PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

15950 Dallas Parkway, Suite 600 Dallas, TX 75248 ph 972-661-1843 fx 972-490-4120

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

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

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

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and	ending J	UN 30, 2022								
B c	heck if pplicab	e: C Name of organization		D Employer identified	cation number							
X	Addre	AVANCE, INC.										
	Name			91-2074499								
	Initial		Room/suite	E Telephone number								
	Final returr	824 BROADWAY STREET 204 210-270-4630										
	termi			G Gross receipts \$	60,550,289.							
	Amer returr	ded CAN ANTONTO TY 78215		H(a) Is this a group re	turn STMT 1							
	Appli dtion	F Name and address of principal officer: ELIDA GONZALES		for subordinates	? X Yes No							
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? X Yes No							
11	ax-ex	empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions							
J١	Vebsi	te: ► N/A		H(c) Group exemption	n number 🕨 8052							
KF	orm o	f organization: 🕱 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1973	State of legal domicile: TX							
Pa	rt I	Summary										
n	1	Briefly describe the organization's mission or most significant activities: TO STRE	ENGTHEN I	FAMILIES IN AT								
Ű		RISK COMMUNITIES THROUGH PARENT EDUCATION AND SUPPORT PROGRAM	MS.									
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.							
0V6	3	Number of voting members of the governing body (Part VI, line 1a)			48							
	4	Number of independent voting members of the governing body (Part VI, line 1b)		48								
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0							
viti	6	Total number of volunteers (estimate if necessary)			2475							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	. <u></u>		0.							
				Prior Year	Current Year							
P	8	Contributions and grants (Part VIII, line 1h)		57,351,652.	60,356,817.							
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,949.	5,865.							
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,493.	32,544.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,357,108.	60,395,226.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,000.	40,000.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		37,159,634.								
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		42,060.	<u>38,211,289.</u> 18,091.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		42,000.	10,091.							
<u> </u>				19,533,176.	21,645,637.							
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,774,870.	59,915,017.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		582,238.	480,209.							
L Sc	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year							
Net Assets or	20	Total assets (Part X, line 16)		9,679,832.								
Asse Bala	20	Total liabilities (Part X, line 26)		2,458,097.	3,648,542.							
Vet ,	21	Net assets or fund balances. Subtract line 21 from line 20		7,221,735.	7,670,506.							
Pa	rt II	Signature Block		,,								
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of mv	knowledge and belief, it is							

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
Here	ELIDA GONZALES, CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	02/02/23	self-employed P00853132
Preparer	Firm's name 🕒 ARMANINO, LLP			Firm's EIN 🕨 94–6214841
Use Only	Firm's address ▶ 15950 N. DALLAS PKWY, #6	00		
	DALLAS, TX 75248			^D hone no.972-661-1843
May the IF	RS discuss this return with the preparer shown abov	ve? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2021)

	990 (2021) AVANCE, INC.	91-2074499	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AVANCE CREATES PATHWAYS TO ECONOMIC MOBILITY FOR PREDOMINATELY LATINO		
	FAMILIES THROUGH HIGH QUALITY, CULTURALLY RESPONSIVE, TWO-GENERATION		
	PROGRAMMING THAT ENSURES SCHOOL-READINESS FOR YOUNG CHILDREN AND		
	OPPORTUNITIES FOR PARENTS TO BUILD SOCIAL AND ECONOMIC CAPITAL.		
2	Did the organization undertake any significant program services during the year which were not listed on the	 ,	Yes 🗴 No
	prior Form 990 or 990-EZ?		Yes 🔼 No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[,	
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expen	202
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •	
	revenue, if any, for each program service reported.	, ne teta expense	
4a	(Code:) (Expenses \$44,297,452. including grants of \$40,000.) (Revenu	e\$)
	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		
4b	(Code:) (Expenses \$7,263,045. including grants of \$) (Revenue for the second	e\$)
	- 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		
4c	(Code:) (Expenses \$1, 270, 402. including grants of \$) (Revenue)	e\$)
	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 FACILITIES. THE MENUS ARE DEVELOPED BY A LICENSED DIETICIAN		
	MEETING ALL THE FOOD REQUIREMENTS OF THE TEXAS DEPARTMENT OF AGRICULTURE FOR NUTRITIOUS AND HEALTHY MEALS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 52,830,899.		
		For	rm 990 (2021)
132002	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)		
000	$3 \qquad 3 \qquad$		121/0

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Par	t IV Checklist of Required Schedules			0
			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? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
132003	12-09-21	Form	99 0	(2021)

4 2021.05040 AVANCE, INC.

Form 990 (2021)

AVANCE, INC.

Form	990 (2021) AVANCE, INC. 91-20744	99	Р	age 4
Par	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	1
05-	Part V, line 1	34	~	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		<u> </u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	x	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
132004	↓ 12-09-21	Form	990	(2021)

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	990 (2021) AVANCE, INC.	91-207449	9	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	3			
			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	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a				1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
132005	12-09-21 6		Form	990	(2021)

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Form	990 (2021) AVANCE, INC.		91-2074			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b	below, and fo	ra "No"	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		48		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other			
	officer, director, trustee, or key employee?			. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the	direct su	ipervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was fil	ed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		. 5		x
6	Did the organization have members or stockholders?			. 6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	; or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockholde	rs, or			
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
	The governing body?			<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?			. <u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>		<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>/enue Co</u>	<u>de.)</u>		1	
					Yes	
	Did the organization have local chapters, branches, or affiliates?			. <u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
					x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before fi	ling the form?	11a	^	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?				x	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				x	
15	Did the process for determining compensation of the following persons include a review and approval					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by macp	Chacht			
а	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization				х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with	а			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?		<u></u>	. 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section 501(c)	(3)s only)	availal	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 Sche	dule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			and finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and re	cords 🕨 🔄			
	ELIDA GONZALES - 210-270-4630					
	824 BROADWAY STREET, 204, SAN ANTONIO, TX 78215					
132006	12-09-21			Forr	n 990	(2021)
	7					
902	02 701245 121407.03 2021.05040 AVANCE,	INC.			12	140

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Form 990 (2021)	AVANCE, INC.	91-2074499	Page 7
Part VII Compens	ation of Officers, Directors, Trus	stees, Key Employees, Highest Compensated	
Employee	es, and Independent Contractors	;	
Check if Sch	nedule O contains a response or note to an	y line in this Part VII	
Section A. Officers, D	irectors, Trustees, Key Employees, and I	Highest Compensated Employees	
1a Complete this table f	or all persons required to be listed. Report	compensation for the calendar year ending with or within the organiza	ition's tax year.
 List all of the organ 	nization's current officers, directors, truste	es (whether individuals or organizations), regardless of amount of com	pensation.
Enter -0- in columns (D), ((E), and (F) if no compensation was paid.		
I had all added a second as		and the structure of the set of a first the set of the second second second second second second second second	

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition) than c		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week		cer ar I	id a d	lirecto	r/trus [.]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	L	1033-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LUZ FLORES	40.00	_	-							
HOUSTON EXECUTIVE DIRECTOR				х				176,574.	0.	8,833.
(2) SUSAN S. THOMPSON	40.00									
SAN ANTONIO EXECUTIVE DIRECTOR				х				157,396.	0.	3,634.
(3) KAVIN A. MONTGOMERY	40.00									
HOUSTON CHIEF ADMINISTRATOR				х				150,495.	0.	9,793.
(4) CINDY TRAN	40.00									
HOUSTON CFO				Х				135,781.	0.	9,580.
(5) WASHINGTON JACKSON III	40.00									
HOUSTON CHIEF ADMIN. OF SUPPORT PROG						X		123,497.	0.	9,002.
(6) VANESSA MALDONADO	40.00									
DALLAS EXECUTIVE DIRECTOR				х				113,476.	0.	6,200.
(7) MICHELLE HYDE	40.00									
SAN ANTONIO CHIEF FINANCIAL OFFICER				х				109,492.	0.	8,933.
(8) MARIA YESENIA GONZALEZ	40.00									
SAN ANTONIO CHIEF PROGRAMS OFFICER						X		108,531.	0.	8,882.
(9) JERI GEORGE	40.00							105 001		
SAN ANTONIO CHIEF HR OFFICER	10.00			X				105,321.	0.	8,828.
(10) JANET DELEON	40.00							105 506		F 400
HOUSTON CHIEF DEV./COMMS. OFFICER	10.00					X		105,526.	0.	7,499.
(11) CRISTINA GARZA	40.00							00.001		0 01 5
AUSTIN EXECUTIVE DIRECTOR	1 00			X				92,691.	0.	8,315.
(12) SANTIAGO JORBA	1.00							•	•	0
DALLAS BOARD CHAIR	1 00	X		х				0.	0.	0.
(13) LISA TOMAKA	1.00	x		x				0.	0	0
AUSTIN BOARD CHAIR	2.00	X		X				υ.	0.	0.
(14) MARIA F. BREEN	2.00	x		v				0.	0.	0
SAN ANTONIO BOARD CHAIR (15) SAUL VALENTIN	1.00	~		Х				U.	υ.	0.
	1.00	x		v				0	0	0
HOUSTON BOARD CHAIR (16) JASON WESTENSKOW	2.00	^	-	X		-		0.	0.	0.
SAN ANTONIO VICE CHAIR	2.00	x		x				0.	0.	0
(17) MARIA CANTU HEXSEL	1.00	^	-	^		-		0.	0.	0.
AUSTIN VICE CHAIR	1.00	х		x				0.	0.	0.
122007 12 00 21	1	- 23	L	1 **	1	L		l 0.	0.	Eorm 990 (2021)

132007 12-09-21

Form **990** (2021)

Form 990 (2021) AVANCE, INC.									91-207	4499)	Pa	age ð
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	<u> </u>			
(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss pe	more rson i	than of s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	fr org and	pensa om the anizat d relate anizatie	e ion ed
(18) DAVID VASSAR	1.00									\neg			
HOUSTON VICE CHAIR		х		х				0.		٥.			0.
(19) ROBERT ECHAVARRIA	1.50												
SAN ANTONIO SECRETARY		Х		х				0.		٥.			0.
(20) MARIA ACEVES	1.00												
DALLAS SECRETARY		Х		X				0.		0.			0.
(21) VANESSA SANTAMARIA DAITON	1.00												
AUSTIN SECRETARY		х		X				0.		0.			0.
(22) POOJA AMIN	1.00												•
HOUSTON SECRETARY (LEFT 1/2022)	1 00	х		x				0.		0.			0.
(23) NICOLE MCZEAL WALTERS	1.00	v						0					0
HOUSTON SECRETARY - INTERIM (24) MARY BAILEY	1.50	X		X				0.		0.			0.
SAN ANTONIO TREASURER	1.30	x		x				0.		٥.			Ο.
(25) ALICE RODRIGUEZ	1.00						-			~ +			<u> </u>
DALLAS TREASURER		x		x				0.		0.			Ο.
(26) JORGE PADILLA	1.00									-			
AUSTIN TREASURER		х		x				0.		0.			Ο.
1b Subtotal		1						1,378,780.		0.		89,	499.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								1,378,780.		٥.		89,	499.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	ed at	oove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													10
										Г		Yes	No
3 Did the organization list any former officer,				•									
line 1a? If "Yes," complete Schedule J for su										.	3		X
4 For any individual listed on line 1a, is the su												x	
and related organizations greater than \$150										··· -	4	^	
5 Did any person listed on line 1a receive or a										1	5		х
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	olete Scheaul	<u>e J T</u>	or si	icn j	oers	on .				··	5		
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	acto	rs tl	hat received more than \$	100.000 of compe	nsati	ion fro	om	
the organization. Report compensation for t	-												
(A)				0				(B)			(C)	
Name and business	address							Description of s	ervices	Co		isatio	n
AMBASSADOR SERVICES, LLC, 11710 NORTH	I												
FREEWAY, SUITE 200, HOUSTON, TX 7706)							CUSTODIAL SERVICES				567,	475.
CHILDCARE CAREERS, LLC, 2000 SIERRA H	POINT												
PWY, SUITE 702, BRISBANE, CA 94005								SUBSTITUTE TEACHER	S			388,	246.
BEN E. KEITH													
PO BOX 2497, FORT WORTH, TX 76113								FOOD SERVICE				350,	820.
GOOD SAMARITAN COMMUNITY SERVICES												070	040
1600 SALTILLO, SAN ANTONIO, TX 78207								EARLY HEAD START S	ERVICES			270,	048.
FAMILY SERVICE ASSOCIATION 702 SAN PEDRO SAN ANTONIO TX 78212								SUBSTITUTES & MENTAL/BEHAVIORAL				217	000
702 SAN PEDRO SAN ANTONIO TX 78212 2 2 Total number of independent contractors (ir		ot lin	nita	4 + ~	thee							4 1 /,	092.
 Standard number of independent contractors (in \$100,000 of compensation from the organiz 	•	or in	inte(. 10	105		ueu						
SEE PART VII, SECTION A CONTINUE		TS									Form	990 (2	2021)

132008 12-09-21

			J C C					Compensated Employe	` ,	(F)
(A) Nome and title	(B)			((ر. ition			(D) Reportable	(E) Bapartabla	(F) Estimated
Name and title	Average hours	(c)	heck				Iv)	compensation	Reportable compensation	amount of
	per	(0)					·y)	from	from related	other
	week					yee		the	organizations	compensatio
	(list any	ector				eld me		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			ated e		(W-2/1099-MISC)		organizatio
	related organizations	ustee	trust		ee	upens				and related
	below	dual tr	tional	~	n ploy	stcon	-			organizatior
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KEITH ARGUETA	1.00									
HOUSTON TREASURER		х		х				0.	0.	
(28) FRED GAONA	1.00									
DALLAS DIRECTOR		Х						0.	0.	
(29) RYAN RAMIREZ	1.00									
DALLAS DIRECTOR		Х						0.	0.	
(30) JESSICA BASS BOLANDER	1.00									
DALLAS DIRECTOR		X						0.	0.	
(31) YESENIA CARDOZA RAMIREZ	1.00									
DALLAS DIRECTOR		Х						0.	0.	
(32) JEROME PRINCE	1.00									
DALLAS DIRECTOR	1.00	х						0.	0.	
(33) WILLIAM HORNBERGER	1.00								0	
DALLAS DIRECTOR (34) CRISTINA CORNEJO	1 00	X						0.	0.	
AUSTIN DIRECTOR	1.00	x						0.	0.	
(35) JULIO DE LA LLATA	1.00	~						· · ·	0.	
AUSTIN DIRECTOR	1.00	x						0.	0.	
(36) YVONNE TAGLE JAUREGUI	1.00	<u>л</u>						•.	0.	
AUSTIN DIRECTOR	1.00	x						0.	0.	
(37) YAJAIRA MUNOZ	1.00							·.	· ·	
AUSTIN DIRECTOR	1.00	x						0.	0.	
(38) BELINDA ARAMBULA	1.00							···	••	
AUSTIN DIRECTOR		x						0.	0.	
(39) ALMA RUIZ	1.00									
AUSTIN DIRECTOR		x						0.	0.	
(40) SUSANA CASTILLO	1.00									
AUSTIN DIRECTOR		х						0.	0.	
(41) EVELYN BEAN	1.00									
HOUSTON DIRECTOR		х						٥.	0.	
(42) CHEVAZZ G. BROWN	1.00									
HOUSTON DIRECTOR		х					L	0.	0.	
(43) MARY JANE GOMEZ	1.00									
HOUSTON DIRECTOR		х						0.	0.	
(44) DR. VANITHA POTHURI	1.00									
HOUSTON DIRECTOR		х						0.	0.	
(45) CAREL STITH	1.00									
HOUSTON DIRECTOR		х						0.	0.	
(46) CARINA BENAVIDES	1.00									
IOUSTON DIRECTOR		х						0.	0.	

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	allt	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	istee			n sate				and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest com pen sated em ployee				organizations
	below	ividua	titutio	Officer	Key employee	hest o	Former			
	line)	pul	lns	0ff	Key	Hig	For			
(47) APRIL PARRA	1.00									
HOUSTON DIRECTOR		х						0.	0.	0
(48) ROBERT TENCZAR	1.00									
HOUSTON DIRECTOR		х						0.	0.	0
(49) ANA P. SALINAS	1.00									
HOUSTON DIRECTOR		х						0.	0.	0
(50) DURWESH KHALFE	1.00									
HOUSTON DIRECTOR		х						0.	0.	0
(51) ROGELIO MARROQUIN	1.00									
HOUSTON DIRECTOR		х						0.	0.	0
(52) SHERYL JIMERSON	1.00								_	_
HOUSTON DIRECTOR (LEFT 3/2022)		х						0.	0.	0
(53) DR. ILIANA ALANIS	1.00								_	_
SAN ANTONIO DIRECTOR (START 10/2021)		х						0.	0.	0
(54) TONDA BROWN	1.00								_	_
SAN ANTONIO DIRECTOR		х						0.	0.	0
(55) RUBEN D. CAMPO	1.50									
SAN ANTONIO DIRECTOR	1 50	х						0.	0.	0
(56) GREG FLORES	1.50								0	
SAN ANTONIO DIRECTOR	1 00	X						0.	0.	0
(57) SAMANTHA M. GALLEGOS	1.00								0	0
SAN ANTONIO DIRECTOR	1 00	X						0.	0.	0
(58) STEVE JACOBS	1.00	v						0	0	0
SAN ANTONIO DIRECTOR (LEFT 3/2022) (59) JIM JEFFERY	1.00	X						0.	0.	0
	1.00	x						0	0	0
SAN ANTONIO DIRECTOR (LEFT 1/2022) (60) KAREN MAWYER	1.00	~						0.	0.	0
SAN ANTONIO DIRECTOR	1.00	x						0.	0.	0
(61) LUCAS O'BRIEN	1.00	Δ						· ·	0.	0
SAN ANTONIO DIRECTOR (START 3/2022)	1.00	x						0.	0.	0
(62) VIVIANA TRISTAN	1.00	Δ						· ·	0.	0
SAN ANTONIO DIRECTOR	1.00	x						0.	0.	0
(63) MIKE ZACHO	1.00							, v.	0.	
SAN ANTONIO DIRECTOR	1.00	x						0.	0.	0
								·.	••	
	1									

132201 04-01-21

			2021) AVANCE, INC.			91-207449	9 Page 9
Pa	rt V	/111	Statement of Revenue				
			Check if Schedule O contains a response or note to an		(B)		
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s o	1	2	Federated campaigns 1a 1,707,0	09.			
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b				
٦ B			Fundraising events	72.			
ifts. A			Related organizations 1d	_			
a, Bila			Government grants (contributions) 1e 55,011,4	20.			
ŝi			All other contributions, gifts, grants, and				
buti			similar amounts not included above 1f 3, 382, 3	16.			
d Dri		g	Noncash contributions included in lines 1a-1f				
о В С		h	Total. Add lines 1a-1f	▶ 60,356,817.			
			Business Co	ode			
e	2	а					
ervi		b					
u Si		С					
Jran Rev		d					
Program Service Revenue		e					
ш			All other program service revenue				
	3	g	Total. Add lines 2a-2f Investment income (including dividends, interest, and				
	5			▶ 6,021.			6,021.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	-		(i) Real (ii) Person	al			
	6	а	Gross rents				
		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	r			
			assets other than inventory 7a 9,886.				
		b	Less: cost or other basis				
onu			and sales expenses	_			
evenue			Gain or (loss) 7c156.	150			150
č			Net gain or (loss)	-156.			-156.
Other	8	а	Gross income from fundraising events (not including \$ of				
0			contributions reported on line 1c). See				
			Part IV, line 18	65.			
		b	Less: direct expenses				
				▶ 32,544.			32,544.
			Gross income from gaming activities. See				
			Part IV, line 19 9a				
		b	Less: direct expenses 9b				
			Net income or (loss) from gaming activities				
	10	а	Gross sales of inventory, less returns				
			and allowances 10a				
			Less: cost of goods sold 10b				
		С	Net income or (loss) from sales of inventory				
sn		~	Business Co				
Miscellaneous Revenue	11						
en ven		b c					
isce Re			All other revenue				
Σ				•			
	12	-	Total revenue. See instructions	60,395,226.	0.	0.	38,409.
13200		09-					Form 990 (2021)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 40,000 40,000 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 1,026,170. 296,590. 681,246. 48,334. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 29,731,482. 26,301,630. 3,231,526. 198,326. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 326,712 297,624 27,313 1,775. 4,179,826 3,869,999 292,728 17,099. Other employee benefits 9 2,947,099 2,598,471 327,243 21,385. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 39,604 16,666. 22,938 b Legal 128,701, 128,701, С Accounting Lobbying d 18,091 18,091. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 9,590,528 10,565,301 941,066 33,707. column (A), amount, list line 11g expenses on Sch 0.) 3,253 874 1,261 1,118. Advertising and promotion 12 697,580. 602,285. 93,285 2,010. 13 Office expenses _____ Information technology 14 Royalties 15 4,240,267 3,892,611. 337,451 10,205. 16 Occupancy 29,351 167,240, 137,889, 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,490. 63,345. 42,204. 18,651. Conferences, conventions, and meetings 19 13,973. 11,193 2,780. 20 Interest Payments to affiliates 247,892. 74,368, 173,389 135. 21 453,217 450,195, 3,022 22 Depreciation, depletion, and amortization 250,328 209,925 39,281. 1,122. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) SUPPLIES 3,170,709. 3,068,701. 98,652 3,356. а EQUIP. RENTAL/MAINTENAN 676,904 536,988. 137,898 2,018. b STAFF DEVELOPMENT 623,749, 533,326, 89,974. 449. С CLIENT FEES 244,703 244,703 d 58,871 25,322 8,574. 24,975 All other expenses е 59,915,017 52,830,899 6.711.144 372,974. Total functional expenses. Add lines 1 through 24e 25 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)

132010 12-09-21

09290202 701245 121407.03

Form 990 (2021))	
Part X	Ba	lance	Sheet

			(A) Beginning of year		(B) End of year
on-interest-bearing			1,610,343.	1	2,012,999
and temporary cash investments			2,685,116.	2	3,312,470
and grants receivable, net			2,895,322.	3	3,441,161
s receivable, net			87,615.	4	124,800
nd other receivables from any current or	,				
key employee, creator or founder, subsi					
ed entity or family member of any of the				5	
nd other receivables from other disquali	-				
ection 4958(f)(1)), and persons described	-			6	
nd loans receivable, net				7	
ies for sale or use				8	
			74,477.	9	335,717
uildings, and equipment: cost or other			, -		,
omplete Part VI of Schedule D	10a	11,729,412.			
cumulated depreciation		9,654,251.	2,326,959.	10c	2,075,161
ents - publicly traded securities		11	_ / / /		
ents - other securities. See Part IV, line -				12	
ents - program-related. See Part IV, line				13	
le assets				14	
sets. See Part IV, line 11		0.	15	16,740	
sets. Add lines 1 through 15 (must equ			9,679,832.	16	11,319,048
s payable and accrued expenses			2,315,196.	17	2,670,463
ayable	, , , -	18	, ,		
l revenue			123,822.	19	978,079
npt bond liabilities			1	20	,
or custodial account liability. Complete		Г		21	
nd other payables to any current or form				21	
key employee, creator or founder, subsi					
ed entity or family member of any of the		22			
mortgages and notes payable to unrela	-	rties		23	
red notes and loans payable to unrelated	-	Γ		24	
bilities (including federal income tax, pa	•				
and other liabilities not included on lines					
tule D	,		19,079.	25	0
bilities. Add lines 17 through 25			2,458,097.	26	3,648,542
ations that follow FASB ASC 958, che	ck here 🕨	X	, , , -	20	, ,
nplete lines 27, 28, 32, and 33.					
			5,714,401.	27	6,062,653
			1,507,334.	28	1,607,853
ations that do not follow FASB ASC 9			, ,		, ,
nplete lines 29 through 33.	,				
stock or trust principal, or current funds				29	
or capital surplus, or land, building, or ed				30	
d earnings, endowment, accumulated in				31	
			7,221,735.		7,670,506
					11,319,048
			sets or fund balances es and net assets/fund balances		

Form **990** (2021)

132011 12-09-21

Form	1990 (2021) AVANCE, INC.	91-207449	9	Pa	_{ge} 12
	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	60,	395,	226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,	915,	017.
3	Revenue less expenses. Subtract line 2 from line 1	3		480,	209.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	221,	735.
5	Net unrealized gains (losses) on investments	5		-31,	438.
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,	670,	506.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le 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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L
				uur)	(0001)

Form **990** (2021)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public

				Open to Public Inspection						
Nan	ne of t	the organizati	on						Employer	identification number
			AVANCE	, INC.						91-2074499
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	is.	
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	า 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	e:							
5					llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
				Complete Part II.)						
6			-	-	nental unit described in					
7	X				ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
_				omplete Part II.)						
8	\square	-			(1)(A)(vi). (Complete Par					
9		•			in section 170(b)(1)(A)(• •			°,	•
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
40		university:		II	then 00 1/00/ of its sure					
10		-		• • • •	than 33 1/3% of its supp				-	
					t to certain exceptions; a					
				mplete Part III.)	(less section 511 tax) fro		ses acqui	eu by the oli	Janization a	inter Julie 30, 1975.
11					ively to test for public sa	fotu Soo	section 50)Q(a)(4)		
12	H	-	-		ively for the benefit of, to	•			urry out the	nurnoses of one or
12					d in section 509(a)(1) o					
					f supporting organization					
а		7			upervised, or controlled					aivina
					gularly appoint or elect a	• • • •	-		•••••	
			-	complete Part IV, Se						
b		¬ -			or controlled in connect	tion with it:	s supporte	d organizatio	n(s). by hav	rina
				-	anization vested in the sa			-		-
			-	t complete Part IV,		•			• • • •	
с		¬ -		-	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
		its support	ed organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	rted organiz	ation(s)
		that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requiremer	nt (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	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported c	organizations						
g				about the supporte		(iv) is the oroa	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	,	 i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
		9			above (see instructions))	Yes	No			
Tota	ni									

91-2074499

Page **2**

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.)

504	ction A. Public Support	· •	•	,			
		(-) 00/-	(1-) 0040	(-) 0010	(-1) 0000	(-) 000 ((C + · ·
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	40 -00 -00	F1 000				
	include any "unusual grants.")	48,700,849.	51,932,753.	55,263,141.	57,093,161.	60,356,817.	273,346,721.
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 \dots			122,918.	205,001.	10,600,935.	10,928,854.
4	Total. Add lines 1 through 3	48,700,849.	51,932,753.	55,386,059.	57,298,162.	70,957,752.	284,275,575.
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.						284,275,575.
-	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		48,700,849.	51,932,753.	55,386,059.	57,298,162.	70,957,752.	284,275,575.
	Amounts from line 4	40,700,045.	51,552,755.	33,300,035.	57,250,102.	10,551,152.	204,275,575.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.670	0.550	25.005	4.0. 5.0.0	c	CO 110
	and income from similar sources	2,670.	9,550.	37,287.	12,590.	6,021.	68,118.
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.)	288,744.	499,836.	231,080.	282,951.	177,565.	1,480,176.
11	Total support. Add lines 7 through 10						285,823,869.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	D1(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.46 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.40 %
16a	33 1/3% support test - 2021. If the c					ore, check this bo	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c	. ,	•				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
110	and if the organization meets the facts						
	-			-		-	
	meets the facts-and-circumstances te	-		• • • •		To and line 15 is	
b	10% -facts-and-circumstances test	-					10% OF
	more, and if the organization meets th						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box ar		
						Sebedule A	(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

Part III Supp	ort Schedule for	Organizations	Described in S	Section 509)(a)(2	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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) org	anization,
	check this box and stop here	-			-		>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from		'			18	%
	33 1/3% support tests - 2021. If the					· · · ·	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						1/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	3 01-04-22						edule A (Form 990) 2021
			10				

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 instruction	ıs).		
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	instructior	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 on 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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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		
132025		ule A (Fori	n 990)	2021

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 Schedule A (Form 990) 2021
 AVANCE , INC.

 Part IV
 Supporting Organizations (continued)

20 2021.05040 AVANCE, INC. 91-2074499

Page 5

art V Type III Non-Functionally Integrated 509(a)(3) Suppor Check here if the organization satisfied the Integral Part Test as a quality			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	
ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Sche	dule A (Form 990) 2021 AVANCE, INC.				91-2074499	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	on D - Distributions		·		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
<u> i</u>	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if					
5	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
0	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 17.2 and 730; Part III, line 12. and 730; Part III, lines 1.2 and 3.0 and 9.0 and 9.0 and 9.0 and 10; Part IV, Section C, lines 11, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1.2, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1.2, 2b, 3d, and 5d, 2d, 4d, 2d, 5d, 6d, 3d, 9d, 2d, 11, 11b, and 11d, 2d, 2d, 3d, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1.4, 2d, 2d, 3d, and 3d; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1.4, 2d, 2d, 3d, and 3d; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1.4, 2d, 2d, 3d, and 3d; Part V, line 1; Part V, Section B, line 1e; Part V, Sectin B, line 1e; Part V, Section B, line 1e; Part V, Sect	Schedule A (Form 990) 2021 AVANCE, INC.	91-2074499	Page 8
UNDRAISING PROCEEDS 017 AMOUNT: \$ 288,744. 018 AMOUNT: \$ 499,836. 019 AMOUNT: \$ 82,293. 020 AMOUNT: \$ 262,851. 021 AMOUNT: \$ 177,565. HEVY SETTLE 019 AMOUNT: \$ 1,77,565. HEVY SETTLE 019 AMOUNT: \$ 4,218. AIN FROM DISCONTINUED OPERATIONS 019 AMOUNT: \$ 144,569. THER INCOME	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a d 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	1 and 2; Part IV, Sectic V, Section B, line 1e; F	on C, Part V,
017 AMOUNT: \$ 288,744. 018 AMOUNT: \$ 499,836. 019 AMOUNT: \$ 82,293. 020 AMOUNT: \$ 262,851. 021 AMOUNT: \$ 177,565. 117 AMOUNT: \$ 177,565. 119 AMOUNT: \$ 4,218. 119 AMOUNT: \$ 14,218. 119 AMOUNT: \$ 144,569. 119 AMOUNT: \$ 144,569. 119 AMOUNT: \$ 144,569.	SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
018 AMOUNT: \$ 499,836. 019 AMOUNT: \$ 82,293. 020 AMOUNT: \$ 262,851. 021 AMOUNT: \$ 177,565. HEVY SETTLE 019 AMOUNT: \$ 4,218. AIN FROM DISCONTINUED OPERATIONS 019 AMOUNT: \$ 144,569. THER INCOME	FUNDRAISING PROCEEDS		
019 AMOUNT: \$ 82,293. 020 AMOUNT: \$ 262,851. 021 AMOUNT: \$ 177,565. HEVY SETTLE 019 AMOUNT: \$ 4,218. AIN FROM DISCONTINUED OPERATIONS 019 AMOUNT: \$ 144,569. THER INCOME	2017 AMOUNT: \$ 288,744.		
020 AMOUNT: \$ 262,851. 021 AMOUNT: \$ 177,565. HEVY SETTLE 019 AMOUNT: \$ 4,218. AIN FROM DISCONTINUED OPERATIONS 019 AMOUNT: \$ 144,569. THER INCOME	2018 AMOUNT: \$ 499,836.		
021 AMOUNT: \$ 177,565. HEVY SETTLE 019 AMOUNT: \$ 4,218. AIN FROM DISCONTINUED OPERATIONS 019 AMOUNT: \$ 144,569. THER INCOME	2019 AMOUNT: \$ 82,293.		
HEVY SETTLE 019 AMOUNT: \$ 4,218. AIN FROM DISCONTINUED OPERATIONS 019 AMOUNT: \$ 144,569. THER INCOME	2020 AMOUNT: \$ 262,851.		
019 AMOUNT: \$ 4,218. AIN FROM DISCONTINUED OPERATIONS 019 AMOUNT: \$ 144,569. THER INCOME	2021 AMOUNT: \$ 177,565.		
019 AMOUNT: \$ 4,218. AIN FROM DISCONTINUED OPERATIONS 019 AMOUNT: \$ 144,569. THER INCOME	CHEVY SETTLE		
019 AMOUNT: \$ 144,569. THER INCOME			
THER INCOME	GAIN FROM DISCONTINUED OPERATIONS		
	2019 AMOUNT: \$ 144,569.		
020 AMOUNT: \$ 20,100.	OTHER INCOME		
	2020 AMOUNT: \$ 20,100.		

132028 01-04-22

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

~ 4

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2021
Name of the organization		Employer identification number
A	VANCE, INC.	91-2074499
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor'	g \$5,000 or more (in money or
Special Rules		
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, sc ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e (b) instead of the contributor name and address), II, and III.	ientific,
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ns <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an <i>exclusively</i> religious complete any of the parts unless the General Rule applies to this organization because it uble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Schedule B

(Form 9	90)
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	B (Form 990) (2021)	1	Page
Name of or	rganization	Emp	loyer identification number
AVANCE,	INC.		91-2074499
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$51,470,145.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
AVANCE,	INC.		91-2074499
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

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Schedule B (Form 990) (2021)

lame of or	rganization		Employer identification numb		
VANCE,	INC.		91-2074499		
Part III	Exclusively religious, charitable, etc., contribut	 h) through (e) and the following line encoder charitable, etc., contributions of \$1,000 or 	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y try. For organizations 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 gif	 t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gif	 t		
-	Transferee's name, address, a	nd 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 gif	 t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
3454 11-11-	-21	L	Schedule B (Form 990) (2		

FORM 990 LINE H(B) - LIST OF AFFILIATED STATEMENT 1 ORGANIZATIONS INCLUDED IN GROUP RETURN			
NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID	
AVANCE - AUSTIN, INC.	745 MANSELL 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 BLVD., SUITE 103 - DALLAS, TX 75212	75-2699260	
AVANCE - HOUSTON, INC.	4281 DACOMA STREET - HOUSTON, TX 77092	91-1780562	

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Name of the organization

Employer identification number

	AVANCE, INC.		91-2074499
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of	a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired a		
u	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rel		
U	year	cased, extinguished, or terminated by the or	gamzation during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
U	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U		handling of violations, and emotoling conserv	vation casements during the year
7	 Amount of expenses incurred in monitoring, inspecting, hand 	lling of violations, and enforcing conservation	n easements during the year
'	S	ing of violations, and enforcing conservation	rieasements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section $170(b)(c$	4)(R)(i)
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ŭ	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.		
Par		Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar	, ,	
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
~	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
-	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
	10-28-21		
102001			

29		
2021.05040	AVANCE,	INC.

	Schee	dule D (Form 990) 2021 AVANCE , INC							91-207		P	age 2
a Public exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, o	r Othe	r Simila	r Assets	contii	nued)	
a □ Public exhibition d □ Loan or exchange program b □ Scholary research e □ Other c □ Preservation for thure generations e □ Other similar assets c □ Preservation for thure generations and the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, dith a expanization solicitons and explain how they further the organization's collection? Yes Part W Escrow and Custodial Arrangements. Complete it the organization answered "Yes" on Form 990, Part X, line 21. Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes c Beginning balance 1d 1d c Beginning balance 1d 1d d If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes d If difficult and assets 1d 1d f Endity balance 1d 1d d Outrine year 1d 1d d Outrent year 1d) Prior year 1d d Outrentyear 1d 1d <th>3</th> <th>Using the organization's acquisition, accessi</th> <th>on, and other record</th> <th>s, check an</th> <th>y of the f</th> <th>ollowing that</th> <th>t make s</th> <th>ignificant</th> <th>use of its</th> <th></th> <th></th> <th></th>	3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the f	ollowing that	t make s	ignificant	use of its			
b Scholarly research e Other c Prever a description of future generations 4 Provide a description of the organization's collectons and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collectons and explain how they further the organization's exempt purpose in Part XIII. 6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to to be solid to reise funds rather than to be maintained as part of the organization soliditor of the organization soliditor of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediation a discription of the organization or the part XIII. a bit fives, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Intermediation of the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves Intermediation account in the organization answerd 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back in the organization answerd 'Yes' on Form 990, Part X, line 10. 1a Beginning of		collection items (check all that apply):										
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c Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
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g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment funds not in the possession of the organization that are held and administered for the organization b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) d Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the orga	, a											
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e Other	е	Other				,		,	668.			433.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. column (l</u>	<u>3). line 1</u>	0c.)				2	,075,	161.

Schedule D (Form 990) 2021

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Part VII	Investments - Other Securities.	

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	►
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X	., line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	

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

Total. (Column (D) must equal Porm 390, Part X, Col. (D) line 25.)

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

Schedule D (Form 990) 2021

132053 10-28-21

(7) (8) (9)

X

Part XI Reconciliation of Revenue per Audited Financial		per Return.
Complete if the organization answered "Yes" on Form 990, Part I		
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:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line</i> Part XII Reconciliation of Expenses per Audited Financial	<u>912.)</u> Statements With Expense	s per Beturn
Complete if the organization answered "Yes" on Form 990, Part I	•	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		·········
 a Donated services and use of facilities 	2a	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. li	ne 18.)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional information.	
PART X, LINE 2:		
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	R SECTION	
501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTR	ENT THAT IT HAS	
UNRELATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE	TAXABLE UNRELATED	
BUSINESS INCOME DURING THE YEAR ENDED JUNE 30, 2022. THE C	ORGANIZATION S	
ESTIMATE OF THE POTENTIAL OUTCOME OF ANY UNCERTAIN TAX IS:	SUES IS SUBJECT	
TO MANAGEMENT'S ASSESSMENT OF RELEVANT RISKS, FACTS, AND	CIRCUMSTANCES	
EXISTING AT THE TIME. THE ORGANIZATION USES A MORE LIKELY	THAN NOT	
THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREM	MENT OF A TAX	
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TO	О ТНЕ ЕХТЕМТ ТНАТ	
THE ORGANIZATION'S ASSESSMENT OF SUCH TAX POSITION CHANGES	5, THE CHANGE IN	
ESTIMATE IS RECORDED IN THE PERIOD IN WHICH THE DETERMINA?	FION IS MADE. THE	
132054 10-28-21		Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

91-2074499

Page 4

Part XIII Supplemental Information (continued)

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

A COMPONENT OF INCOME TAX EXPENSE AS INCURRED. AS OF JUNE 30, 2022, NO

UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED.

Schedule D (Form 990) 2021

132055 10-28-21

09290202 701245 121407.03

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employor id	Inspection entification number
Name of the organization	AVANCE, IN	c.					91-20744	
	ing Activities.	Complete if the organization answe t	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 Indicate whether th X Mail solicitat X Internet and X Phone solici X Phone solici X In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P I highest paid indiv	sed funds through any of the followin e X Solicita f X Solicita g X Special or oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
NAVARRO GROUP - 18		AVANCE LATINO STREET	Yes	No				
WATERWAY RD., DALL		FESTIVAL - EVENT PLANNER		X	57,840.		8,000	. 49,840.
GIANT SQUID - 1160 DRIVE, AUSTIN, TX		GRANT WRITING		x	0.		10,091	10,091.
					57.940		18 001	20.740
Total 3 List all states in whi or licensing.	ch the organizatic	on is registered or licensed to solicit o	contrib	utions	57,840. or has been notified	it is (18,091 exempt from r	
TX								
-	eduction Act Not	ice, see the Instructions for Form S	990 or	990-E	Ζ.		Schedu	le G (Form 990) 2021

Part II 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.

		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	0 . ,
			SAN ANTONIO MOTHER	. ,		(d) Total events
			OF THE YEAR FUNDRAISER		6	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	174,777.	113,708.	145,152.	433,637.
	2	Less: Contributions	153,438.	52,247.	50,387.	256,072.
	3	Gross income (line 1 minus line 2)	21,339.	61,461.	94,765.	177,565.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	2,597.		16,476.	19,073.
Direct Expenses	7	Food and beverages	21,339.	15,167.	6,162.	42,668.
ē	8	Entertainment	6,535.		10,578.	17,113.
	9	Other direct expenses	10,993.	14,719.	40,455.	66,167.
	10	145,021.				
Pa	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		🕨	32,544.

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.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue							
es	2	Cash prizes							
xbens	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %				
	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	En	ter the state(s) in which the organization condu	cts gaming activities:						
-		he organization licensed to conduct gaming ac				Yes No			
b	lf "	No," explain:							
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								
b	lf "	Yes," explain:							

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	AVANCE, INC.		91-207449	9	Page 3
11	Does the organization conduct g	aming activities with nor	nmembers?		Yes	No
12	0 0 /	,	rust, or a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No
	Indicate the percentage of gamin	• •		I.		
						%
						%
14	Enter the name and address of the	e person who prepares	the organization's gaming/special events books and record	s:		
	Name 🕨					
	Address 🕨					
15a	Does the organization have a cor	ntract with a third party f	from whom the organization receives gaming revenue?		Yes	No No
I	If "Yes," enter the amount of gan	ning revenue received by	y the organization 🕨 💲 and the amo	ount		
	of gaming revenue retained by th	e third party 🕨 \$				
0	If "Yes," enter name and address	of the third party:				
	Name					
	Address 🕨					
16	Gaming manager information:					
	5 5					
	Name 🕨					
	Gaming manager compensation	► \$				
	darning manager compensation	• •				
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	r state law to make cha	ritable distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	No No
I			w to be distributed to other exempt organizations or spent in	n the		
	organization's own exempt activi					
Pa			explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provic	de any additional information. See instructions.			
SCF	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGH	EST PAID FUNDRAISERS.			
(I)	NAME OF FUNDRAISER: NAVA	RRO GROUP				
(I)	ADDRESS OF FUNDRAISER: 1	8908 WATERWAY RD.	, DALLAS, TX 75287			
1320	83 10-21-21		26	Schedule G (Form	990) 2021

990)	AVANCE,	INC.
nlomontol	Information	

Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization AVANCE, INC							Employer identification number 91-2074499
Part I General Information on Grant	s and Assistance						
1 Does the organization maintain record criteria used to award the grants or a		-			-		
2 Describe in Part IV the organization's	procedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance recipient that received more that	-				anization answered "Y	'es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AVANCE, INC 824 BROADWAY STREET, SUITE 204 SAN ANTONIO, TX 78215	74-1769114	501(C)(3)	40,000.	0.			AFFILIATE FEES FOR PROGRAM SERVICES
 2 Enter total number of section 501(c)(3 3 Enter total number of other organizat LHA For Paperwork Reduction Act Not 	ons listed in the line	l table	e line 1 table				

AVANCE, INC. Schedule I (Form 990) 2021

(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

39

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

91-2074499

Page 2

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	I
		Compensated Employees		20		1
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	n	Employer ic		on nui	nber
		AVANCE, INC.	91-20	074499		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chef)			
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or		4		
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
3	Indianta which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s				
		ation of the CEO/Executive Director, but explain in Part III.	1110			
	Compensation					
	·	compensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation c	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
с		eive payment from an equity-based compensation arrangement?				x
	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			. 5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	net earnings of:				
а	The organization?			6a		x
b		ation?				x
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	Х	<u> </u>
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)	2021

132111 11-02-21

91-2074499

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LUZ FLORES	(i)	176,574.	0.	0.	2,056.	6,777.	185,407.	0.
HOUSTON EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN S. THOMPSON	(i)	155,396.	2,000.	0.	3,145.	489.	161,030.	0.
SAN ANTONIO EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAVIN A. MONTGOMERY	(i)	150,495.	0.	0.	3,016.	6,777.	160,288.	0.
HOUSTON CHIEF ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE SAN ANTONIO EXECUTIVE DIRECTOR RECEIVED A DISCRETIONARY BONUS BASED ON

EMPLOYMENT STATUS. THE PAYMENT WAS INCLUDED IN FORM W-2 AND REPORTED ON

SCHEDULE J, PART II, COLUMN B(II).

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 91-2074499

AVANCE, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PRE-SCHOOL READINESS AND GAUGES THE PROGRESS AND OUTCOMES OF CHILDREN.

FORM 990, PART III, LINE 4B, 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

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 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

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

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

2021.05040 AVANCE, INC.

Name of the organization AVANCE, INC.		Employer identification number 91-2074499
INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOV.	ERNING BOARD OR COMMITTEE	
MEETING WHILE THE DETERMINATION OF A CONFLICT		
VOTED UPON. THE REMAINING BOARD OR COMMITTEE	MEMBERS SHALL DECIDE IF A	
CONFLICT OF INTEREST EXISTS.		
IF THE GOVERNING BOARD OR COMMITTEE HAS REASO	NABLE CAUSE TO BELIEVE A	
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSI	BLE CONFLICTS OF INTEREST, IT	
SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH	BELIEF AND AFFORD THE MEMBER	
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE	TO DISCLOSE. IF, AFTER	
HEARING THE MEMBER'S RESPONSE AND AFTER MAKIN	G FURTHER INVESTIGATION AS	
WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING	BOARD OR COMMITTEE DETERMINES	
THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL O	R POSSIBLE CONFLICT OF	
INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLIN	ARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:		
THE COMPENSATION OF THE EXECUTIVE DIRECTORS I	S REVIEWED AND APPROVED BY THE	
CHAPTER BOARD OF DIRECTORS. EVERY THREE YEARS	, AVANCE, INC. COMPLETES A	
COMPENSATION STUDY AND THE RESULTS ARE USED T	O DETERMINE THE APPROVED	
SALARY. A REVIEW WAS LAST CONDUCTED IN 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.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
ADMIN SUPPORT FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	45,562.	
FUNDRAISING EXPENSES 132212 11-11-21	0.	Schedule O (Form 990) 202 [.]
	44	

Name of the organization AVANCE, INC.		Employer identification number 91-2074499
TOTAL EXPENSES	45,562.	
MEDICAL & EMPLOYMENT TESTING FEES:		
PROGRAM SERVICE EXPENSES	80,106.	
MANAGEMENT AND GENERAL EXPENSES	7,356.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	87,462.	
CONTRACTED SERVICES:		
PROGRAM SERVICE EXPENSES	1,234,491.	
MANAGEMENT AND GENERAL EXPENSES	531,675.	
FUNDRAISING EXPENSES	33,156.	
TOTAL EXPENSES	1,799,322.	
PAYROLL FEES:		
PROGRAM SERVICE EXPENSES	1,142.	
MANAGEMENT AND GENERAL EXPENSES	162,152.	
FUNDRAISING EXPENSES	0.	
	0. 163,294.	
TOTAL EXPENSES		
TOTAL EXPENSES T&TA CONSULTANTS:		
TOTAL EXPENSES T&TA CONSULTANTS: PROGRAM SERVICE EXPENSES	163,294.	
FUNDRAISING EXPENSES TOTAL EXPENSES T&TA CONSULTANTS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	163,294. 109,646.	
TOTAL EXPENSES T&TA CONSULTANTS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	163,294. 109,646. 3,340.	
TOTAL EXPENSES T&TA CONSULTANTS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	163,294. 109,646. 3,340. 0.	
TOTAL EXPENSES T&TA CONSULTANTS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	163,294. 109,646. 3,340. 0.	

Schedule O (Form 990) 2021 Name of the organization AVANCE / INC.		Page Employer identification number 91-2074499
· · · · · · · · · · · · · · · · · · ·		91-2074499
ANAGEMENT AND GENERAL EXPENSES	9,636.	
UNDRAISING EXPENSES	385.	
OTAL EXPENSES	738,502.	
UBRECIPIENT CONTRACT SERVICES:		
ROGRAM SERVICE EXPENSES	6,228,314.	
ANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	6,228,314.	
PRE-EMPLOYMENT & SCREENING:		
ROGRAM SERVICE EXPENSES	13,737.	
ANAGEMENT AND GENERAL EXPENSES	990.	
UNDRAISING EXPENSES	166.	
OTAL EXPENSES	14,893.	
'EACHER'S ASSISTANT:		
ROGRAM SERVICE EXPENSES	1,190,989.	
ANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	1,190,989.	
'EMPORARY STAFF AGENCY:		
ROGRAM SERVICE EXPENSES	3,622.	
ANAGEMENT AND GENERAL EXPENSES	180,355.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	183,977.	
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,565,301.	
32212 11-11-21 46	10,303,301.	Schedule O (Form 990) 2

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
AVANCE, INC.	91-2074499
· · · · · · · · · · · · · · · · · · ·	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	
132212 11-11-21	Schedule O (Form 990) 202

132161	11-17-21	LHA	

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.

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

Name of the organization

Department of the Treasury Internal Revenue Service

AVANCE, INC.

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

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

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

(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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
AVANCE, INC - 74-1769114							
824 BROADWAY STREET, SUITE 204	FAMILY SUPPORT AND						
SAN ANTONIO, TX 78215	EDUCATION	TEXAS	501(C)(3)	LINE 7	N/A		х
	-						

48

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

Schedule R (Form 990) 2021

2021 Open to Public Inspection

Employer identification number

91-2074499

(Form 990)

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?			General or managing partner?		Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)			:
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)		_	_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses		x	T
q Reimbursement paid by related organization(s) for expenses	<u>1q</u>		_
r Other transfer of cash or property to related organization(s)		x	
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2021 AVANCE, INC.

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Perc	entage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} own	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		
											\square		

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

132165 11-17-21

52 2021.05040 AVANCE, INC.