets with related organization(s)						<u>х</u>
j	j Lease of facilities, equipment, or other assets to related organization(s)						
_					1k		Х
	k Lease of facilities, equipment, or other assets from related organization(s)						
	Performance of services or membership or fundraising solicitations for related organization(s)				11	х	
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				<u>1n</u>		
0	Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses						х	
q Reimbursement paid by related organization(s) for expenses							Х
-	,				1q		
r	Other transfer of cash or property to related organization(s)				1r	х	
					1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must co						
	(a) (b Name of related organization Transa type	action	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)							
(2)							
(3)							
(4)							
\							
(5)							
(6)							
`	63 10-28-20		I	Schedule	R (For	n 990)	2020

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Yes No

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R	(Form 990) 2020 AVANCE, INC.	91-2074499	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
-			