# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

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

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

Form <b>990</b>
-----------------

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

inter	nai Revei	lue Service de la www.ii.S.gev/1 of iii.Sta de la ine la le		Inspection
Α	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
	Check if applicable	C Name of organization	D Employer identifi	cation number
	Chang	AVANCE, INC.		
	chang	Doing business as	74-1769114	
	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/ termin	824 BROADWAY STREET 204	210-270-4630	
_	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	26,342,001.
	return	SAN ANIONIO, IX 70215	<b>H(a)</b> Is this a group r	
	Applic tion pendir	F Name and address of principal officer.		s? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates i	
				list. See instructions
	Websit		H(c) Group exemption	
			Year of formation: 1973	<b>V</b> State of legal domicile: <b>TX</b>
	art I	Summary		
e	1	Briefly describe the organization's mission or most significant activities: TO STRENGTHE	N FAMILIES IN AT	
Governance		RISK COMMUNITIES THROUGH PARENT EDUCATION AND SUPPORT PROGRAMS.		
ern	2	Check this box if the organization discontinued its operations or disposed of m		1
20 V	3			18
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)		
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		284
Activities &	6	Total number of volunteers (estimate if necessary)	_	150
Act	7a			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	0. Current Year
			14,538,543.	25,771,798.
ne	8	Contributions and grants (Part VIII, line 1h)	316,958.	369,216.
Revenue	9	Program service revenue (Part VIII, line 2g)	66,558.	194,835.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	6,152.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,922,059.	26,342,001.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	46	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,012,222.	12,681,972.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
oen	b	Total fundraising expenses (Part IX, column (D), line 25) 106, 664.	-	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,822,509.	4,835,018.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,834,731.	17,516,990.
		Revenue less expenses. Subtract line 18 from line 12	87,328.	8,825,011.
or	G		Beginning of Current Year	End of Year
ets i	20	Total assets (Part X, line 16)	3,341,095.	12,074,826.
Assets (	21	Total liabilities (Part X, line 26)	1,861,198.	1,769,918.
Net	1	Net assets or fund balances. Subtract line 21 from line 20	1,479,897.	10,304,908.
P		Signature Block	, , , -	1 , , , -

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

Sign	Signature of office	er		Da	ite
Here	ELIDA GONZALI	ES, CFO			
	Type or print nam	e and title			
	Print/Type prepare	er's name	Preparer's signature	Date	Check PTIN
Paid	MATTHEW PETRO	OSKI	MATTHEW PETROSKI	01/29/24	self-employed P00853132
Preparer	Firm's name	ARMANINO, LLP		Fir	m's EIN 94-6214841
Use Only	Firm's address	15950 N. DALLAS PKWY, #60	0		
	I	DALLAS, TX 75248		Pł	none no.972-661-1843
May the I	RS discuss this re	eturn with the preparer shown abo	ve? See instructions		X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) AVANCE, INC.	74-1769114	Page <b>2</b>
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AVANCE CREATES PATHWAYS TO ECONOMIC MOBILITY FOR PREDOMINATELY LATINO		
	FAMILIES THROUGH HIGH QUALITY, CULTURALLY RESPONSIVE, TWO-GENERATION		
	PROGRAMMING THAT ENSURES SCHOOL-READINESS FOR YOUNG CHILDREN AND		
	OPPORTUNITIES FOR PARENTS TO BUILD SOCIAL AND ECONOMIC CAPITAL.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?		Yes 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	Yes 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expense	es, and
	revenue, if any, for each program service reported.		
4a		venue \$	)
	EARLY HEAD START AND HEAD START - COMPREHENSIVE PROGRAMS SUPPORTING		
	EXPECTANT MOTHERS AND CHILDREN AGES SIX WEEKS TO FIVE YEARS OLD. RICH		
	LEARNING EXPERIENCES, DESIGNED TO HELP CHILDREN DEVELOPMENTALLY,		
	SOCIALLY, EMOTIONALLY, AND PHYSICALLY, CONTRIBUTE TO A CHILD'S		
	READINESS FOR SCHOOL AND BEYOND.		
4b		venue \$	15,450.)
	QUALITY CHILD CARE MATTERS PROVIDES HOME-BASED CHILDCARE PROVIDERS WITH		
	TRAINING AND SUPPORT TO ENSURE THEY ARE FOLLOWING LICENSING STANDARDS,		
	THEY HAVE APPROPRIATE POLICIES AND PROCESSES IN PLACE, AND THAT THEY		
	ARE IMPLEMENTING BEST PRACTICES IN CHILD DEVELOPMENT AND EARLY		
	CHILDHOOD LEARNING.		
4c	(Code:) (Expenses \$1,128,310. including grants of \$) (Rev	venue \$	353,766.)
	AVANCE PARENT-CHILD EDUCATION PROGRAM (PCEP) TEACHES PARENTS HOW TO		
	BECOME THEIR CHILD'S FIRST TEACHER AND HOW TO ENSURE THAT THE HOME IS		
	THE FIRST CLASSROOM. PCEP HAS BEEN IMPLEMENTED WITH THOUSANDS OF THE		
	HARDEST-TO-REACH FAMILIES AND CHILDREN FOR THE PAST 46 YEARS AND HAS		
	SHOWN A GREAT IMPACT ON PARENTS AND CHILDREN. PARENTS WHO PARTICIPATE		
	IN PCEP EXPERIENCE AN INCREASE IN KNOWLEDGE OF EARLY CHILD DEVELOPMENT		
	AND IMPROVE PARENTING SKILLS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 187,202. including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 14,626,094.		
		Fo	rm <b>990</b> (2022)
232002	2 12-13-22		
	3		

Form	990 (2022) AVANCE, INC. 74-1769	L14	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- Ŭ		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b>		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
-	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a		x
h	Schedule D, Parts XI and XII	120		
D.		12b	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			x
				x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	4.00		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
232003	12-13-22	Form	990	(2022)

Form		-176911	4	Pa	age <b>4</b>					
Pa	rt IV Checklist of Required Schedules (continued)									
				Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J		23	x						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t	he								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a		24a		x					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b							
	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							
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x					
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		254		<u> </u>					
U										
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		051		x					
	Schedule L, Part I		25b							
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				v					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor or employee thereof.									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I	1	27		X					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,									
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
	"Yes," complete Schedule L, Part IV		28a		X					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X					
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If									
	"Yes," complete Schedule L, Part IV		28c		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M		30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete									
	Schedule N, Part II		32		x					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1		34	x						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	Х						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b	x						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization									
	If "Yes," complete Schedule R, Part V, line 2		36		x					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?									
55			38	x						
Pa		<u></u>	00							
	Check if Schedule O contains a response or note to any line in this Part V									
	Chook in Concourd C Contains a response of note to any line in this Falt V	<u></u>		Yes						
4	Enter the number reported in box 2 of Form 1006. Enter 0, if not emplicable	30		res	No					
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0								
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable									
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			v						
	(gambling) winnings to prize winners?	<u></u>	1c		(0000)					
232004	4 12-13-22		⊦orm	330 (	(2022)					

11280129 701245 CUS000006543

	1990 (2022) AVANCE, INC.	74-1769114	4	P	age <b>5</b>
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		. r		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	284			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	<u> </u>
3a			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accourt	its (FBAR).			
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	r i i i i i i i i i i i i i i i i i i i	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<b> </b>
6a		anization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	Ŭ I			
	were not tax deductible?		6b		<b></b>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req	uired			
	to file Form 8282?	·····	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	ct?	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 Form 88	399 as required?	7g		<b> </b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	le a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ie			
	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	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		<u> </u>
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.				<b></b>
а			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans				
С					<b></b>
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				-
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activitie				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		<u> </u>
	If "Yes," complete Form 6069.			0000	
232005	5 12-13-22		Form	990	(2022)

	990 (2022)       AVANCE, INC. <b>t VI</b> Governance, Management, and Disclosure.       For each "Yes" response to lines 2 through 7b I	74-176911		Р	age
1 41	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru		"NO" r	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI				Γ
Sec	tion A. Governing Body and Management		<u></u>		
				Yes	Γ
1a	Enter the number of voting members of the governing body at the end of the tax year	18			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer.	other	1		
	officer, director, trustee, or key employee?		2		Γ
3	Did the organization delegate control over management duties customarily performed by or under the direct sup				
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		
6	Did the organization have members or stockholders?		6		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of				ſ
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders				ſ
-	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follo				t
a	The governing body?	•	8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	х	F
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				F
U	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod		Ŭ		
		c./		Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	F
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi				F
-			10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili		11a	х	t
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				F
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	Γ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts		12b	Х	F
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri				F
-	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	F
14	Did the organization have a written document retention and destruction policy?		14	Х	F
15	Did the process for determining compensation of the following persons include a review and approval by indepe				F
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	х	Γ
	Other officers or key employees of the organization		15b	х	F
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		10.5		F
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
104	taxable entity during the year?		16a		ľ
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic		100		F
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ipation			
			16b		ľ
Sec	exempt status with respect to such arrangements?		1.00	1	1
17	List the states with which a copy of this Form 990 is required to be filedNONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (si	ection 501(c)(3)s	only)	availal	ר ר
	for public inspection. Indicate how you made these available. Check all that apply.		only)	avana	
	Own website     X     Another's website     X     Upon request     Other (explain on Schedular)	ule ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	,	finano	cial	
	statements available to the public during the tax year.		man	- 1-01	
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords			
	ELIDA GONZALES - 210-270-4630				
	824 BROADWAY STREET, 204, SAN ANTONIO, TX 78215				
20000	3 12-13-22		Form	990	('
02000	7		1011		4)
01	.29 701245 CUS000006543 2022.05040 AVANCE, INC.			CU	1

<sup>2022.05040</sup> AVANCE, INC.

CUS00001

Form 990 (2022) AVANCE, INC.	74-1769114	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year end</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	5	-
<ul> <li>List all of the organization's current key employees, if any. See the instructions for definition of "key</li> <li>List the organization's five current highest compensated employees (other than an officer, director, tr who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of For \$100,000 from the organization and any related organizations.</li> </ul>	rustee, or key employee)	
<ul> <li>List all of the organization's former officers, key employees, and highest compensated employees w reportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former of more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.</li> </ul>		

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

	The arry related	1 3-								
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		itior more		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week					i/irus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	utiona	L_	m ploy	st col	5			organizations
	line)	Indivi	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. TERESA GRANILLO	39.00									
CHIEF EXECUTIVE OFFICER	1.00			х				200,396.	0.	10,798.
(2) SONIA DOMINGUEZ	40.00									
CHIEF OPERATIONS OFFICER				х				142,373.	0.	8,420.
(3) ELIDA GONZALES	39.00									
CHIEF FINANCIAL OFFICER	1.00			x				132,197.	0.	9,070.
(4) ALEX CHANDLER	40.00									
CHIEF COMMUNICATIONS OFFICER						X		117,708.	0.	8,065.
(5) MELANIE BREWSTER	40.00									
SR. DIRECTOR OF HS PARTNERSHIPS						X		119,468.	0.	5,765.
(6) TERESA BERNAL	40.00	_							_	
BUSINESS COACH						X		108,675.	0.	7,506.
(7) AURORA BADILLO	40.00	-							_	
BUSINESS COACH						X		108,335.	0.	6,876.
(8) JUAN LARA	40.00	-								
BUSINESS COACH						X		109,222.	0.	463.
(9) ANA LORENA CARRASCO	39.00									
DALLAS REGIONAL DIRECTOR	1.00			х				68,159.	0.	8,678.
(10) LISSETTE RODRIGUEZ	5.00	-							_	_
BOARD CHAIR		х		х				0.	0.	0.
(11) RON ORAN	5.00	_							_	_
TREASURER		х		х				0.	0.	0.
(12) ROBERT MCCALLISTER	5.00									
SECRETARY	-	х		х				0.	0.	0.
(13) LYDIA ALEMAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(14) DR. CATHERINE AYOUB	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) MANUEL BERRELEZ	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) LUZELMA CANALES	5.00	-								_
BOARD MEMBER		х			<u> </u>			0.	0.	0.
(17) DIANA CAVAZOS	1.00									
BOARD MEMBER		Х					I	0.	0.	0. Form <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

Form 990 (2022) AVANCE, INC.									74-176	5911	4	F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box offi	not c , unle	ss per	ition more rson i	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related	า		(F) stimat nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om tř aniza d rela anizat	ne tion ted
(18) KELLY CUTLER	1.00												
BOARD MEMBER (START 10/22)		х						0.		٥.			0.
(19) GREG FLORES BOARD MEMBER (START 10/22)	1.00	x						0.		٥.			0.
(20) HILDA GALVAN	1.00												••
BOARD MEMBER		х						0.		٥.			0.
(21) MARIA DEL ROSARIO GARZA	1.00												
BOARD MEMBER		х						0.		٥.			0.
(22) MELANIE JOHNSON BOARD MEMBER	1.00	x						0.		٥.			0.
(23) DR. DANIEL KING	1.00	^						0.		<u> </u>			0.
BOARD MEMBER		х						0.		٥.			0.
(24) MARLO MICHAELI	1.00												
BOARD MEMBER		х						0.		٥.			0.
(25) RYAN RAMIREZ BOARD MEMBER	1.00	x						0.		٥.			0.
(26) SOFIA RAMON	1.00	^						0.		••			
BOARD MEMBER		х						0.		٥.			0.
1b Subtotal								1,106,533.		٥.		65	,641.
c Total from continuation sheets to Part VI								0.		0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not address the second secon</li></ul>								1,106,533.	000 of roportable	0.		65	,641.
compensation from the organization		1056	IISLE	u au	JUVE	<i>y</i> with	516						8
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,				•	-			· · ·					
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	-				-			-			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con the argonization. Report componentian for t	•	•							•	ensat	tion fro	om	
the organization. Report compensation for t (A)	ne calendar y		nuii	iy w			<u> </u>	(B)			(0	)	
Name and business	address							Description of s	ervices	С	ompe		on
SHINE EARLY LEARNING, 500 SEVENTH AVE	s.,							TECHNICAL ASSISTAN	CE WITH HEAD				
8TH FLOOR, NEW YORK, NY 10018							_	START				521	,090.
							_						
2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to t	thos	e list	ed	above) who received mo	ore than				
\$100,000 of compensation from the organiz					1	1							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	990	(2022)
232008 12-13-22													

Form 990 AVANCE, INC.									74-17691	14
Part VII Section A. Officers, Directors, Tru (A)	ustees, Key Er (B)	nplo	yee		<u>nd H</u> C)	ligh	est (	Compensated Employe (D)	ees <u>(continued)</u> (E)	(F)
Name and title	Average hours per	Position (check all that apply)					ly)	Reportable compensation	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) CLAUDIA SANTAMARIA	5.00									,
SOARD MEMBER		X						0.	0.	(
		-								
		-								
		-								
		-								
		1								
		-								
otal to Part VII, Section A, line 1c		<u></u>								

232201 04-01-22

ar	t VII	Statement of Rev	/enu	e						
		Check if Schedule O c	ontair	s a respo	nse o	r note to any line	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 3
Ś	1 a	Federated campaigns		1a		73,000.				
and Other Similar Amounts		Membership dues				40,000.				
Į m	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
Ē	е	Government grants (contril	bution	s) <b>1e</b>		14,635,517.				
S	f	All other contributions, gifts, g	grants,	and						
the		similar amounts not included	above			11,023,281.				
o D	-	Noncash contributions included in li				8,998.				
ar	h	Total. Add lines 1a-1f		<u></u>			25,771,798.			
					ŀ	Business Code	004 554	004 554		
		AFFILIATION FEES			—	611710	291,571.	,		
Revenue	b	PROGRAM SERVICE FEES	5		—	611710	77,645.	77,645.		
/eni	c				—					
Re	d				— I					
	e 4	All other program service r	0.000		—					
		Total. Add lines 2a-2f					369,216.			
	3	Investment income (includi								
	U	other similar amounts)	0	,		<i>'</i>	194,835.			194,8
	4	Income from investment of					,			, ,
	5	Royalties				F				
	-	···· <b>·</b> ·······························		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
			6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
			7b							
			7c							
		Net gain or (loss)			·····					
	8 a	Gross income from fundraisin								
<b>)</b>		including \$								
		contributions reported on I			8a					
	h	Part IV, line 18 Less: direct expenses			8b					
		Net income or (loss) from f								
		Gross income from gaming								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from g			<u> </u>					
		Gross sales of inventory, le								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from s	ales c	f invento	ry					
						Business Code				
Revenue	11 a	OTHER REVENUE				900099	6,152.			6,1
enu	b									
Revenue	С									
٦		All other revenue								
		Total. Add lines 11a-11d					6,152.			
	12	Total revenue. See instruction	ns				26,342,001.	369,216.	٥.	200,9

	Check II Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	524,959.		524,959.	
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	10,123,623.	8,891,210.	1,225,846.	6,567.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	67,734.	56,407.	11,196.	131.
9	Other employee benefits	1,049,400.	910,896.	137,916.	588.
10	Payroll taxes	916,256.	783,387.	132,365.	504.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,108.		2,108.	
с	Accounting	133,716.		133,716.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,805,767.		301,494.	71,568.
12	Advertising and promotion	17,176.	9,265.	7,911.	
13	Office expenses	343,535.	220,159.	118,119.	5,257.
14	Information technology	32,498.		32,498.	
15	Royalties				
16	Occupancy	529,827.	440,206.	89,621.	
17	Travel	133,033.	102,393.	30,050.	590.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	20,805.	13,829.	6,911.	65.
20	Interest	4,062.	1,889.	2,173.	
21	Payments to affiliates	229,161.	229,161.		
22	Depreciation, depletion, and amortization	110,115.	110,115.		
23	Insurance	52,053.	51,467.	586.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	612,645.	609,956.	2,659.	30.
b	CLIENT FEES	482,054.	482,054.		
с	STAFF DEVELOPMENT	242,833.	230,421.	12,412.	
d	EQUIPMENT RENTAL/MAINTE	59,682.	50,464.	9,218.	
е	All other expenses	23,948.	110.	2,474.	21,364.
25	Total functional expenses. Add lines 1 through 24e	17,516,990.	14,626,094.	2,784,232.	106,664.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

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).

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

74-1769114 Page 10

X

232010 12-13-22

CUS00001

Form 990 (2022)

232011 12-13-22

11280129 701245 CUS000006543

CUS	0	00	01

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,089,940.	1	7,926,385
	2	Savings and temporary cash investments				2	2,314,161
	3	Pledges and grants receivable, net			890,365.	3	977,898
	4	Accounts receivable, net			129.	4	14,605
	5	Loans and other receivables from any current or				_	
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif					
	-	under section 4958(f)(1)), and persons described	•			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	<b>–</b>			19,488.	9	15,513
		Land, buildings, and equipment: cost or other		·····	, -		,
	iou	basis. Complete Part VI of Schedule D	10a	565,338.			
	b		401	343,546.	331,643.	10c	221,792
1	11	Less: accumulated depreciation		′	,	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	13 14					13	
		Intangible assets			9,530.	14	604,472
	15 16	Other assets. See Part IV, line 11			3,341,095.	16	12,074,826
	16 17	Total assets. Add lines 1 through 15 (must equa		1	861,198.	17	824,23
	17	Accounts payable and accrued expenses		1,000,000.	18	338,562	
	18	Grants payable			1,000,000.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
2	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst		butor, or 35%			
		controlled entity or family member of any of thes	-			22	
4	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Cor	nplete Part X	0		607 110
		of Schedule D			0. 1,861,198.	25	607,119 1,769,918
- 2	26	Total liabilities. Add lines 17 through 25		X	1,001,190.	26	1,709,910
		Organizations that follow FASB ASC 958, che	ck nere				
		and complete lines 27, 28, 32, and 33.			1 007 345	07	9 361 610
	27	Net assets without donor restrictions			1,097,345. 382,552.	27	9,361,610
2	28	Net assets with donor restrictions			302,352.	28	945,290
		Organizations that do not follow FASB ASC 9	58, check h	ere 🛄			
		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current funds				29	
3	30	Paid-in or capital surplus, or land, building, or eq				30	
3	31	Retained earnings, endowment, accumulated inc			4 1-0 0	31	
• •	32	Total net assets or fund balances			1,479,897.	32	10,304,908
3	33	Total liabilities and net assets/fund balances			3,341,095.	33	12,074,826 Form <b>990</b> (202

AVANCE, INC.

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

Form	990 (2022) AVANCE, INC.	74-1769114	L	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				ź
	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	26	342,	001.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	516,	990.
3	Revenue less expenses. Subtract line 2 from line 1	3	8 ,	825,	011.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	479,	897.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,	304,	908.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	
Open to Public	

Inspection

Name of	the organization						Employer	identification number		
	AVANCE							74-1769114		
Part I	Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1	A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)						
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv).	Complete Part II.)								
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7 X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general j	public described in		
_	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe			-						
9	An agricultural research org	-			-		-	-		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor		
	university:									
10	An organization that norma									
	activities related to its exem		-					-		
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.		
	See section 509(a)(2). (Con	• •								
	An organization organized a	-	•	•						
12	An organization organized a	-	-	-			•			
	more publicly supported on lines 12a through 12d that	-								
a	<b>Type I.</b> A supporting orga	• •					-	aivina		
a	the supported organization	-	-	• • •	-					
	organization. You must o			inajonty o				apporting		
b	<b>Type II.</b> A supporting org	-		tion with its	s sunnorte	d organizatio	n(s) by hay	vina		
~ _	control or management o	-				-		-		
	organization(s). You mus						90 iiio osipi			
c	Type III functionally inte			in connect	ion with, a	nd functional	ly integrate	ed with,		
	its supported organization	• • • •					, 0	,		
d 🗌	Type III non-functionally						ted organiz	zation(s)		
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness		
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
	functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.					
f Ent	er the number of supported o	organizations								
	vide the following information			(iv) Is the orga	pization listed					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of		(vi) Amount of other support (see instructions)		
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total										

AVANCE, INC.

74-1769114

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,137,236.	2,421,172.	11,842,973.	14,538,543.	25,771,798.	56,711,722.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			630,707.	381,299.	348,480.	1,360,486.
4	Total. Add lines 1 through 3	2,137,236.	2,421,172.	12,473,680.	14,919,842.	26,120,278.	58,072,208.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						58,072,208.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,137,236.	2,421,172.	12,473,680.	14,919,842.	26,120,278.	58,072,208.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	147,716.	92,022.	66,188.	66,558.	194,835.	567,319.
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.)					6,152.	6,152.
11	Total support. Add lines 7 through 10						58,645,679.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	1,207,409.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 50	01(c)(3)	
	organization, check this box and stop	phere					
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.02 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	98.28 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
						Schedule A	(Form 990) 2022

232022 12-09-22

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	1			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-					
0.0							<u></u>
	ction C. Computation of Public						
	Public support percentage for 2022 (I		•			15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
<b>19</b> a	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		<u></u>
2320	23 12-09-22		17			Sched	iule A (Form 990) 2022

1

2

3a

3b

3c

Yes No

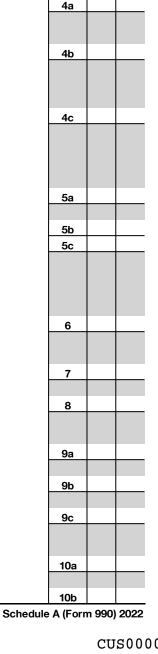
## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

232024 12-09-22



Sche	dule A (Form 990) 2022 AVANCE, INC.	74-1769114	Pa	age <b>5</b>
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	icers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported by	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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,			
<u> </u>	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360				
			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	-		
0	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 <b>Part VI</b> how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
5	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 <b>Part VI</b> 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 instr	ructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entit	tv (see instructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
232025	5 12-09-22	Schedule A (Forr	n 990)	2022

chedule A (Form

Page 5

hedule A (Form 990) 2022 AVANCE, INC. art V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organi	zations	/4-1/69114 Pa
Check here if the organization satisfied the Integral Part Test as a qua			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations		•	
ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	.,,		
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Sche	dule A (Form 990) 2022 AVANCE, INC.				74-1769114	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)		
Sect	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u>    i</u>	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years				-	
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	AVANCE, INC.		74-1769114	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 lines 2 and 3; Part IV, Section E, I	ns required by Part II, line 10; Part II, line 17 c, 11a, 11b, and 11c; Part IV, Section B, lin nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P	ies 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E, lines 2, 5	5, and 6. Also complete this part for any ad	ditional information.	
232028 12-09-2	2			Schedule A (Form 9	90) 2022
			22		

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

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

er

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	
Name of the organization	-	Employer identification numb
AV	ANCE, INC.	74-1769114
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation		
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · ·
<ul> <li>For an organization sections 509(a)(1) contributor, during or (ii) Form 990-E2</li> <li>For an organization contributor, during literary, or educat "N/A" in column (interpretation of the section of t</li></ul>	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F Z, line 1. Complete Parts I and II. on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a g the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci- ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er b) instead of the contributor name and address), II, and III.	d that received from any one Form 990, Part VIII, line 1h; any one entific, ntering
year, contribution is checked, enter purpose. Don't co	s <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled normal here the total contributions that were received during the year for an <i>exclusively</i> religious pomplete any of the parts unless the <b>General Rule</b> applies to this organization because it r pole, etc., contributions totaling \$5,000 or more during the year	bre than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ng requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2022)

**Schedule B** 

(Form 990)

	B (Form 990) (2022) rganization	Emp	Page <b>2</b> loyer identification number
AVANCE,			74-1769114
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	/
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,000,000.	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
2		\$1,580,833.	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
3	, , , , , , , , , , , , , , , , ,	\$11,285,059.	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
4		\$2,870,429.	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.)

	B (Form 990) (2022)		Page <b>3</b>
Name of c	organization		Employer identification number
AVANCE,	INC.		74-1769114
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
223453 11-1	5-22		Schedule B (Form 990) (2022)

11280129 701245 CUS000006543

Name of o	organization		Employer identification number				
VANCE,	INC.		74-1769114				
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line entricharitable, etc., contributions of <b>\$1,000 or le</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea ry. For organizations ess for the year. (Enter this info. once.) \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transformalis many address a	(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>							
·		(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
23454 11-15	5-22	I	Schedule B (Form 990) (20)				

		Supplement	- Einanaial Statamanta		OMB No. 1545-0047
			al Financial Statements		2022
(Forr	n 990)		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZZ
	ment of the Treasury I Revenue Service		Attach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
_	e of the organizati	on		Em	ployer identification number 74-1769114
Pa	rt I Organiza	AVANCE, INC.	d Funds or Other Similar Funds or Ac		
I U		n answered "Yes" on Form 990, Part IV, lin			to. Complete li the
				( <b>b)</b> Fur	nds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fund	ds.	
•	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
-	•	<b>C</b>	or donor advisor, or for any other purpose conferr	-	
	impermissible priv			0	
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7	
1		servation easements held by the organization			
		of land for public use (for example, recrea		orically	important land area
	Protection o	f natural habitat	Preservation of a certi	fied hi	storic structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a co	nserva	tion easement on the last
	day of the tax year	r.			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	Number of conser	vation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure l	isted in the National Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation	during the tax
	year				
4		where property subject to conservation eas			
5	U U	tion have a written policy regarding the per			
		orcement of the conservation easements in			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ements during the year
-					to do to the contract
7	Amount of expens	ies incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation eas	semen	its during the year
8		viction accoment reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	(1)	
0					Yes No
9			on easements in its revenue and expense statem		
5		-	note to the organization's financial statements that		
		ounting for conservation easements.		ai uesi	
Pa	rt III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imila	r Assets.
		f the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sl	heet works
	-		blic exhibition, education, or research in furtherar		
			ncial statements that describes these items.		
b			i8, to report in its revenue statement and balance	sheet	t works of
	-	· · · · ·	exhibition, education, or research in furtherance		
		ng amounts relating to these items:		-	
	-				\$
					\$
2	.,		asures, or other similar assets for financial gain, r		
	-	unts required to be reported under FASB A			
а	Revenue included	on Form 990, Part VIII, line 1	-		\$

L	Accets included in Form 000	
D	Assets included in Form 990, F	Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 \$

a [ b [ c [ 4 P 5 D	III         Organizations Maintaining C           Ising the organization's acquisition, accession         Ising the organization's acquisition, accession           Ollection items (check all that apply):         Public exhibition           Public exhibition         Scholarly research           Preservation for future generations         Isoparization's convide a description of the organization's conving the year, did the organization solicit on the besold to raise funds rather than to be main	on, and other record c é ollections and explain	ls, check any of ·	he following that exchange progra	make sig			(contir	nued)	
a [ b [ c [ 4 P 5 D	ollection items (check all that apply): Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's co puring the year, did the organization solicit o	c e bllections and explain	Loan or	exchange progra	-	gnificant u	se of its			
a [ b [ c [ 4 P 5 D	Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's co				am					
b [ c [ 4 P 5 D	Scholarly research Preservation for future generations rovide a description of the organization's co uring the year, did the organization solicit o				am					
c [ 4 P 5 D	Preservation for future generations rovide a description of the organization's co uring the year, did the organization solicit o		e Other							
4 P 5 D	rovide a description of the organization's co ouring the year, did the organization solicit o									
5 D	uring the year, did the organization solicit o									
to			n how they furth	er the organizatio	n's exem	pt purpos	e in Part	XIII.		
	b be sold to raise funds rather than to be ma	r receive donations of	of art, historical	reasures, or othe	er similar a	assets		_		
Part								Yes		No
			ete if the organiz	ation answered '	'Yes" on l	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
	the organization an agent, trustee, custodia							-		,
	n Form 990, Part X?						L	Yes		No
<b>b</b> If	"Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:							
								Amoun	t	
	eginning balance									
	dditions during the year									
	istributions during the year									
	nding balance					_ 1f _		7		1
	id the organization include an amount on Fo					ty?	L	Yes		No
Part	"Yes," explain the arrangement in Part XIII.									<u> </u>
rart	V Endowment Funds. Complete i	(a) Current year	(b) Prior yea			0. ( <b>d)</b> Three y	oare back		Voare	hack
<b>1</b> - D		(a) Current year	(b) Flior yea		S DACK		Cars Dack	(e) i oui	years i	Jack
	eginning of year balance									
	let investment earnings, gains, and losses									
	arants or scholarships									
	other expenditures for facilities									
	nd programs									
	dministrative expenses									
-	nd of year balance		 							
	rovide the estimated percentage of the curr		( 8,	n (a)) neid as:						
	oard designated or quasi-endowment		%							
	ermanent endowment	% %								
	erm endowment									
			ation that are ha	d and administar	ad for the					
	re there endowment funds not in the posse: rganization by:	ssion of the organiza				5		]	Yes	No
	•							3a(i)		
	<ul> <li>Unrelated organizations</li> <li>Related organizations</li> </ul>							3a(ii)		
	"Yes" on line 3a(ii), are the related organiza							3b		
	escribe in Part XIII the intended uses of the									
Part										
	Complete if the organization answered		), Part IV, line 11	a. See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or c		Cost or other		cumulate	d	(d) Boo	k value	
		basis (investr	• • •	asis (other)	• •	reciation	-	,, 200		
1a L	and			14,500.					14,5	500.
	uildings			202,469.		121,4	481.		80,9	
	easehold improvements			301,513.		180,9			120,6	
	quipment			263.		,			,	263.
	ther			46,593.		41,3	157.		5,4	436.
	Add lines 1a through 1e. (Column (d) must e		X column (B) lii	ne 10c)					221,7	

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	604,472.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	604,472.
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)	OPERATING LEASE LIABILITY	607,119.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	607,119.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 AVANCE, INC.		74-1769114	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
	<b>U</b> ( )			
b	Donated services and use of facilities			
C L	Recoveries of prior year grants			
	· · · · · · · · · · · · · · · · · · ·		2e	
3	Add lines 2a through 2d Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
		4a		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines <b>2a</b> through <b>2d</b>			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5			5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		Part V, line 4; Part X, line 2; Pa	art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information.		
PART	TX, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTIO	N		
501(	C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT THAT	IT HAS		
UNRE	ELATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE TAXABLE	UNRELATED		
BUSI	NESS INCOME DURING THE YEAR ENDED JUNE 30, 2023. THE ORGANIZA	TION'S		
ESTI	MATE OF THE POTENTIAL OUTCOME OF ANY UNCERTAIN TAX ISSUES IS	SUBJECT		
TOM	MANAGEMENT'S ASSESSMENT OF RELEVANT RISKS, FACTS, AND CIRCUMST.	ANCES		
		_		
EXIS	STING AT THE TIME. THE ORGANIZATION USES A MORE LIKELY THAN NO	T.		
ਆਸ਼ਾਨਸ	SHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF .	a max		
POSI	TION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TO THE EX	TENT THAT		
THE	ORGANIZATION'S ASSESSMENT OF SUCH TAX POSITION CHANGES, THE C	HANGE IN		
	,			
ESTI	MATE IS RECORDED IN THE PERIOD IN WHICH THE DETERMINATION IS	MADE. THE		
232054	4 09-01-22		Schedule D (For	rm 990) 2022

11280129 701245 CUS000006543

30 2022.05040 AVANCE, INC. AVANCE, INC.

Part XIII Supplemental Information (continued)

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

A COMPONENT OF INCOME TAX EXPENSE AS INCURRED. AS OF JUNE 30, 2023, NO

UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED.

Schedule D (Form 990) 2022

232055 09-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU		•
	rtment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Inspe		IC
	ne of the organization		Employer ide	-		mber
	0	AVANCE, INC.	74-176			
Pa	rt I Question	s Regarding Compensation	1			
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary :	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
•						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
		compensation consultant     Compensation survey or study       ther organizations     X	ommittaa			
		ther organizations X Approval by the board or compensation of	Ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
с		eive payment from an equity-based compensation arrangement?				x
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
						X
b		ation?		5b		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r	-				
						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
~		nes 5 and 6? If "Yes," describe in Part III		7		•
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		0		x
0				. 8		
9		id the organization also follow the rebuttable presumption procedure described in		9		
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.	Schedul		n 000	2022
LINA			Schedul	C U (FUII	1 330)	1 2022

232111 10-18-22

#### 74-1769114

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

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

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

(A) Name and Title		<b>(B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. TERESA GRANILLO	(i)	200,396.	0.	0.	3,922.	6,876.	211,194.	٥.
CHIEF EXECUTIVE OFFICER	(ii)	0.	٥.	0.	0.	0.	٥.	٥.
(2) SONIA DOMINGUEZ	(i)	142,373.	0.	0.	2,446.	5,974.	150,793.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	-EZ OMB No. 1545-0047 2022 Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization	AVANCE, INC.	Employer identification number 74-1769114
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:	
PROGRAM SUPPORT TO	INCLUDE EXPENSES FOR STAFF CONTENT MANAGEMENT AND	
LEARNING MANAGEMEN	SYSTEMS, CAPACITY BUILDING, AND PROFESSIONAL	
DEVELOPMENT.		
EXPENSES \$ 187,202	. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI,	SECTION B, LINE 11B:	
THE FORM 990 IS DIS	STRIBUTED TO THE BOARD FOR REVIEW PRIOR TO FILING. THE	
AUDIT FINANCE COMM	ITTEE OF THE BOARD APPROVES THE RETURN.	
FORM 990, PART VI,	SECTION B, LINE 12C:	
THE OFFICERS, DIRE	CTORS, AND KEY STAFF ARE REQUIRED TO DISCLOSE ANY	
CONFLICTS OF INTER	EST ANNUALLY BY SIGNING A DISCLOSURE STATEMENT.	
IN CONNECTION WITH	ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN	
INTERESTED PERSON N	AUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND	
BE GIVEN THE OPPOR	TUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS	
AND MEMBERS OF COM	MITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING	
THE PROPOSED TRANS	ACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL	
INTEREST AND ALL MA	ATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE	
INTERESTED PERSON,	HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE	
MEETING WHILE THE 1	DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND	
VOTED UPON. THE REA	MAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A	
CONFLICT OF INTERES	ST EXISTS.	
IF THE GOVERNING BO	DARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A	
MEMBER HAS FAILED	TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT	
	EMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER	Sahadula O /Farma 000) 0000
232211 10-28-22	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022		Page <b>2</b>
Name of the organization AVANCE, INC.		Employer identification number 74-1769114
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISC	CLOSE. IF, AFTER	
HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTH	ER INVESTIGATION AS	
WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD C	DR COMMITTEE DETERMINES	
THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIE	BLE CONFLICT OF	
INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND	CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:		
COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE COMM	ITTEE AND OFFICERS	
EXECUTIVE COMMITTEE PREPARES ANNUAL PERFORMANCE EVALU	JATION & DETERMINES	
COMPENSATION ADJUSTMENT.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	, FINANCIAL STATEMENTS,	
AND FORM 990 ARE AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PAYROLL FEES:		
PROGRAM SERVICE EXPENSES	101,246.	
MANAGEMENT AND GENERAL EXPENSES	19,070.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	120,316.	
		_
CONTRACT SERVICES - PROGRAM:		_
PROGRAM SERVICE EXPENSES	882,937.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	882,937.	_
232212 10-28-22		Schedule 0 (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization AVANCE, INC.		Employer identification number 74-1769114
CONTRACT SERVICES:		·
PROGRAM SERVICE EXPENSES	65,639.	
MANAGEMENT AND GENERAL EXPENSES	254,668.	
FUNDRAISING EXPENSES	68.	
TOTAL EXPENSES	320,375.	
CONTRACT SERVICES - FUND DEV:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	71,500.	
TOTAL EXPENSES	71,500.	
PRE-EMPLOYEMENT SCREENING:		
PROGRAM SERVICE EXPENSES	1,199.	
MANAGEMENT AND GENERAL EXPENSES	27,756.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	28,955.	
CCP PARTNER PAYMENTS:		
PROGRAM SERVICE EXPENSES	381,684.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	381,684.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,805,767.	

232212 10-28-22

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

#### Name of the organization

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)	(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AVANCE - SAN ANTONIO - 91-1780559							
903 BILLY MITCHELL BLVD., SUITE 100	FAMILY SUPPORT AND						
SAN ANTONIO, TX 78226	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	х	
AVANCE - HOUSTON - 91-1780562							
4281 DACOMA STREET	FAMILY SUPPORT AND						
HOUSTON, TX 77092	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	х	
AVANCE - DALLAS - 75-2699260							
2060 SINGLETON BLVD., SUITE 103	FAMILY SUPPORT AND						
DALLAS, TX 75212	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	х	
AVANCE - AUSTIN - 91-1916705							
745 MANSELL AVENUE	FAMILY SUPPORT AND						
AUSTIN, TX 78702	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANCE, INC	x	

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

Employer identification number

74-1769114

**Open to Public** 

(Form 990)

Department of the Treasury Internal Revenue Service



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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportional allocations?				<sup>II or</sup> Percentaç <sup>ing</sup> ownershi er?
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No
	1										
	1										
	-										
	-										
										$\left  \right $	
	-										
	-										
	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	mary activity Legal domicile Direct (state or foreign		(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	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		0. 1.001)				Yes	No
									$\square$

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 P	Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		,	
c Gift, grant, or capital contribution from related organization(s)	1c	X	2
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		-	
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	<u>1h</u>		
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)	1k		
	11	X	2
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	n X	2
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)		, X	:
p Reimbursement paid to related organization(s) for expenses			
<b>q</b> Reimbursement paid by related organization(s) for expenses			:
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s	X	2

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) AVANCE AUSTIN	с	10,000.	FMV
(2) AVANCE AUSTIN	L	29,920.	мои
(3) AVANCE AUSTIN	М	64,829.	мои
(4) AVANCE AUSTIN	Q	43,667.	ACTUAL COST
(5) AVANCE DALLAS	С	10,000.	FMV
(6) AVANCE DALLAS	L	141,827.	

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

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) AVANCE DALLAS	Q	38,264.	ACTUAL COST
(8) AVANCE HOUSTON	Q	76,174.	ACTUAL COST
(9) AVANCE HOUSTON	с	10,000.	FMV
(10) AVANCE HOUSTON	L	63,834.	мои
(11) AVANCE HOUSTON	м	164,332.	мои
(12) AVANCE SAN ANTONIO	Q	143,328.	ACTUAL COST
(13) AVANCE SAN ANTONIO	с	10,000.	FMV
(14) AVANCE SAN ANTONIO	L	55,991.	мол
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

### Schedule R (Form 990) 2022 AVANCE, INC.

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

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

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

Schedule R (Form 990) 2022

Part VII Supplemental Information

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

232165 09-14-22