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# **ARMANINO** LLP

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Department of the Treasury

#### EXTENDED TO MAY 15, 2020

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

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

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

OMB No. 1545-0047 8 Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspect													
A For the 2018 calendar year, or tax year beginning       JUL 1, 2018       and ending       JUN 30, 2019         B Check if       C Name of organization       D Employer identification number													
B Che app	ck if icable:	<b>C</b> Name o	of organization			D Employer ider	ntifica	ation number					
	ddress hange	AVANCE	E, INC.										
	lame hange	Doing b	-176	59114									
	nitial eturn	Number	nber										
F r	inal eturn/	118 NC	ORTH MEDINA STREET			210-	-270	-4630					
t	ermin- ted	City or t	town, state or province, country, and ZIP or foreign postal code	е		<b>G</b> Gross receipts \$		2,505,380.					
	mendec eturn		NTONIO, TX 78207			H(a) Is this a grou	ıp reti	um					
l It	on	F Name a	and address of principal officer: ELIDA GONZALES			for subordina	ates?	Yes X No					
٩ 	ending	SAME AS	C ABOVE			H(b) Are all subordina	tes incl	luded? Yes No					
I Tax	k-exem	npt status: [	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947	'(a)(1) or 📃	527	If "No," attac	h a li	st. (see instructions)					
			://WWW.AVANCE.ORG/			H(c) Group exem	ption	number 🕨					
K For	<u>m o</u> f or	rganization: [	X     Corporation     Trust     Association     Other ►	L	Year o	of formation: 1973	м	State of legal domicile: TX					
Par	t I S	Summary	1										
	<b>1</b> Br	riefly describ	be the organization's mission or most significant activities:	MILY SUPPO	ORT	AND EDUCATION							
Governance	_												
rna	2 CI	heck this bo	ox 🕨 🔲 if the organization discontinued its operations or e	disposed of n	nore	than 25% of its net	asse	ets.					
S	3 Ni	umber of vo	oting members of the governing body (Part VI, line 1a)				3	10					
	<b>4</b> Nu	10											
s S	<b>5</b> To												
litie	<b>6</b> To	otal number	of volunteers (estimate if necessary)				6	10					
Activities			ed business revenue from Part VIII, column (C), line 12				7a	Ο.					
◄			I business taxable income from Form 990-T, line 38				7b	Ο.					
						Prior Year		Current Year					
	<b>8</b> Co	ontributions	and grants (Part VIII, line 1h)			2,728,11	6.	2,137,236.					
nu			gram service revenue (Part VIII, line 2g)				5.	221,931.					
Revenue	<b>IO</b> In	vestment in	ent income (Part VIII, column (A), lines 3, 4, and 7d)			-2,019,68	147,716.						
۳.			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			132,96	52.	-1,503					
			e - add lines 8 through 11 (must equal Part VIII, column (A), line			1,115,44	7.	2,505,380.					
	<b>I3</b> Gi	rants and si	milar amounts paid (Part IX, column (A), lines 1-3)				0.	Ο.					
-			to or for members (Part IX, column (A), line 4)				0.	Ο.					
۱	1 <b>5</b> Sa	alaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5	5-10)		1,722,04	8.	1,699,826.					
Expenses	l <b>6a</b> Pr	rofessional f	fundraising fees (Part IX, column (A), line 11e)				0.	Ο.					
bei			sing expenses (Part IX, column (D), line 25)										
۵ļ.	<b>17</b> Of	ther expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)			1,639,39	3.	1,026,227.					
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)			3,361,44	1.	2,726,053.					
	<b>19</b> Re	evenue less	expenses. Subtract line 18 from line 12			-2,245,99	4.	-220,673.					
or					Beg	ginning of Current Ye	ar	End of Year					
land	20 To	otal assets (I	Part X, line 16)			1,802,56	5.	1,540,414.					
Net Assets or Fund Balances	2 <b>1</b> To	otal liabilities	s (Part X, line 26)			245,01	6.	203,539.					
Len 2			fund balances. Subtract line 21 from line 20			1,557,54	9.	1,336,875.					
Par		Signatur	Part II Signature Block										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is													
							f my k	knowledge and belief, it is					

Sign Here	Signature of officer         ELIDA GONZALES, COO         Type or print name and title		Date	
Paid	Print/Type preparer's name KELLY M. GILLETTE	Preparer's signature KELLY M. GILLETTE	Date 01/10/20	Check PTIN if self-employed P00548846
Preparer	Firm's name 🕒 ARMANINO, LLP		Firm	sEIN ▶ 94-6214841
Use Only	Firm's address 🕨 15950 N. DALLAS PKWY, #6			
	e no.972-661-1843			
May the I	RS discuss this return with the preparer shown above	ve? (see instructions)		X Yes No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

ar	990 (2018) AVANCE, INC. t III Statement of Program Service Acco	mplishments		74-1769114	Pag
	Check if Schedule O contains a response or not	-			Г
					. <u>L</u>
	Briefly describe the organization's mission: FAMILY SUPPORT AND EDUCATION				
	Did the organization undertake any significant program	n services during the year which	h were not listed on the		
				Yes	x
	If "Yes," describe these new services on Schedule O.				
	Did the organization cease conducting, or make signif	icant changes in how it condu	cts any program services?	X Yes	
	If "Yes," describe these changes on Schedule O.	icant changes in now it condu			
	Describe the organization's program service accomplia	abmonto for anob of its three k	rant program convision on ma	actured by expenses	
					J
	Section 501(c)(3) and 501(c)(4) organizations are requi	red to report the amount of gra	ants and allocations to others,	the total expenses, and	ג
	revenue, if any, for each program service reported.	c			
	(Code:) (Expenses \$122,09	• including grants of \$	) (Revenue	\$	
	FAMILY SUPPORT AND EDUCATION PROGRAMS, I	NCLUDING PARENTING EDU	CATION		
	(code: ) (Examples \$ 1 607 30)	5. including grants of \$		¢	
	(Code:) (Expenses \$1,607,30) EARLY HEAD START EARLY HEAD START CHILD		) (Revenue :	\$	
	(Code:) (Expenses \$1,607,30 EARLY HEAD START, EARLY HEAD START CHILE		) (Revenue :	\$	
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	EARLY HEAD START, EARLY HEAD START CHILE	of \$			
	EARLY HEAD START, EARLY HEAD START CHILE	CARE PARTNERSHIP	) (Revenue :		

	990 (2018) AVANCE, INC. 74-17691	14	Р	age 3
Part	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	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
	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
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
	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
	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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>–</b>		
				x
	Schedule D, Part III	8		
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
	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	<u> </u>
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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
	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
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
	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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x
			aan	(2018)

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Form	990 (2018) AVANCE, INC. 74-176911	4	P	<sub>age</sub> 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
22	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
• •	Part V. line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>  1c</u>	900	(2018)
832004	. 12-31-18 <b>4</b>	Form	550	(۲۵۱۵)

	990 (2018) AVANCE, INC.	74-176911	4	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-	
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?	-	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributio				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l				
		•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b		10b	]		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
			E	000	(0040)

Form **990** (2018)

832005 12-31-18

Form	990 (2018) AVANCE, INC. 74-1769		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		x	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		A
8		80	x	
	The governing body? Each committee with authority to act on behalf of the governing body?	<u>8a</u> 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17		N = = = 1 - )		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	3)s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website X Another's website X Upon request Other (explain in Schedule O)	dfiner	iol	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	iu financ	a	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records JESSE HERRERA - 210-270-4630			
	118 NORTH MEDINA STREET, SAN ANTONIO, TX 78207			
832004	12-31-18	Form	9 <b>90</b>	(2018)
552000	6	1 011		(2010)
201	10 701245 121407.02 2018.05020 AVANCE, INC.		12	140

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7.2

Form 990 (	2018) AVANCE, INC.	74-1769114	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

Γ \_\_\_\_ 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 hours per week	box	not c , unle:	heck ss pe	rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARITZA KELLEY	1.00									
SECRETARY		Х		X				0.	0.	0.
(2) ROBERT MCALLISTER	1.00									
PARLIAMENTARIAN		Х		Х				٥.	٥.	0.
(3) MARLO MICHAELI	1.00									
TREASURER		Х		Х				٥.	٥.	0.
(4) KIM SYMAN	1.00									
BOARD CHAIR		Х		Х				٥.	٥.	0.
(5) JOANNA CAMARILLO	1.00									
BOARD MEMBER		х						0.	0.	0.
(6) LISSETTE RODRIGUEZ	1.00									
BOARD MEMBER		Х						٥.	٥.	0.
(7) HILDA GALVAN	1.00									
BOARD MEMBER		Х						٥.	٥.	0.
(8) ALVARO SAENZ	1.00									
BOARD MEMBER		Х						٥.	0.	0.
(9) RON ORAN	1.00									
BOARD MEMBER		Х						٥.	٥.	٥.
(10) MANUEL BERRELEZ	1.00									
BOARD MEMBER		Х						٥.	٥.	٥.
(11) THOMAS F. HEDRICK	40.00									
PRESIDENT/CEO				Х				95,792.	٥.	٥.
(12) ANNE THOMAS	40.00									
СРО				Х				52,795.	٥.	7,671.
(13) JUDY TREVINO	40.00									
CAO				х				0.	0.	0.
(14) ELIDA GONZALES	40.00									
<u>coo</u>				Х				125,757.	0.	6,277.
		ŀ								
		-								
922007 12 21 18										Form <b>990</b> (2018

832007 12-31-18

7

	AVANCE, INC.									74-17	6911	4	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	Desition						n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount o other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org an	pensa om the anizat d relate anizatio	e ion ed
									274,344.		0.		12	948.
с	Sub-total Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d 2	Total (add lines 1b and 1c)							o re	274,344. eceived more than \$100,	000 of reportable			13,	948.
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si	-			-	·			•			3		x
4	For any individual listed on line 1a, is the su	m of reportabl	e compensation and other compensation from the organization " complete Schedule J for such individual					he organization		4		x		
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com											5		x
	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t										ensat	tion fro	om	
	(A) Name and business								(B) Description of s	ervices	С	) ompe	<b>;)</b> nsatio	n
	ANINO, LLP, 15950 NORTH DALLAS PAN 600, DALLAS, TX 75248	RKWAY,							AUDIT & TAX				125,	952.
2	Total number of independent contractors (ir	•	ot lin	nited	d to		e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz						_					Form	<b>990</b> (2	2018)

			2018) AVANCE,	INC.				74-176911	4 Page <b>9</b>
Pa	t V	/111	Statement of Reven	ue					
			Check if Schedule O cont	ains a respons	se or note to any ling	e in this Part VIII			
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts s	1	а	Federated campaigns	1a					
ran			Membership dues						
ŌĞ			Fundraising events						
iifts ar A			Related organizations						
s, G			Government grants (contributi		2,023,089.				
ŝ			All other contributions, gifts, gran						
but			similar amounts not included above	/e 1f	114,147.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$					
aSo		h	Total. Add lines 1a-1f		►	2,137,236.			
					Business Code				
e	2	а	AFFILIATION FEES		900099	210,481.	210,481.		
e vic		b	PROGRAM SERVICE REVENU		900099	11,450.	11,450.		
Program Service Revenue		с			_				
ram leve		d			_				
ıßо.		е			_				
đ			All other program service reve						
		g	Total. Add lines 2a-2f			221,931.			
	3		Investment income (including						
			other similar amounts)			147,716.			147,716.
	4		Income from investment of tax	-					
	5		Royalties	1					
	_			(i) Real					
	6		Gross rents	-1,50	3. 0.				
			Less: rental expenses		•				
			Rental income or (loss)	-1,50	<sup>3</sup> .	-1,503.			-1,503.
	_			(i) Coordination		-1,505.			-1,505.
	1	а	Gross amount from sales of	(i) Securities	s (ii) Other				
		<b>h</b>	assets other than inventory Less: cost or other basis						
		D	and sales expenses						
		~	Gain or (loss)						
			Net gain or (loss)						
e	8		Gross income from fundraising	g events (not					
Other Revenue			including \$						
Re			contributions reported on line	,					
F		•	Part IV, line 18						
₹			Less: direct expenses						
	٥		Net income or (loss) from fund Gross income from gaming ac		°				
	3	a	Part IV, line 19		a				
		þ	Less: direct expenses						
			Net income or (loss) from gam						
	10		Gross sales of inventory, less						
			and allowances		а				
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenue		Business Code				
ļ	11	а							
		b							
		с							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,505,380.	221,931.	0.	146,213.
832009	9 12-	31-	18						Form <b>990</b> (2018)

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	experieee
	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	256,749.	249,533.	7,216.	
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	1,164,145.	621,789.	542,356.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	120 650	111.001	05 655	
9	Other employee benefits	139,659.	114,004.	25,655.	
10	Payroll taxes	139,273.	91,445.	47,828.	
11	Fees for services (non-employees):				
a L	Management				
b		73,658.	43,167.	30,491.	
	Accounting	,5,050.	40,107.	50,451.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	538,170.	315,395.	222,775.	
12	Advertising and promotion	435.	255.	180.	
13	Office expenses	6,145.	1,027.	5,118.	
14	Information technology	21,373.	3,559.	17,814.	
15	Royalties				
16	Occupancy	87,261.	38,547.	48,714.	
17	Travel	56,711.	51,955.	4,756.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	13,711.	10,919.	2,792.	
20	Interest	4,019.		4,019.	
21	Payments to affiliates	2.002	2.002		
22	Depreciation, depletion, and amortization	3,883.	3,883.	2 505	
23		8,226.	4,719.	3,507.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule O.)	105,206.	93,979.	11,227.	0.
d h	STAFF DEVELOPMENT	63,911.	57,891.	6,020.	0.
c c	RENTAL/MAINT. OF EQUIPM	29,800.	25,021.	4,779.	0.
d	CAPITAL ASSETS	7,538.	0.	7,538.	0.
e	All other expenses	6,180.	2,313.	3,759.	108.
25	Total functional expenses. Add lines 1 through 24e	2,726,053.	1,729,401.	996,544.	108.
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 Figure if following SOP 98-2 (ASC 958-720)				

#### 14220110 701245 121407.02

Form 990 (2018)

121407.2

Form 990 (2018)

AVANCE, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

14220110 701245 121407.02

Check if Schedule O contains a response or note to any line in this Part X	
	<b>(A)</b> Beginning of year
Cash - non-interest-bearing	1,495,02
Savings and temporary cash investments	
Pledges and grants receivable, net	87,86
Accounts receivable, net	1,209
Loans and other receivables from current and former officers, directors,	
trustees, key employees, and highest compensated employees. Complete	
Part II of Schedule L	
Loans and other receivables from other disqualified persons (as defined unde	er
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir	ng
employers and sponsoring organizations of section 501(c)(9) voluntary	
ampleyees' heneficient argenizations (see instr). Complete Dart II of Sch I	

	3	Pledges and grants receivable, net			87,800.	3	100,219.
	4	Accounts receivable, net			1,209.	4	59.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	vees. Complete				
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied person	s (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(	B), and contributing			
		employers and sponsoring organizations of sections	on 501(c)(9	9) voluntary			
6		employees' beneficiary organizations (see instr).				6	
ŝeta	7	Notes and loans receivable, net				7	
Assets						8	
	8	Inventories for sale or use			440.		0.
	9	Prepaid expenses and deferred charges			440.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	46,593.			
	b	Less: accumulated depreciation	10b	3,883.	0.	10c	42,710.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		21.0 02.0	14	105 040	
	15	Other assets. See Part IV, line 11			218,020.	15	185,840.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		1,802,565.	16	1,540,414.
	17	Accounts payable and accrued expenses		235,016.	17	203,539.	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
	22	Loans and other payables to current and former					
tie		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			22		
Lia	23	Secured mortgages and notes payable to unrela			23		
		•••	-				
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Co	mplete Part X of			
		Schedule D	·····	10,000.	25	0.	
	26				245,016.	26	203,539.
		Organizations that follow SFAS 117 (ASC 958)	, check he	ere 🕨 🔯 and			
ŝ		complete lines 27 through 29, and lines 33 and	d 34.				
nces	27	Unrestricted net assets			1,503,421.	27	1,303,887.
alaı	28	Temporarily restricted net assets			54,128.	28	32,988.
Ä	29					29	
ŭ		Organizations that do not follow SFAS 117 (As					
Ľ		and complete lines 30 through 34.					
Net Assets or Fund Balan	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or eq				31	
As	32	Retained earnings, endowment, accumulated inc				32	
Net					1,557,549.		1,336,875.
_	33	Total net assets or fund balances			1,802,565.	33	1,540,414.
	34	Total liabilities and net assets/fund balances			1,002,000.	34	Form <b>990</b> (2018)

1,495,029.

87,866.

1

3

1. 2 **(B)** End of year

1

2

3

AVANCE, INC.

1,211,586.

100,219.

121407.2

Form	1990 (2018) AVANCE, INC.	74-176911	4	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	,505,	380.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	,726,	053.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-220,	673.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	,557,	549.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,	,336,	876.
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>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
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 in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			<b>—</b>	aan .	(0010)

Form **990** (2018)

SCH	EDU	LΕ	Α
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Department of the Treasury

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public

Internal	Reven	ue Service		Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.		1	nspection	
Name	e of t	he organizati	on						Employer	identif	ication numb	er
-			AVANCE							74-17	59114	
Par	τι	Reason	tor Public C	Sharity Status (	All organizations must co	omplete th	is part.) Se	e instruction	S.			_
The o	rgani		•	· ·	For lines 1 through 12, c	,	,					
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).				
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	i).				
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hos	spital's name,	
		city, and stat	e:									
5 [		An organizati	ion operated fo	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6 [		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 [	Х	An organizati	ion that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from tl	ne general p	oublic d	lescribed in	
		-		omplete Part II.)					•			
8		-			(1)(A)(vi). (Complete Par	t II.)						
9		-			in section 170(b)(1)(A)(		ed in coniu	inction with a	land-grant	colleae		
		0			ulture (see instructions).	· ·				•		
		university:						,	ine conege			
10		· -	ion that norma	lly receives: (1) more	than 33 1/3% of its sup	ort from c	contributio	ns members	hin fees an	d aross	receints from	
					ct to certain exceptions,							
					(less section 511 tax) fro	. ,			••	Ũ		Ċ
				mplete Part III.)			sses acqui		Janization a		18 30, 1973.	
11 [				-	vely to test for public sa	foty Soo	soction 50	Q(a)(4)				
12		•	•	•		•			rn out the	nurnaa	on of one or	
		-	-	-	vely for the benefit of, to	-			•			
				-	d in section 509(a)(1) of					HECK I		
-		7	-	• •	f supporting organization		-		-			
а					upervised, or controlled	•	-					
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipportin	<sup>i</sup> g	
		7 -		complete Part IV, Se								
b				-	or controlled in connect			-		-		
			•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted		
				t complete Part IV,								
с		Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,		
		its support	ed organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.				
d		J Type III no	n-functionally	integrated. A supp	porting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	ation(s)	)	
			-		ation generally must sat	-		-	d an attentiv	reness		
		requiremer	nt (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally	/ integrated, or	Type III non-functior	nally integrated supportion	ng organiz	ation.					
f	Ente	er the number	of supported of	organizations								
g				about the supporte	<u> </u>	(iii) le the error						
	(i	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o			Amount of other	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	suppor	t (see instructior	15)
												_
Total												
												_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

2018.05020 AVANCE, INC.

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#### Schedule A (Form 990 or 990 EZ) 2018 AVANCE, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

74-1769114

Page 2

(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)** 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,971,190. 3,526,692 4,011,609 2,728,116. 2,137,236 14,374,843. 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 1,971,190, 3,526,692, 4,011,609 2,728,116. 2,137,236, 14,374,843. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 14,374,843. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 20</u>18 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (f) Total 1,971,190. 3,526,692. 4,011,609. 2,728,116. 2,137,236. 14,374,843. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 54,045. 102,066. 147,716. 206,710 117,451 627,988. 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.) 15,002,831. **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 95.81 14 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) % 15 Public support percentage from 2017 Schedule A, Part II, line 14 95.91 15 % 16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 201	8 (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						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)			1	1		
<b>14 First five years.</b> If the Form 990 is for	the organization's	s first. second. thi	d. fourth. or fifth t	ax vear as a section	n 501(c)(3) oi	rganization.
check this box and <b>stop here</b>	•					
Section C. Computation of Publi						
15 Public support percentage for 2018 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>18</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and	line 17 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	
b 33 1/3% support tests - 2017. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiz	ation
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
832023 10-11-18				Sch	edule A (Foi	m 990 or 990-EZ) 2018
		15				

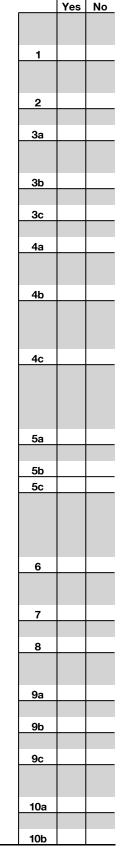
#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

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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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	uon B. Type i Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9		0-EZ)	2018
			,	

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<sup>2018.05020</sup> AVANCE, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b 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): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 AVANCE, INC.

Sche Pai	dule A (Form 990 or 990-EZ) 2018 AVANCE, INC.	a)(3) Supporting Orga	nizations (continued)	74-1769114	Page 7
	ion D - Distributions			Current Yea	
1	Amounts paid to supported organizations to accomplish exer	mot ourooses		Guirent ree	<u></u>
2	Amounts paid to perform activity that directly furthers exemp				
-	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	<u> </u>			
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.	•			
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributabl Amount for 20	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
с	From 2015				
d	From 2016				
e	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
•	and 4c. Breakdown of line 7:				
8					
	Excess from 2014 Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
			Cabadula A	/Form 990 or 990-F	7) 00 10

Schedule A (Form 990 or 990-EZ) 2018

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Part VI Supplemental Information	
Schedule A (Form 990 or 990-EZ) 2018 AVANCE, INC	

	Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8;	e, 3b, 3c, 4b, 4c, 5a, 6, 9a les 2 and 3; Part IV, Secti	i, 9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b, 3	11c; Part IV, Sectio 3a, and 3b; Part V, I	, line 17a or 17b; Part III, lir on B, lines 1 and 2; Part IV, ine 1; Part V, Section B, lin any additional information.	Section C, e 1e; Part V,
	(See instructions.)					
2028 10-11-18					Schedule A (Form 990	or 990-E71 20

## Schedule B

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

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Internal Revenue Service				
Name of the organizatio	n		Em	ployer identification number
	AVANCE, IN	c.		74-1769114
Organization type (chee	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 50	1(c)( <sup>3</sup> ) (enter number) organization		
	49	47(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	52	7 political organization		
Form 990-PF	50	1(c)(3) exempt private foundation		
	49	47(a)(1) nonexempt charitable trust treated as a private foundation		
	50	1(c)(3) taxable private foundation		
, ,		by the <b>General Rule</b> or a <b>Special Rule.</b> 10) organization can check boxes for both the General Rule and a Special Rul	e. See	instructions.
General Rule				
		m 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ibutor. Complete Parts I and II. See instructions for determining a contributor'		
Special Rules				
sections 509(a) any one contril	)(1) and 170(b) outor, during tl	d in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, he year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount mplete Parts I and II.	or 16b	, and that received from
year, total cont	ributions of m	d in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ore than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educ ren or animals. Complete Parts I (entering "N/A" in column (b) instead of the c	ationa	al purposes, or for the

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

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

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

Employer	identification	number

AVANCE, INC.

Name of organization

74-1769114

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$2,023,089.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MEADOWS FOUNDATION 3003 SWISS AVENUE DALLAS , TX 75204	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11-08		\$	Person Payroll Occupient Payroll Occupient Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

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

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page <b>3</b>
Name of o	rganization		Employer identification number
AVANCE,	INC.		74-1769114
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	i.
(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	
		\$	
823453 11-08	3-18	Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)

## 14220110 701245 121407.02

Page **4** 

	INC.		74-1769114
rt III	Exclusively religious, charitable, etc., contributor	(a) through (e) and the following line entry. For , charitable, etc., contributions of <b>\$1,000 or less</b>	n 501(c)(7), (8), or (10) that total more than \$1,000 for the
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			-
-		(e) Transfer of gift	_
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No. )m rt l	Transferee's name, address, 	and ZIP + 4	Relationship of transferor to transferee (d) Description of how gift is held
No. om rt I			
No. om rt I			
No. om irt I		(c) Use of gift	

SCHEDULE I	D
------------	---

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

Employer identification number

	AVANCE, INC.			74-1769114
Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Funds a	nd 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 held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		🗌 Yes 📃 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	onferring	
				Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation)	prically important	land area
	Protection of natural habitat	Preservation of a certi	fied historic struc	ture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation	easement on the last
	day of the tax year.		Held	at the End of the Tax Year
а	Total number of conservation easements		<u>2</u> a	
b				
С	Number of conservation easements on a certified historic stru-			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization durir	ig the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	narioning of violations, and enforcing conse	ervation easemen	is during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion essements du	ring the year
'	S	ing of violations, and emotering conservat	ion easements du	ring the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/r	)(4)(B)(i)	
U				Yes No
9	In Part XIII, describe how the organization reports conservation			
-	include, if applicable, the text of the footnote to the organizat		,	<i>'</i>
	conservation easements.		0	U U
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar As	sets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
<b>1</b> a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance s	heet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheran	ce of public servi	ce, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance shee	t works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pub	lic service, provid	e the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$ _	
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, provide	
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		> \$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	10-29-18

Sche	dule D (Form 990) 2018 AVANCE , ING							74-176			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other	<sup>-</sup> Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	are a sig	gnificant u	ise of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e	<b>,</b>	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit of		,		,				-		-
D.	to be sold to raise funds rather than to be ma						<u></u>		Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "`	Yes" on	Form 990	), Part IV, I	ine 9, or		
	Is the organization an agent, trustee, custod		liarv for o	contribution	s or other asse	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······			
	, I		5						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	<b>t V</b> Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	orm 990, Part I	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two years	s back	(d) Three	ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1ç	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held ai	nd administere	ed for th	e organiz	ation	1		
	by:									Yes	No
							3a(i)				
									3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipm		wment f	unas.							
1 41	Complete if the organization answere		Dort IV	/ line 11e C	Soo Form 000	Dort V	line 10				
								ad		k volu	
	Description of property	<b>(a)</b> Cost or c basis (investr		. ,	t or other (other)	. ,	ccumulate preciation		( <b>d)</b> Boo	r valu	5
1a	Land										
b	Buildings										
с	Leasehold improvements										
d											
e	Other				46,593.		3,	883.		42,	710.
	Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B), line 1	0c.)		<u></u>			42,	710.
								Schodulo		~ 000	0040

Schedule D (Form 990) 2018

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM CHAPTERS	185,840.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	185,840.

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

832053 10-29-18

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 AVANCE, INC.			74-1769114	Page <b>4</b>
Par			evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,810,521.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		305,142.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			205 140
	Add lines 2a through 2d			2e	305,142.
3	Subtract line 2e from line 1			3	2,505,379.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			40	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)t XII Reconciliation of Expenses per Audited Financial Stateme				2,505,379.
Fai			.xpelises per r	ietum.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	3,031,195.
1				-	5,051,195.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	305,142.		
a h	Donated services and use of facilities		505,142.		
b	Prior year adjustments				
C d	Other losses Other (Describe in Part XIII.)				
d		L		2e	305,142.
е 3	•				2,726,053.
_	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	<u></u>
4		40			
a h	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			1.	0.
				4c 5	2,726,053.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	1,120,000.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			; Part X, line 2; P	art XI,
PART	X, LINE 2:				
THE	DRGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION	1			
501(	C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT THAT	IT HAS			
UNRE	LATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE TAXABLE U	JNRELATED			
BUSI	NESS INCOME DURING THE YEAR ENDED JUNE 30, 2019 . THE ORGANIZA	TION'S			
ESTI	MATE OF THE POTENTIAL OUTCOME FOR ANY UNCERTAIN TAX ISSUES IS	SUBJECT			
TO M	ANAGEMENT'S ASSESSMENT OF RELEVANT RISKS, FACTS, AND CIRCUMSTA	ANCES			
EXIS	FING AT THE TIME. THE ORGANIZATION USES A MORE LIKELY THAN NOT	1			
THRE	SHOLD FOR FINANCIAL STATEMENT RECOGNITION AND				
MEAS	UREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A T	'AX			
RETU	RN. TO THE EXTENT THAT THE ORGANIZATION'S ASSESSMENT OF SUCH T	'AX			
POSI	TION CHANGES, THE CHANGE IN ESTIMATE IS RECORDED IN THE PERIOD	) IN			
832054	10-29-18 <b>28</b>			Schedule D (Fo	rm 990) 2018

Part XIII Supplemental Information (continued)

WHICH THE DETERMINATION IS MADE. THE ORGANIZATION REPORTS TAX-RELATED

INTEREST AND PENALTIES, IF APPLICABLE, AS A COMPONENT OF INCOME TAX

EXPENSE AS INCURRED. AS OF JUNE 30, 2019, NO UNCERTAIN TAX POSITIONS HAVE

BEEN IDENTIFIED AND, THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED IN THE

ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 74-1769114

AVANCE, INC.

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

AVANCE TERMINATED THE FATHERS IN ACTION GRANT PROGRAM IN SEPTEMBER

2017.

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

THE ORGANIZATION'S BYLAWS WERE AMENDED ON JUNE 2019.

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

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

AUDIT 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.

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

COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE COMMITTEE PREPARES ANNUAL

PERFORMANCE EVALUATION & DETERMINES COMPENSATION ADJUSTMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization		Page 2 Employer identification number
AVANCE, INC.		74-1769114
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PAYROLL PROCESSING:		
PROGRAM SERVICE EXPENSES	9,221.	
MANAGEMENT AND GENERAL EXPENSES	6,513.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	15,734.	
CONSULTANTS - PROGRAM:		
PROGRAM SERVICE EXPENSES	84,591.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	144,342.	
CONTRACT SERVICES:		
PROGRAM SERVICE EXPENSES	54,436.	
MANAGEMENT AND GENERAL EXPENSES	38,450.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	92,886.	
CHILD CARE PARTNERS:		
PROGRAM SERVICE EXPENSES	158,064.	
MANAGEMENT AND GENERAL EXPENSES	111,646.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	269,710.	
MEDICAL & PRE-EMPLOYMENT TESTING FEES:		
PROGRAM SERVICE EXPENSES	1,352.	
832212 10-10-18	31	Schedule O (Form 990 or 990-EZ) (2018)
20110 701245 121407.02	2018.05020 AVANCE, I	NC. 12140

14220110 701245 121407.02

Schedule O (Form 990 or 990-EZ) (2018)		Page <b>2</b>
Name of the organization AVANCE, INC.		Employer identification number 74-1769114
MANAGEMENT AND GENERAL EXPENSES	955.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,307.	
IT SUPPORT :		
PROGRAM SERVICE EXPENSES	7,731.	
MANAGEMENT AND GENERAL EXPENSES	5,460.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	13,191.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	538,170.	
832212 10-10-18	s S	chedule O (Form 990 or 990-EZ) (2018)

832161	10-02-18	LHA

2	2
5	5

# **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
	-				
	-				
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
AVANCE - SAN ANTONIO - 91-1780559							
118 N. MEDINA							
SAN ANTONIO, TX 78207	EDUCATION	TEXAS	501(C)(3)	LINE 7	N/A		х
AVANCE - HOUSTON - 91-1780562							
4281 DACOMA STREET							
HOUSTON, TX 77092	EDUCATION	TEXAS	501(C)(3)	LINE 7	N/A		х
AVANCE - DALLAS - 75-2699260							
2060 SINGLETON BOULEVARD							
DALLAS, TX 75212	EDUCATION	TEXAS	501(C)(3)	LINE 7	N/A		х
AVANCE - AUSTIN - 91-1916705							
745 MANSELL AVE.							
AUSTIN, TX 78702	EDUCATION	TEXAS	501(C)(3)	LINE 7	N/A		х

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

Schedule R (Form 990) 2018

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

74-1769114

SCHEDULE R	
(Form 990)	

Department of the Treasury Internal Revenue Service

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
AVANCE - EL PASO - 91-1916707						res	NO
616 N. VIRGINIA							
EL PASO, TX 79902	EDUCATION	TEXAS	501(C)(3)	LINE 7	N/A		х
			1	1			

# 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.

	interentip dannig nie tas								1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	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	
	-											
	-											
	1											
	4											
	4											

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?
								Yes	No

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
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			
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			$\neg$
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)			
	11	X	۲.
m Performance of services or membership or fundraising solicitations by related organization(s)		n	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)	-		
p Reimbursement paid to related organization(s) for expenses	1p		
<b>q</b> Reimbursement paid by related organization(s) for expenses		X	2
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s	X	۲.

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) AVANCE AUSTIN	Q	24,210.	INVOICE
(2) AVANCE DALLAS	Q	53,266.	INVOICE
(3) AVANCE EL PASO	Q	5,089.	INVOICE
(4) AVANCE HOUSTON	Q	246,902.	INVOICE
(5) AVANCE SAN ANTONIO	Q	256,325.	INVOICE
(6) AVANCE AUSTIN	S	10,684.	мол

#### 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-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) AVANCE DALLAS	s	26,654.	мол
(8) AVANCE HOUSTON	S	62,205.	мол
(9) AVANCE SAN ANTONIO	S	66,938.	мол
(10) AVANCE AUSTIN	L	10,000.	мол
(11) AVANCE DALLAS	L	10,000.	мол
(12) AVANCE HOUSTON	L	10,000.	мол
(13) AVANCE SAN ANTONIO	L	10,000.	мои
(14)			
(15)			
(16)			
(17)			
(18)			
_ (19)			
_ (20)			
(21)			
(22)			
(23)			
(24)			

#### Schedule R (Form 990) 2018 AVANCE, INC.

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

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

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

Schedule R (Form 990) 2018

Part VII Supplemental Information.

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

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