# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

# **ARMANINO**<sup>LLP</sup>

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

Form <b>9</b>
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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 e	ending J	JN 30, 2022	
	heck if pplicab	e: C Name of organization		D Employer identific	cation number
X	Addre				
	Name chang			74-1769114	
	Initial		Room/suite	E Telephone number	
	Final returr	/ 824 BROADWAY STREET 2	04	210-270-4630	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	14,922,059.
	Amer returr	SAN ANIONIO, IX 76215		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: ELIDA GONZALES		for subordinates	? Yes 🗴 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) o	r 📃 527	If "No," attach a	list. See instructions
		te: HTTPS://WWW.AVANCE.ORG/		H(c) Group exemption	n number 🕨
		forganization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1973 🛛 🛛	State of legal domicile: TX
Pa	rt I	Summary			
е	1	Briefly describe the organization's mission or most significant activities: TO STRE		AMILIES IN AT	
Governance		RISK COMMUNITIES THROUGH PARENT EDUCATION AND SUPPORT PROGRAM	IS.		
erné	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
0V6	3				12
	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			259
iviti	6	Total number of volunteers (estimate if necessary)			20
Activities &		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			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		11,842,973.	14,538,543.
ent	9	Program service revenue (Part VIII, line 2g)		272,455.	316,958.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		66,188.	66,558.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,181,616.	14,922,059.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,599,761.	11,012,222.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			.58.	4 002 024	2 922 500
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,003,934.	3,822,509.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,603,695.	14,834,731.
5	19	Revenue less expenses. Subtract line 18 from line 12		577,921.	87,328.
Net Assets or Fund Balances	-		Ве	ginning of Current Year	End of Year
vsse Bala	20	Total assets (Part X, line 16)	·····	2,347,446.	3,341,095.
let A	21	Total liabilities (Part X, line 26)	·····	954,877.	1,861,198.
Da Da	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		1,392,569.	1,479,897.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	unter and to the heat of my	knowledge and belief it is
unut	ы реп	anies of perjury, i decidite matti nave examined uns return, including accompanying schedules	and statement	anto, and to the best of filly	KINOWIEUUE AND DEITEL, IL IS

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

		Circulation of officer	LES, CFO				
Sign		Signature of officer			Date		
Here Pr		ELIDA GONZALES, CFO					
		Type or print name and title					
	Prin	t/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	MATT	THEW PETROSKI	ATTHEW PETROSKI	02/06/23	if self-employed	P00853132	
Preparer		's name 🕒 ARMANINO, LLP			Firm's EIN 🕨 🦻	4-6214841	
Use Only	Firm	's address ▶ 15950 N. DALLAS PKWY, #60	0 0				
		DALLAS, TX 75248			Phone no.972-66	51-1843	
May the I	RS di	scuss this return with the preparer shown abov	e? See instructions			X Yes	No
		1114 For Denemicarly Deduction Act Nation				QQ(	(0001)



Form	990 (2021) AVANCE, INC.	74-1	769114	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission: 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			XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes	XNo
Ũ	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program s	ervices, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation			
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$9,593,331. including grants of \$	) (Revenue \$		0.)
	EARLY HEAD START AND HEAD START - COMPREHENSIVE PROGRAMS SUPPORTING			
	EXPECTANT MOTHERS AND CHILDREN AGES SIX WEEKS TO FIVE YEARS OLD. RICH			
	LEARNING EXPERIENCES, DESIGNED TO HELP CHILDREN DEVELOPMENTALLY,			
	SOCIALLY, EMOTIONALLY, AND PHYSICALLY, CONTRIBUTE TO A CHILD'S			
	READINESS FOR SCHOOL AND BEYOND.			
4b	(Code: ) (Expenses \$ 2,528,939. including grants of \$	) (Revenue \$	1	7,950.)
	QUALITY CHILD CARE MATTERS PROVIDES HOME-BASED CHILDCARE PROVIDERS WITH	, , , ,		
	TRAINING AND SUPPORT TO ENSURE THEY ARE FOLLOWING LICENSING STANDARDS,			
	THEY HAVE APPROPRIATE POLICIES AND PROCESSES IN PLACE, AND THAT THEY			
	ARE IMPLEMENTING BEST PRACTICES IN CHILD DEVELOPMENT AND EARLY			
	CHILDHOOD LEARNING.			
	£20,005		20	0 0 0 0 1
4c	(Code:) (Expenses \$	) (Revenue \$	29	9,000.)
	BECOME THEIR CHILD'S FIRST TEACHER AND HOW TO ENSURE THAT THE HOME IS			
	THE FIRST CLASSROOM. PCEP HAS BEEN IMPLEMENTED WITH THOUSANDS OF THE			
	HARDEST-TO-REACH FAMILIES AND CHILDREN FOR THE PAST 46 YEARS AND HAS			
	SHOWN A GREAT IMPACT ON PARENTS AND CHILDREN. PARENTS WHO PARTICIPATE			
	IN PCEP EXPERIENCE AN INCREASE IN KNOWLEDGE OF EARLY CHILD DEVELOPMENT			
	AND IMPROVE PARENTING SKILLS.			
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses 12,642,365.			200
			Form	<b>990</b> (2021)
132002	. 12-09-21 <b>3</b>			
	3			

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Par	t IV Checklist of Required Schedules			<u> </u>
			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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
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
<b>20</b> a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	0000	X
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Form 990 (2021)

AVANCE, INC.

Form	990 (2021) AVANCE, INC. 74-1769	114	P	age <b>4</b>		
Par	rt IV Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	·				
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
		23	х			
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>		
<b>24</b> a						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x		
	Schedule K. If "No," go to line 25a					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. <b>24b</b>		<u> </u>		
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		<u> </u>		
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?					
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		
97		. 20				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27				
28	Was the organization a party to a business transaction with one of the following parties (see 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					
55		33		x		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		<u> </u>		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	1		
	Part V, line 1			├──		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>	Х	├──		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. <u>35</u> b	Х	┝───		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1		
	If "Yes," complete Schedule R, Part V, line 2	36		x		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1		
	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	х	1		
Par		<u> </u>				
	Check if Schedule O contains a response or note to any line in this Part V					
		<u></u>	Yes	No		
4	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable	51	162			
		0				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v			
	(gambling) winnings to prize winners?	1c	X	<u> </u>		
132004	4 12-09-21	Form	220	(2021)		

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<sup>5</sup> 2021.05040 AVANCE, INC.

		(2021) AVANCE, INC.	74-176911	4	Р	age <b>5</b>
Par	tV	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			1		Yes	No
2a		r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed	for the calendar year ending with or within the year covered by this return	<b>2a</b> 259			
b		least one is reported on line 2a, did the organization file all required federal employment tax returr		2b	X	
		e: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	B			
				3a		X
b	lf "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At ar	ny time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	finan	ncial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	lf "Ye	es," 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	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did a	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		x
с	lf "Y€	es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		s the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any o	contributions that were not tax deductible as charitable contributions?	-	6a		x
b		es," did the organization include with every solicitation an express statement that such contribution				
	were	not tax deductible?	C C	6b		
7	Orga	anizations that may receive deductible contributions under section 170(c).				
а	-	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	vices provided to the pavor?	7a		x
b				7b		
c		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
-		e Form 8282?		7c		x
d		es," indicate the number of Forms 8282 filed during the year	7d			
e		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		x
f		the organization during the year, pay premiums, directly or indirectly, on a personal benefit contra		76 7f		x
g		e organization, earing the year, pay prominers, aready or manocity, on a personal point contra- e organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h		e organization received a contribution of qualified intellectual property, did the organization me ro		79 7h		
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
0				8		
9	-	nsoring organization have excess business nothings at any time during the years		-		
a	-			9a		
				9b		
ь 10		tion 501(c)(7) organizations. Enter:		30		-
		tion fees and capital contributions included on Part VIII, line 12	10a			
a h						
44		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11			110			
		s income from members or shareholders	<u>11a</u>			
b		ss income from other sources. (Do not net amounts due or paid to other sources against	116			
40-		unts due or received from them.)	11b	10-		
		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		-
		es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.		40.		
а		e organization licensed to issue qualified health plans in more than one state?		13a		
		e: See the instructions for additional information the organization must report on Schedule O.				
b		r the amount of reserves the organization is required to maintain by the states in which the	I			
		nization is licensed to issue qualified health plans	13b			
		r the amount of reserves on hand	13c			
14a				14a		X
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
		ess parachute payment(s) during the year?		15		X
		es," see the instructions and file Form 4720, Schedule N.				
16		e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
		es," complete Form 4720, Schedule O.				
17		tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a				1
	activ	ities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	lf "Ye	es," complete Form 6069.				
132005	12-09	-21 6		Form	990	(2021)

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2021.05040 AVANCE, INC.

Form	990 (2021) AVANCE, INC.			176911		Р	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, a	nd for a	"No" r	espon	se
	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	<b>1</b> a		12			
	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		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			1	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X X
6	Did the organization have members or stockholders?				6		^
<i>1</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				-		x
<b>L</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st				7a		^
D					76		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				7b		
			-		8a	х	
	The governing body? Each committee with authority to act on behalf of the governing body?				oa 8b	x	
9	Each committee with authority to act on behalf of the governing body?				uo		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code )		•		
		<u>ronao (</u>				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			]	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
					10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the fo	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	'es," de	scribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			1	15a	X	
b	Other officers or key employees of the organization				15b	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 arrangen	nent wi	th a				
	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 organ						
<u> </u>	exempt status with respect to such arrangements?				16b		<u> </u>
	tion C. Disclosure						
17 10		4 000	T (agotion F	01(0)(2)0	ophyl	ovoilol	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	u 990-		01(0)(0)5	Unity)	avallal	JIE
19	Own website Another's website Other ( <i>explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	licy and	financ	rial	
19	statements available to the public during the tax year.		merest po	noy, and	man	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	•			
-0	ELIDA GONZALES - 210-270-4630		1000103				
	824 BROADWAY STREET, 204, SAN ANTONIO, TX 78215						
132006	12-09-21				Form	990	(2021)
	7						,,
702	06 701245 121407.02 2021.05040 AVANCE.	INC.				12	140

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Form 990 (2021) AVANCE, INC.	74-1769114	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the organizatior	ı's tax year.
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regard Enter -0- in columns (D), (E), and (F) if no compensation was paid.	dless of amount of comper	isation.

• 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			Pos	itior	۱.		Reportable	Reportable	Estimated
	hours per	box	not cl , unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	offic	cer an	id à d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal ti		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. TERESA GRANILLO	40.00	-		0	$\leq$	Ξ	Ē			
CEO				x				186,598.	0.	7,783.
(2) SONIA DOMINGUEZ	40.00									
СРО				х				132,010.	0.	8,862.
(3) ELIDA GONZALES	40.00									
<u> </u>				х				123,683.	0.	8,905.
(4) LISSETTE RODRIGUEZ	1.00								_	_
BOARD CHAIR	1.00	Х		X				0.	0.	0.
(5) MANUEL BERRELEZ	1.00								0	0
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(6) RON ORAN	1.00									0
TREASURER	1.00	Х		Х				0.	0.	0.
(7) ROBERT MCCALLISTER	1.00								_	_
SECRETARY	1.00	Х		X				0.	0.	0.
(8) LUZELMA CANALES	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) DIANA CAVAZOS	1.00									0
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) HILDA GALVAN	1.00									0
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) MELANIE JOHNSON	1.00									0
BOARD MEMBER (12) MARLO MICHAELI	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(13) RYAN RAMIREZ	1.00	л						·.	•.	
BOARD MEMBER		x						0.	0.	0.
(14) SOFIA RAMON	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) CLAUDIA SANTAMARIA	1.00									
BOARD MEMBER		х						0.	0.	0.
	1				1	L	L	1		<b>– 000</b> (2024)

132007 12-09-21

Form 990 (2021)

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Form 990 (2021) AVANCE, INC.									74-17	6911	4	Р	age <b>8</b>
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offi	, unle	Pos heck	rson i	than of s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	ar	<b>(F)</b> stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MK 1099-NEC)	SC/	fi org an	pensa rom th Janizat d relat anizati	ne tion ted
			-							]			
1b Subtotal								442,291.		٥.		25,	,550.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 442,291.		0. 0.		25,	0. ,550.
2 Total number of individuals (including but i						e) wh	o re	eceived more than \$100,	000 of reportable	Э	I		
compensation from the organization												Yes	3 No
3 Did the organization list any former officer	, director, trust	ee, ŀ	key e	empl	loye	e, or	hig	phest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15										ſ	4	х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." cor											5		X
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for	-	-								censat	tion fro	Sm	
(A)				<u> </u>				(B)				C)	
Name and business SHINE EARLY LEARNING, 500 SEVENTH AV							_	Description of s			ompe	nsatio	<u>n</u>
8TH FLOOR, NEW YORK, NY 10018								START				462,	,446.
MOBILE HEALTH, 229 WEST 36TH STREET, FLOOR, NEW YORK, NY 10018	10TH							COVID TESTING SERV	TCES			203	270.
SANDOVAL CONSTRUCTION								COVID TESTING SERV	ICED			205,	270.
120 DIAZ STREET, RIO GRANDE CITY, TX	78582							PAINTING SERVICES				120,	950.
JLA COMMUNICATIONS, 2307 BANDERA ROA	۵D,												
SUITE 102, SAN ANTONIO, TX 78228								CABLING SERVICES				111,	,353.
2 Total number of independent contractors (		ot lir	niteo	d to		se lis 4	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ						¥					_	000 /	(0004)

Form			AVANCE, INC.					74-176911	4 Page 9
Par	τV	111	Statement of Revenue						
			Check if Schedule O contains a respo	onse or	note to any line				
						(A) Tatal management	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 51
ŝ	1	а	Federated campaigns 1a		10,000.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b		40,000.				
<u>S</u> S									
Ťs,									
la Cit			Related organizations 1d		12 (10 140				
s, n			Government grants (contributions) 1e		13,618,142.				
r S		f	All other contributions, gifts, grants, and						
ibu the			similar amounts not included above 1f		870,401.				
τp		g	Noncash contributions included in lines 1a-1f	\$	4,343.				
aCo		h	Total. Add lines 1a-1f		🕨	14,538,543.			
					Business Code				
Ø	2	а	AFFILIATION FEES	Г	611710	251,792.	251,792.		
- Zic	_		PROGRAM SERVICE FEES		611710	65,166.	65,166.		
jer,		~		_		/			
/en		c							
Program Service Revenue		d		_					
õ		е							
₽			All other program service revenue	_					
$\rightarrow$		g	Total. Add lines 2a-2f		🕨	316,958.			
	3		Investment income (including dividends, in	nterest	t, and				
			other similar amounts)		►	66,558.			66,558
	4		Income from investment of tax-exempt bor						
	5		Royalties		▶				
			(i) Real		(ii) Personal				
	6	2			.,				
			Rental income or (loss)						
			Net rental income or (loss)	· · · ·	····· •				
	7	а	Gross amount from sales of (i) Securiti	ties	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
e			and sales expenses 7b						
evenue		с	Gain or (loss)						
lev			Net gain or (loss)						
Other R	8	2	Gross income from fundraising events (not		F				
Ę	0								
0									
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses	8b					
			Net income or (loss) from fundraising even		🕨				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming activities						
			Gross sales of inventory, less returns		F				
			and allowances	102					
		h	Less: cost of goods sold	10b					
-+		C	Net income or (loss) from sales of inventor		Business Code				
s									
eor	11			—					
enu		b							
Miscellaneous Revenue		с							
ы В		d	All other revenue						<u> </u>
~ .				-					
Σ			Total. Add lines 11a-11d	<u></u>	🕨				
			Total. Add lines 11a-11d Total revenue. See instructions		····· •	14,922,059.	316,958.	0.	66 , 558 , Form <b>990</b> (2021

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			npiete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	504,122.	8,926.	495,196.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,687,049.	7,764,513.	922,536.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	38,587.	31,739.	6,848.	
9	Other employee benefits	925,539.	830,465.	95,074.	
10	Payroll taxes	856,925.	747,165.	109,760.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,418.		3,418.	
с	Accounting	125,261.		125,261.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,250,049.	1,034,719.	215,330.	
12	Advertising and promotion	36,635.	32,758.	3,877.	
13	Office expenses	710,462.	640,623.	69,834.	5.
14	Information technology				
15	Royalties				
16	Occupancy	436,390.	372,865.	63,525.	
17	Travel	123,314.	94,552.	28,762.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,902.	6,358.	3,544.	
20	Interest	9,572.		9,100.	472.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	110,115.	110,115.		
23	Insurance	47,044.	44,081.	2,963.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	719,476.	702,285.	17,191.	
b	STAFF DEVELOPMENT	167,082.	159,321.	7,761.	
С	EQUIPMENT RENTAL/MAINTE	54,140.	48,334.	5,806.	
d	CLIENT FEES	11,876.	11,876.		
е	All other expenses	7,773.	1,670.	3,422.	2,681.
25	Total functional expenses. Add lines 1 through 24e	14,834,731.	12,642,365.	2,189,208.	3,158.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

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

Form 990 (2021)

Form 990 (			
Part X	Ba	lance	Sheet

AVANCE, INC.

74-1769114 Page **11** 

		Check if Schedule O contains a response or note to any line	in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		907,276.	1	2,089,940
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		974,335.	3	890,365
	4	Accounts receivable, net		0.	4	129
	5	Loans and other receivables from any current or former offic				
		trustee, key employee, creator or founder, substantial contri	butor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons				
		under section 4958(f)(1)), and persons described in section		6		
s	7	Notes and loans receivable, net	+958(c)(3)(B)		7	
Assets	8	Inventories for sale or use			8	
As	9			4,997.	9	19,488
	10a	Land, buildings, and equipment: cost or other	Γ			
		basis. Complete Part VI of Schedule D 10a	565,075.			
	b	Less: accumulated depreciation 10b	233,432.	441,758.	10c	331,643
	11	Investments - publicly traded securities			11	· · · ·
	12	Investments - other securities. See Part IV, line 11			12	
	13	In a star set of the s			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	19,080.	15	9,530	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		2,347,446.	16	3,341,095
	17	Accounts payable and accrued expenses		954,877.	17	861,198
	18	Grants payable		0.	18	1,000,000
	19	Deferred revenue		19	· ·	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Sc			21	
	22	Loans and other payables to any current or former officer, d				
Liabilities		trustee, key employee, creator or founder, substantial contri				
bili		controlled entity or family member of any of these persons			22	
Lia	23	Secured mortgages and notes payable to unrelated third pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third partie			24	
	25	Other liabilities (including federal income tax, payables to re				
		parties, and other liabilities not included on lines 17-24). Cor				
			·		25	
	26	Total liabilities. Add lines 17 through 25		954,877.	26	1,861,198
	20	Organizations that follow FASB ASC 958, check here	X	, -	20	, ,
es		and complete lines 27, 28, 32, and 33.				
nc	27	Net assets without donor restrictions		1,392,569.	27	1,097,345
3ala	28	Net assets with donor restrictions		0.	28	382,552
Id E	20	Organizations that do not follow FASB ASC 958, check h				,
Net Assets or Fund Balances		and complete lines 29 through 33.				
P S	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fur			30	
Ass		Retained earnings, endowment, accumulated income, or oth			31	
et /	31 32			1,392,569.	32	1,479,897
Ž	32	Total net assets or fund balances Total liabilities and net assets/fund balances		2,347,446.	33	3,341,095
	00	וטנמו וומטווונוכס מות דוכי מספרט/ ועדע טמומווטכס		_,•_,•_	55	Form <b>990</b> (202 <sup>-</sup>

Form **990** (2021)

132011 12-09-21

Form	1990 (2021) AVANCE, INC.	74-176911	4	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,	922,	059.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,	834,	731.
3	Revenue less expenses. Subtract line 2 from line 1	3		87,	328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	392,	569.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	479,	897.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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	D.			
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	Х	<u> </u>
	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	Х	L
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	Х	L
			<b>—</b>		(0001)

Form **990** (2021)

(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

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			formation.		Open to Public Inspection
Nan	ne of t	the organizati							Employer	identification number
		U U	AVANCE	INC.						74-1769114
Pa	nt I	Reason			(All organizations must o	omplete th	nis part.) S	ee instructior	IS.	
The	organ				For lines 1 through 12, c					
1	Ŭ		-		on of churches described	•		)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3					anization described in <b>s</b>		)(b)(1)(A)(ii	i).		
4					njunction with a hospital				)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	ion that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	public described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par					
9		0			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
		university:								
10		-		•	than 33 1/3% of its supp				-	
					t to certain exceptions;					
					(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	itter June 30, 1975.
44				mplete Part III.)	ively to test for public on	fati Caa	oootion E(	O(a)(4)		
11 12	$\square$	-	-	-	ively to test for public sa	•			rn out tho	nurnance of one or
12		-	-		ively for the benefit of, to				-	
					ed in section 509(a)(1) of supporting organization					
а		-	-		supervised, or controlled		-		-	aivina
6					gularly appoint or elect a	• • • •	-		•••••	
			-	complete Part IV, Se		i majority c				ipporting
b		<b>-</b>			or controlled in connect	tion with it	s supporte	d organizatio	n(s) by hay	ina
					anization vested in the sa			-		-
			•	t complete Part IV,					<b>3</b>	
c		<b>-</b>			g organization operated	in connect	tion with, a	nd functiona	lly integrate	d with,
			-		). You must complete l				, ,	,
d		7			porting organization oper				rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requiremen	nt (see instructi	ions). <b>You must co</b> i	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
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-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
<u> </u>			0	about the supporte	<u> </u>	(iv) is the ora:	anization listed			
	(	i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No		131140110113/	
Tota	al									

Schedule A	Form 9	990)	2021
Schedule A	FOIIII	ອອບ,	202

AVANCE, INC.

74-1769114

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.)

#### Section A. Public Support Calendar 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 include any "unusual grants.") 2,728,116. 2,137,236 2,421,172 11,842,973. 14,538,543 33,668,040. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 630,707. 381,299. 1,012,006. 2,728,116. 2,137,236, 2,421,172, 12,473,680. 14,919,842, 34,680,046. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 34,680,046. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total 2,728,116. 2,137,236. 2,421,172. 12,473,680. 14,919,842. 34,680,046. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 235,028 66,558. 147,716. 92,022 66,188, 607,512. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 35,287,558. **11 Total support.** Add lines 7 through 10 1,112,248. 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 98.28 14 % 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2020 Schedule A, Part II, line 14 96.95 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

rt I	ш	Suppor	t Schedule	for (	Organizations	Described in S	Section 509(a)(2)	
rt I	ш	Suppor	Schedule	tor (	Organizations	Described in S	Sect	ion 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 20	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	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), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income					
17	Investment income percentage for 20		mn (f), divided bv li	ine 13, column (f))		17	%
18	Investment income percentage from			, , , , , , , , , , , , , , , , , , , ,		18	%
	<b>33 1/3% support tests - 2021.</b> If the						
	more than 33 1/3%, check this box ar						
h	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						
			507 OF INC 14, 19				edule A (Form 990) 2021
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16 2021.05040 AVANCE, INC.

1

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3a

Yes No

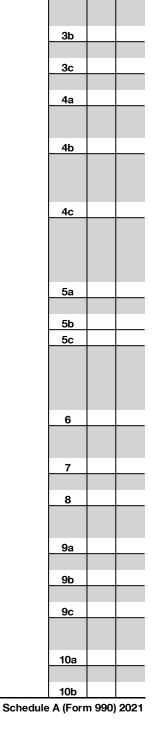
## Part IV Supporting Organizations

(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.)

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			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	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		res	NO
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supported organization of the hand the supported organization? If "Yes," explain in			
	<b>Part VI</b> 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 <b>Part VI</b> 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	<b>I</b>		
			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			
800	supported organizations played in this regard.	3		
	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	ns).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instruction		Na
2	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organization(s) to which the organization was responsive? If "yes," then in Part Virdentity 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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
	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.			
a				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
132025		dule A (Forr	n 990)	2021

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# Schedule A (Form 990) 2021 AVANCE , INC. Part IV Supporting Organizations (continued)

art V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructio
All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	1
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

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Sche	dule A (Form 990) 2021 AVANCE, INC.				74-1769114	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	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 exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose		3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	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					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
<u>i</u>	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	AVANCE, INC.		74-1769114	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanat , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b lines 2 and 3; Part IV, Section E	tions required by Part II, line 10; Part II, line , 9c, 11a, 11b, and 11c; Part IV, Section B, E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1;	lines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E, lines 2	2, 5, and 6. Also complete this part for any a	dditional information.	
132028 01-04-2	2		21	Schedule A (Form 9	90) 2021

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### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2021
Name of the organization		Employer identification nur
A	VANCE, INC.	74-1769114
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	١
	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	
property) from ar Special Rules           X         For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions by one contributor. Complete Parts I and II. See instructions for determining a contr on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1	ributor's total contributions.
contributor, durir	ng the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount Z, line 1. Complete Parts I and II.	
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ng the year, total contributions of more than \$1,000 exclusively for religious, charita tional purposes, or for the prevention of cruelty to children or animals. Complete Pa (b) instead of the contributor name and address), II, and III.	able, scientific,
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ns <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions tot r here the total contributions that were received during the year for an <i>exclusively</i> r omplete any of the parts unless the <b>General Rule</b> applies to this organization beca ble, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box religious, charitable, etc., ause it received <i>nonexclusively</i>
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedune 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 ing requirements of Schedule B (Form 990).	
LHA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990)

123451 11-11-21

**Schedule B** 

(Form 990)

(2021)

Schedule I	B (Form 990) (2021)			Page 2
Name of o	rganization		Employ	ver identification number
AVANCE,	INC.		74	-1769114
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		- _ \$11,057	<u>,825.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		- \$\$2,474	<u>,250.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		- _ \$315 -	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		- _ \$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		- \$\$		Person Payroll Payroll Point Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
123452 11-11		- _ \$		Person Payroll Payroll Point (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page <b>3</b>
Name of c	organization		Employer identification number
AVANCE,	INC.		74-1769114
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

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Name of or	rganization		Employer identification number		
VANCE,	INC.		74-1769114		
Part III	Exclusively religious, charitable, etc., contribut	) through (a) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)  \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(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 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
23454 11-11-	-21	I	Schedule B (Form 990) (202		

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25 2021.05040 AVANCE, INC.

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service Name of the organization

(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.



\_\_\_\_

Employer identification number

71	_17	691	11	
/ =	- 1 /	091	T. #	

Der	AVANCE, INC.		insilan <b>F</b> amala a	74-1769114
Par			imilar Funds d	or ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advise	d 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 v	writing that the assets he	ld in donor advise	d funds
	are the organization's property, subject to the organization's of	exclusive legal control?		Yes 🔄 N
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	ant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for ar	y other purpose co	onferring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreated and the second seco	tion or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	ution in the form of	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			
_	year ►	,,,		
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per		ion handling of	
•	violations, and enforcement of the conservation easements it			Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ		nanaling of violations, a		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and en	forcing conservation	on easements during the year
•	\$			sh casements daring the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)	(//)(B)(i)
U	and section 170(h)(4)(B)(ii)?	, i	( )	
9	In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	ole to the organization s	inianciai statemei	its that describes the
Par		Art. Historical Tre	asures. or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		,	
10	If the organization elected, as permitted under FASB ASC 956			d balance aboat works
Id	of art, historical treasures, or other similar assets held for pub	· ·		
				•
	service, provide in Part XIII the text of the footnote to its finan			
D	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthe	rance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 20
132051	10-28-21			
		26		

20			
2021.05	5040	AVANCE,	INC.

Sche	dule D (Form 990) 2021 AVANCE, INC							74-176		Pa	<sub>age</sub> 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	prical Tre	easures, o	r Othe	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	t make si	gnificant (	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🛄 ı	Loan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	n how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or othe	er similar	assets		-		_
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered	"Yes" on	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing ta	able:							
									Amoun	[	
C	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T Or	Ending balance										
	Did the organization include an amount on Fo							L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. ( <b>t V</b> Endowment Funds. Complete if										_
		(a) Current year		rior year	(c) Two yea			/ears back	(e) Fou	vears	hack
10	Boginning of year balance		(3)1	nor your	(0) 100 you	10 Duoit		ouro buon	(0) 1 00	youro	buok
1a 5	Beginning of year balance										
0	Contributions Net investment earnings, gains, and losses										
с А	Grants or scholarships										
u 0	Other expenditures for facilities										
e											
f	Administrative expenses										
י מ	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a	column (a	)) held as:						
_ 	Board designated or quasi-endowment	,	%	, oolanni (a							
b	Permanent endowment		_/*								
c	Term endowment										
-	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses	•	ation that	are held ar	nd administer	ed for th	e organiza	ation			
	by:	5					5		1	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on So	hedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) A	ccumulate	ed	(d) Boo	k valu	e
	-	basis (investr	ment)	basis	(other)	de	preciation				
1a	Land				14,500.					14,	500.
b	Buildings				202,469.		80,	988.		121,	481.
с	Leasehold improvements				301,513.		120,	605.		180,	908.
d	Equipment										
e	Other				46,593.		31,	839.			754.
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	<u>X. colum</u>	n (B), line 1	0c.)					331,	
								<u></u>		000	

Schedule D (Form 990) 2021

132052 10-28-21

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Part VII	Investn	nents -	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. (Col	lumn (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) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

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

►

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

Schedule D (Form 990) 2021

132053 10-28-21

(8) (9)

X

Sche	edule D (Form 990) 2021 AVANCE, INC.		74-1769114	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
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 A	Recoveries of prior year grants			
d e	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>		2e	
3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; F	Part 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 provide an	y additional information.		
חתגת				
PARI	X, LINE 2:			
тнг	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SE	Ω		
<u></u>	ONOMITATION IS EXEMIT THOM TEDERALE INCOME TIMED ONDER DE			
501(	C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT '	тнат тт нас		
<u> </u>	C(S) OF THE INTERNE REVERSE CODE, EACHT TO THE EXTERT			
UNRF	LATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE TAXA	BLE UNRELATED		
BUSI	NESS INCOME DURING THE YEAR ENDED JUNE 30, 2022. THE ORGAN	NIZATION'S		
ESTI	MATE OF THE POTENTIAL OUTCOME OF ANY UNCERTAIN TAX ISSUES	IS SUBJECT		
то м	MANAGEMENT'S ASSESSMENT OF RELEVANT RISKS, FACTS, AND CIRC	UMSTANCES		
	,,,			
EXIS	TING AT THE TIME. THE ORGANIZATION USES A MORE LIKELY THAN	N NOT		
THRE	SHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT	OF A TAX		
POSI	TION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TO TH	E EXTENT THAT		
THE	ORGANIZATION'S ASSESSMENT OF SUCH TAX POSITION CHANGES, T	HE CHANGE IN		
ESTI	MATE IS RECORDED IN THE PERIOD IN WHICH THE DETERMINATION	IS MADE. THE		
	4 10-28-21		Schedule D (Form	990) 2021

AVANCE, INC.

Part XIII Supplemental Information (continued)

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

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

UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED.

Schedule D (Form 990) 2021

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30 2021.05040 AVANCE, INC.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
		Compensated Employees		20		l
Dena	tment of the Treasury			Open to	Publ	ic
		Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organizatio	n	Employer	identificatio	on nui	nber
_		AVANCE, INC.	74-1	L769114		
Pa	rt I   Question	s Regarding Compensation				
					Yes	No
1a			990,			
	$\equiv$	, i i i i i i i i i i i i i i i i i i i	nal use			
	_					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
_						
b	•					
-	•			1b		
2	-					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
~	la d'a sta vilatala d'a					
3						
			on to			
	·					
	·					
			ommittoo			
			ommittee			
4	During the year did	any person listed on Form 990 Part VII. Section A line 1a with respect to the filing				
-						
а	-			4a		x
b						x
						x
•	Compensate Employees         et or the Treasury         Attach to Form 990. Part IV, line 23.         Attach to Form 990.         Attach to Form 990.         Attach to Form 990.         The comparization         Attach to Form 990.         Atta					
	,	· · · · · · · · · · · · · · · · · · ·				
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5			n			
а	•			5a		х
						X
6	For persons listed	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
						X
7						
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	Competes the Employees     Attach to Form 990, Part IV, line 23.     Attach to Form 990, Part IV, line 24.     The distribution of the organization provided any of the following to or for a person listed on Form 990, Part IV, lisection A, line 1a. Complete Part III to provide any relevant information regarding these items.     First class or charter travel     Tax indemnification and gross-up payments     Discretionary spending account     Personal services (such as maid, charlfeur, chef)     If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or     reimbursement or provision of all of the expanses described abov91 If No; "complete Part II to explain     Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,     trustese, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?     Indicate which, if any, of the following the organization used to establish the compensation of the organization is     CEO/Executive Director, but explain IP Part III.     Compensation comultat     Compensation survey or study     Form 990 of other organization:     Section State (SG), and SD (CA) and SD (CA) and SD (CA)     Approval by the board or compensation committee     During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing     organization or a related organization:     Receive a severance payment from an equity-based compensation arrangement?     If 'Yes' to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part		8		X	
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021

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74-1769114

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

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

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

<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. TERESA GRANILLO	(i)	186,598.	0.	0.	1,583.	6,200.	194,381.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(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.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 74-1769114

AVANCE, INC.

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

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

AUDIT FINANCE COMMITTEE OF THE BOARD APPROVES THE RETURN.

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

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

CONFLICTS OF INTEREST ANNUALLY BY SIGNING A DISCLOSURE STATEMENT.

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

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

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

AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING

THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL

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

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

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

VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A

CONFLICT OF INTEREST EXISTS.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A

MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT

SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER

AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER

HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS

WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES

THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF

INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
AVANCE, INC.	74-1769114

FORM 990, PART VI, SECTION B, LINE 15:

### COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE COMMITTEE AND OFFICERS

EXECUTIVE COMMITTEE PREPARES ANNUAL PERFORMANCE EVALUATION & DETERMINES

COMPENSATION ADJUSTMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS,

AND FORM 990 ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

132212 11-11-21

Schedule R	(Form 990)	2021

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# **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.

Name of the organization

AVANCE, INC.

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

				-	
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AVANCE - SAN ANTONIO - 91-1780559							
903 BILLY MITCHELL BLVD., SUITE 100	FAMILY SUPPORT AND						
SAN ANTONIO, TX 78226	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	х	
AVANCE - HOUSTON - 91-1780562							
4281 DACOMA STREET	FAMILY SUPPORT AND						
HOUSTON, TX 77092	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	х	
AVANCE - DALLAS - 75-2699260							
2060 SINGLETON BLVD., SUITE 103	FAMILY SUPPORT AND						
DALLAS, TX 75212	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	x	
AVANCE - AUSTIN - 91-1916705							
745 MANSELL AVENUE	FAMILY SUPPORT AND						
AUSTIN, TX 78702	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	x	

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

SCHEDULE R (Form 990) OMB No. 1545-0047

2021 Open to Public

Inspection

Employer identification number

74-1769114

# 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)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	end-of-year	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General or managing partner?		Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
											-+	

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> 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.

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) AVANCE AUSTIN	с	10,000.	FMV
(2) AVANCE AUSTIN	L	38,994.	мои
(3) AVANCE DALLAS	с	10,000.	FMV
(4) AVANCE DALLAS	L	99,246.	мол
(5) AVANCE HOUSTON	с	10,000.	FMV
(6) AVANCE HOUSTON	L	55,014.	

### Schedule R (Form 990) AVANCE, INC.

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) AVANCE SAN ANTONIO	с	10,000.	FMV
(8) AVANCE SAN ANTONIO	L	58,538.	мои
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
_ (20)			
(21)			
_ (22)			
_ (23)			
(24)			

## 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	ı)	(i)	(j	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
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	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

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

41 2021.05040 AVANCE, INC.