PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO ADVISORY LLC

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning JU	L 1, 2023 and	ending J	UN 30, 2024			
B c	heck if pplicable	C Name of organization			D Employer ide	ntific	cation number	
	Addres							
	Name change				74-1769	114		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone nu	mber		
	Final return/	824 BROADWAY STREET	210-270-4	1630				
	termin- ated	City or town, state or province, country, and a	G Gross receipts \$	Gross receipts \$ 19,428,967.				
	Ameno return	san antonio, TX 78215	-		H(a) Is this a gro	up re	turn	
	Application	F Name and address of principal officer: ΔΔΔΔΔ	GONZALES		for subordir	nates'	? Yes 🗓 No	
	pendin	SAME AS C ABOVE			H(b) Are all subordin	ates ind	cluded? Yes No	
<u>1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," atta	ch a	list. See instructions	
	Vebsit				H(c) Group exem	nptior	n number	
		g	sociation Other	L Year	of formation: 1973	M	1 State of legal domicile; TX	
Pa	rt I	Summary						
ø		Briefly describe the organization's mission or most			FAMILIES IN AT			
Activities & Governance		RISK COMMUNITIES THROUGH PARENT EDUCAT	ION AND SUPPORT PROGRA	MS.				
rus	2	Check this box if the organization discor	tinued its operations or dispos	sed of more	than 25% of its ne	t ass	ets.	
ove.		Number of voting members of the governing body (, , , , , , , , , , , , , , , , , , , ,			3	19	
ত		Number of independent voting members of the gov				4	19	
es &		Total number of individuals employed in calendar y				5	296	
ĬŢ		Total number of volunteers (estimate if necessary)				6	150	
δcti		Total unrelated business revenue from Part VIII, col				7a	0.	
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11			7b	0.	
					Prior Year		Current Year	
<u>e</u>		Contributions and grants (Part VIII, line 1h)			25,771,7	$\overline{}$	18,341,196.	
en					369,2	$\overline{}$	627,374.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,		194,8	$\overline{}$	460,397.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	6,1	_	0.			
		Total revenue - add lines 8 through 11 (must equal			26,342,0		19,428,967.	
		Grants and similar amounts paid (Part IX, column (0.	0.	
		Benefits paid to or for members (Part IX, column (A			10 601 0	0.	0.	
es		Salaries, other compensation, employee benefits (F			12,681,9		14,930,534.	
Expenses		Professional fundraising fees (Part IX, column (A), li				0.	0.	
Ϋ́		Total fundraising expenses (Part IX, column (D), line	· —	973.	4 935 0	10	E 10E 0E1	
		Other expenses (Part IX, column (A), lines 11a-11d,			4,835,0 17,516,9	$\overline{}$	5,185,851.	
		Total expenses. Add lines 13-17 (must equal Part IX			8,825,0		-687,418.	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line	12		eginning of Current Y	-	End of Year	
ts o	20	Total assets (Part X, line 16)			12,074,8	_	10,915,155.	
Asse Bala	20 21	Tatal liabilities (Dart V. line OC)			1,769,9	$\overline{}$	1,297,665.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	lino 20		10,304,9	_	9,617,490.	
	rt II	Signature Block	IIII 6 20				-,,	
Und	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best	of mv	knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than office				,	3	
			,					
Sign	1	Signature of officer			Date			
Her		ELIDA GONZALES, CFO						
		Type or print name and title						
		Print/Type preparer's name	ck	PTIN				
Paid		ž	Preparer's signature MATTHEW PETROSKI		01/09/25 if self-	-employe	P00853132	
Prep	arer	Firm's name ARMANINO ADVISORY LLC			Firm's EIN	1 2	94-6214841	
Use	Only	Firm's address 15950 N. DALLAS PKWY, #600						
		DALLAS, TX 75248			Phone no.	972-	-661-1843	
May	the IF	S discuss this return with the preparer shown above	/e? See instructions		-		X Yes No	

Form 990 (2023)

AVANCE, INC.

Part III Statement of Program Service Accomplishments

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

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?

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 X 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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue if any, for each program service reported

	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	I on the	
	prior Form 990 or 990-EZ?		Yes X 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 X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ervices, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.	·	
4a) (Revenue \$,
	EARLY HEAD START AND HEAD START - COMPREHENSIVE PROGRAMS SUPPORTING		·
	EXPECTANT MOTHERS AND CHILDREN AGES SIX WEEKS TO FIVE YEARS OLD. RICH		
	LEARNING EXPERIENCES, DESIGNED TO HELP CHILDREN DEVELOPMENTALLY,		
	SOCIALLY, EMOTIONALLY, AND PHYSICALLY, CONTRIBUTE TO A CHILD'S		
	READINESS FOR SCHOOL AND BEYOND.		
4b	(Code:) (Expenses \$ 3,159,409. including grants of \$) (Revenue \$	45,000.
TU	OUALITY CHILD CARE MATTERS PROVIDES HOME-BASED CHILDCARE PROVIDERS WITH) (Neverlue \$	
	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.		
	CHILDROOD BEARVING.		
4c) (Revenue \$	582,374.
	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 \$ 143,089 · including grants of \$) (Revenue \$)

4e Total program service expenses

15,653,518.

Form 990 (2023)

74-1769114 Page 3

Form 990 (2023) AVANCE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		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	٣		
U		ء ا		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	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
ч	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	٠٠		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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			١
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
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	L	Х

332003 12-21-23

Form **990** (2023)

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
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 noncash contributions? If "Yes," complete Schedule M	29	Х	
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			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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			
	(gambling) winnings to prize winners?	1c	Х	ı

Page 5

Form 990 (2023)

O23) AVANCE, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) 74-1769114 Part V

			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 296			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		₩
a	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Α .
d		7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		x
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of receives on head	-		
14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
		14b		
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form **990** (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			17
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
40-	Did the constitution have been been been been as of the beautiful and	40 -	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Λ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELIDA GONZALES, CFO - 210-270-4630			
	824 BROADWAY STREET 204 SAN ANTONIO TX 78215			

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	Average hours per	(do not check more than o					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DR. TERESA GRANILLO	39.00									
CHIEF EXECUTIVE OFFICER	1.00			Х				232,996.	0.	12,333.
(2) SONIA DOMINGUEZ	40.00									
CHIEF OPERATIONS OFFICER			_	Х				161,403.	0.	10,804.
(3) ELIDA GONZALES	39.00									
CHIEF FINANCIAL OFFICER	1.00		_	Х				138,223.	0.	10,511.
(4) ALEX CHANDLER	40.00									
CHIEF COMMUNICATIONS OFFICER			_			Х		123,456.	0.	10,336.
(5) LUZELMA CANALES	5.00	1								
BOARD CHAIR	5.00	Х		Х				0.	0.	0.
(6) RON ORAN	5.00	_								
TREASURER	5.00	Х	_	Х				0.	0.	0.
(7) ROBERT MCCALLISTER	5.00	_								
SECRETARY	5.00	Х	_	Х				0.	0.	0.
(8) CLAUDIA SANTAMARIA	5.00	_								
PARLIAMENTARIAN	5.00	Х	_					0.	0.	0.
(9) GREG FLORES	1.00	_								
MEMBER AT LARGE	1.00	Х	_					0.	0.	0.
(10) LYDIA ALEMAN	1.00									
BOARD MEMBER	1.00	Х	_					0.	0.	0.
(11) DR. CATHERINE AYOUB	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) MANUEL BERRELEZ	1.00									
BOARD MEMBER	1.00	Х	_					0.	0.	0.
(13) DIANA CAVAZOS	1.00									
BOARD MEMBER (THRU 08/24)	1.00	Х	_					0.	0.	0.
(14) KELLY CUTLER	1.00									
BOARD MEMBER	1.00	Х	_					0.	0.	0.
(15) MARIA DEL ROSARIO GARZA	1.00									
BOARD MEMBER	1.00	Х	_					0.	0.	0.
(16) HILDA GALVAN	1.00	4								
BOARD MEMBER	1.00	Х	_					0.	0.	0.
(17) DOLORES HERNANDEZ	1.00	1								
BOARD MEMBER	1.00	Х						0.	0.	0. Form 990 (2022)

332007 12-21-23 Form **990** (2023)

Part VII Section A. Officers, Directors (A)	(B)		,					(D)	` ,	(F)
	Average		(C) Position					` '	(E)	` ,
Name and title	hours per		not cl	neck i	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	steec	ruste			sensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ıal tru	onal t		oloyee	l woo		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) MELANIE JOHNSON	1.00	_	_			- a	_			
BOARD MEMBER	1.00	х						0.	0.	0.
(19) DR. DANIEL KING	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(20) MARLO MICHAELI	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(21) JORGE PADILLA	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(22) RYAN RAMIREZ	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(23) SOFIA RAMON	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(24) LISSETTE RODRIGUEZ	5.00									
BOARD MEMBER	5.00	Х						0.	0.	0.
1b Subtotal	I							656,078.	0.	43,984.
c Total from continuation sheets to I								0.	0.	0.
d Total (add lines 1b and 1c)								656,078.	0.	43,984.

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

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

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

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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHINE EARLY LEARNING, 500 SEVENTH AVE, 8TH		
FLOOR, NEW YORK, NY 10018	HEAD START T&TA	438,499
HIGGINBOTHAM, 210 INTERSTATE NORTH PARKWAY		
STE 400, ATLANTA, GA 30339	HR SERVICES	203,665
VENTURE LEADERSHIP COLLECTIVE, 650 CASTRO	STRATEGIC PLAN/THEORY OF	
STREET, SUITE 120 #266, MOUNTAIN VIEW, CA	CHANGE	109,992
ARMANINO LLP		
15950 N DALLAS PKWY #600, DALLAS, TX 75248	AUDIT SERVICES	104,107

Form **990** (2023)

\$100,000 of compensation from the organization

74-1769114 Page 9

Form 990 (2023) AVANCE, INC.

Part VIII Statement of Revenue

		Check if Schedule O	contains	s a respons	e or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lanction revenue	basiness revenue	sections 512 - 514
इ इ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b				30,000.				
ē,	С	Fundraising events							
ifts ar A				1					
s, G		Government grants (contri			15,078,429.				
Sign		All other contributions, gifts,							
but		similar amounts not included	above	1f	3,232,767.				
ÖĘ	g	Noncash contributions included in	lines 1a-1	f 1g \$	47,094.				
a So	h	Total. Add lines 1a-1f				18,341,196.			
					Business Code				
ø	2 a	AFFILIATION FEES			611710	529,984.	529,984.		
Program Service Revenue	b	PROGRAM SERVICE FEE	S		611710	97,390.	97,390.		
Sel	С								
am eve	d								
g B	е								
P.	f	All other program service	revenue	9					
	g	-				627,374.			
	3	Investment income (includ							
		other similar amounts)				460,397.			460,397.
	4	Income from investment of							
	5	Royalties			·				
		•		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss))						
		Gross amount from sales of		i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ē		and sales expenses	7b						
Revenue	С	Gain or (loss)	7c						
ě		Net gain or (loss)							
ther		Gross income from fundraising							
튐		including \$	-	·					
		contributions reported on							
		Part IV, line 18	,	I .	a				
	b	Less: direct expenses			Bb				
		Net income or (loss) from							
		Gross income from gamin							
		Part IV, line 19	-	I	a				
	b	Less: direct expenses		I	d				
	С	Net income or (loss) from	gaming	activities					
		Gross sales of inventory, I							
		and allowances			0a				
	b	Less: cost of goods sold		I	Ob				
		Net income or (loss) from							
					Business Code				
ous.	11 a								
ane in in	b								
Miscellaneous Revenue	С								
Aisc	d	All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				19,428,967.	627,374.	0.	460,397.

332009 12-21-23

Form **990** (2023)

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 (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 591,671. trustees, and key employees 591,671. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,602,451. 9,528,600. 2,073,851. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 96,613 71,939 24,674 1,593,757 1,344,844 248,913 9 Other employee benefits 1,046,042 842,680. 203,362 10 Payroll taxes Fees for services (nonemployees): Management а 22,934 22,934 Legal 121,902, 8,962. 112,940 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,791,187 1,186,207 538,980 66,000. column (A), amount, list line 11g expenses on Sch O.) 78,566 36,714. 41,852 Advertising and promotion 12 1,107,109 949,153. 151,962 5,994. 13 Office expenses 28,029 20,883. 7,146 14 Information technology 15 Royalties 523,837 419,549 104,288 16 Occupancy 200,991 147,348. 53,387. 256. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,938. 47,459. 558. Conferences, conventions, and meetings 24,963. 19 49,113. 47,902 1,211 20 166,480. Payments to affiliates _____ 166,480. 21 106,232, 106,232, 22 Depreciation, depletion, and amortization 5,475. 1,180. 3,643 652. 23 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 O.) CLIENT FEES 506,194. 505,343, 851 STAFF DEVELOPMENT 267,401 192,618. 74,783 EVENT EXPENSES 98,934. 8,421. 90,513. С EQUIPMENT RENTAL/MAINTE 58,586. 54,738. 3,848 5.422 5,214 All other expenses е 20,116,385. 15,653,518 4,298,894 163,973. Total functional expenses. Add lines 1 through 24e 25 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** (2023)

12540109 701245 CUS000006543

Form 990 (2023)
Part X Balance Sheet

Part		Check if Schedule O contains a response or	note to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,926,385.	1	3,415,595.
	2	Savings and temporary cash investments			2,314,161.	2	781,306.
	3	Pledges and grants receivable, net			977,898.	3	818,152.
		Accounts receivable, net			14,605.	4	29,212.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			15,513.	9	8,615.
1	I0a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	565,075.			
	b	Less: accumulated depreciation	10b	449,778.	221,792.	10c	115,297.
1	11	Investments - publicly traded securities		L		11	4,271,764.
1	12	Investments - other securities. See Part IV, lin	ne 11			12	800,000
1	13	Investments - program-related. See Part IV, li	ne 11			13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			604,472.	15	675,214.
1	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	12,074,826.	16	10,915,155
1	17	Accounts payable and accrued expenses		824,237.	17	892,505	
1	18	Grants payable	338,562.	18	73,418.		
1	19	Deferred revenue			19		
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
္မွ 2	22	Loans and other payables to any current or f	ormer offic	er, director,			
≝		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese perso	ons		22	
- 2	23	Secured mortgages and notes payable to un				23	
2	24	Unsecured notes and loans payable to unrela	ated third p	parties		24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			607,119.	25	331,742.
2	26				1,769,918.	26	1,297,665.
_ω		Organizations that follow FASB ASC 958,	check her	e X			
ğ		and complete lines 27, 28, 32, and 33.			0.064.640		0 000 000
<u> </u>	27			·····	9,361,610.	27	9,009,075.
<u>m</u> 2	28	Net assets with donor restrictions			943,298.	28	608,415.
<u> </u>		Organizations that do not follow FASB AS	C 958, che	ck here			
<u>۲</u>		and complete lines 29 through 33.					
ဋ္ဌ 2	29	Capital stock or trust principal, or current fur				29	
SS 3	30	Paid-in or capital surplus, or land, building, o				30	
ا ب	31	Retained earnings, endowment, accumulated			10 204 000	31	0 (17 400
		Total net assets or fund balances			10,304,908.	32	9,617,490.
3	33	Total liabilities and net assets/fund balances			12,074,826.	33	10,915,155.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	428,	967.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		116, 687,				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	304,	908.			
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	9 ,	617,	490.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990:				l			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:				l			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l			
	consolidated basis, or both:				l			
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.						
За	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	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	ı			
			Form	990	(2023)			

SCHEDULE A

(Form 990)

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** AVANCE, INC. 74-1769114 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.

requirement (see instructions). For must complete that the second A and B, and that the						
е	Check this box if the orga	anization received a	written determination fro	om the IRS that it is a	Type I, Type II, Type III	
	functionally integrated, or Type III non-functionally integrated supporting organization.					
f	f Enter the number of supported organizations					
g	Provide the following information	about the supporte	d organization(s).			
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?	(v) Amount of monetary	(vi) Amount of o
			(described on lines 1-10	in your governing accument:		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Schedule A (Form 990) 2023 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,421,172.	11,842,973.	14,538,543.	25,771,798.	18,341,196.	72,915,682.
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.	468,898.	1,829,384.
4	Total. Add lines 1 through 3	2,421,172.	12,473,680.	14,919,842.	26,120,278.	18,810,094.	74,745,066.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						74,745,066.
_	ction B. Total Support						, , -
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2,421,172.	12,473,680.	14,919,842.	26,120,278.	18,810,094.	74,745,066.
	Gross income from interest,	, ,	, ,	, ,		, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	92,022.	66,188.	66,558.	194,835.	460,397.	880,000.
٥	Net income from unrelated business	52,022.			201,000.	200,027.	
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				6,152.		6,152.
	assets (Explain in Part VI.)				0,132.		75,631,218.
	Total support. Add lines 7 through 10	-1- /				40	1,612,852.
	Gross receipts from related activities,	· ·				12	1,012,032.
13	First 5 years. If the Form 990 is for th			•			
80	organization, check this box and stor						
	Public support percentage for 2023 (li			olumn (f)\		14	98.83 %
						15	98.83 %
	Public support percentage from 2022						70
102	a 33 1/3% support test - 2023. If the c						
L	stop here. The organization qualifies						
K	33 1/3% support test - 2022. If the constant and the constant is a small standard transfer and transfer and transf	•		•		•	
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			-		VI how the organiza	ation
	meets the facts-and-circumstances te	_	•	*	-		
k	o 10% -facts-and-circumstances test	_					0% 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	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a		Form 990) 2023

332022 12-21-23

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 AVANCE, INC. 74-1769114 Page **4**

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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
 - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
-	ЗС		
	la		
	łb		
4	łc		
	ā		
	Ja		
	i h		
	<u>b</u>		
	ic .		
	6		
	7		
	8		
)a		
ç)b		
g	Эс		
1	0a		
	Ju		
	Λh		
1	0b		<u> </u>

ı a	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		
	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	4.4		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	Ton B. Type i supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
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			
L	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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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	Ju		
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 AVANCE, INC. 74-1769114 Page **6**

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mus		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 AVANCE, INC. 74-1769114 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

· u	Type in item i unotionally integrated coo	(a)(o) capporting crya	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp		1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pro			
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	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
<u>b</u>	From 2019			
c	From 2020			
d	From 2021			
<u>e</u>	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
d	Excess from 2022			

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

A	VANCE, INC.	74-1769114			
Organization type (check	cone):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule. See instructions.			
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot ny one contributor. Complete Parts I and II. See instructions for determining a contribu	• • •			
sections 509(a)(*) contributor, during or (ii) Form 990-E For an organizate contributor, during literary, or education contributor.	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16k ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of EZ, line 1. Complete Parts I and II. ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fing the year, total contributions of more than \$1,000 exclusively for religious, charitable ational purposes, or for the prevention of cruelty to children or animals. Complete Part	o, and that received from any one in (i) Form 990, Part VIII, line 1h; rom any one le, scientific,			
"N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 ling requirements of Schedule B (Form 990).	, , , , , , , , , , , , , , , , , , , ,			
For Paperwork Reduction A	act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

AVANCE, INC.

74-1769114

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + +	\$ 12,132,399.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,347,636.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$ 644,833.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990) (2023)

Page 3 Name of organization Employer identification number AVANCE, INC. 74-1769114

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

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** AVANCE, INC. 74-1769114 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Name of the organization

AVANCE, INC.

Employer identification number

74-1769114 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

332051 09-28-23

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

161,975.

241,210,

46,593.

e Other

b Buildings

c Leasehold improvementsd Equipment

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

202,469.

301,513.

46,593.

40,494.

60,303.

115,297.

Schedule D (Form 990) 2023 AVANCE, INC.		<u> </u>	74-1769114	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 er	nd-of-year market v	/alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) ALTERNATIVE INVESTMENTS	800,000.	COST		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	800,000.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market v	/alue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book va	alue
(1) RIGHT OF USE ASSET			3:	28,130.
(2) DUE FROM RELATED PARTIES			3-	47,084.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		6	75,214.
Part X Other Liabilities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book va	alue
(1) Federal income taxes				
(2) OPERATING LEASE LIABILITY			3	31,742.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				-

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

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 XIII.

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial St		ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	T . T	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
_C	Add lines 4a and 4b			
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 T XII Reconciliation of Expenses per Audited Financial S	2.) tatements With Expen	5 ses per Return	
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV,		oco per rietarn	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		······	
a	Donated services and use of facilities	2a		
b				
C	Prior year adjustments Other losses			
d	Other losses Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			
Pai	t XIII Supplemental Information	10.7		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI	,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			
PART	X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	SECTION		
E01/	G)/3) OF THE THEORY DESIGNATION OF THE THEORY			
501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTEN	r that it has		
TIME	LATED BUSINESS INCOME. THE ORGANIZATION DID NOT HAVE TA	מאסו ב וואסבו אחבה		
ONKE	HATED DOUBLESS INCOME, THE ORGANIZATION DID NOT HAVE TAX	RADDE ONKEDATED		
BUSI	NESS INCOME DURING THE YEAR ENDED JUNE 30, 2024. THE OR	GANIZATION'S		
	,			
ESTI	MATE OF THE POTENTIAL OUTCOME OF ANY UNCERTAIN TAX ISSU	ES IS SUBJECT		
TO M	ANAGEMENT'S ASSESSMENT OF RELEVANT RISKS, FACTS, AND CI	RCUMSTANCES		
EXIS	TING AT THE TIME. THE ORGANIZATION USES A MORE LIKELY T	HAN NOT		
THRE	SHOLD FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMEN	NT OF A TAX		
ם מי	י מיתווחים עגם ג ואד ואים ארם הם הקסק מעס אמים אחרות הדרות החורה היים ואים ארות החורה היים אים ארות החורה היים ו	րկը ըչդերո տնչտ		
-051	TION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TO	ING EALENI INAT		
THE	ORGANIZATION'S ASSESSMENT OF SUCH TAX POSITION CHANGES,	THE CHANGE IN		
	· ·			
ESTI	MATE IS RECORDED IN THE PERIOD IN WHICH THE DETERMINATION	ON IS MADE. THE		

Schedule D (Form 990) 2023 AVANCE, INC.	74-1769114	Page 5
Schedule D (Form 990) 2023 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, 2024, NO		
UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED.		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

AVANCE, INC.

Part I Questions Regarding Compensation

Employer identification number
74-1769114

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

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	N-2 and/or 1099-MISC and/or 1099-N compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DR. TERESA GRANILLO	(i)	232,996.	0.	0.	4,665.	7,668.	245,329.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.	
(2) SONIA DOMINGUEZ	(i)	161,403.	0.	0.	3,136.	7,668.	172,207.	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)								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

	AVANCE, INC.						7	4-176911	4	
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	nor		(d) of determin ntribution a	_	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other \dots									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (DISC CLASSR)	Х	1		24,041.	COMPAR	ABLE SA	LES		
26	Other (DISC TECH PU)	Х	3		22,509.	COMPAR	ABLE SA	LES		
27	Other (DISC SUPPLIE)	Х	3		544.	COMPAR	ABLE SA	LES		
28	Other ()									
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29				0	
									Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, line	s 1 throug	jh 28, tha	at it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	be used	for				
	exempt purposes for the entire holding period?	?						30a		Х
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard	d contribut	tions?		31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash					
	contributions?							32a		Х
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column	(a) is ched	cked,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

AVANCE INC. 74-1769114 PART III LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER PROGRAMS: PROGRAM SUPPORT TO INCLUDE EXPENSES FOR STAFF CONTENT MANAGEMENT AND LEARNING MANAGEMENT SYSTEMS, CAPACITY BUILDING AND PROFESSIONAL DEVELOPMENT NOT TIED TO ABOVE LISTED PROGRAMS. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 143,089. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS DISTRIBUTED TO THE BOARD FOR REVIEW PRIOR TO FILING. THE AUDIT FINANCE COMMITTEE OF THE BOARD APPROVES THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, AND KEY STAFF ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY BY SIGNING A DISCLOSURE STATEMENT. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST. INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS, IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST. SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER

332211 11-14-23

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

Schedule O (Form 990) 2023

Name of the organization AVANCE, INC.	Employer identification number 74-1769114
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS	
WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES	
THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF	
INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE COMMITTEE AND OFFICERS	
EXECUTIVE COMMITTEE PREPARES ANNUAL PERFORMANCE EVALUATION & DETERMINES	
COMPENSATION ADJUSTMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS,	
AND FORM 990 ARE AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

AVANCE, INC.						74-1769114		IIIDEI
Part I Identification of Disregarded Entities. Co	omplete if the organization answered "	Yes" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	(d) or Total inc	(e) ome End-of-yea		Direct o	(f) controlling	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ganizations. Complete if the organiza	tion answered "Yes" on Form 99	00, Part IV, line 34,	because it had one	e or mor	e related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) rect controlling entity	cont	g) 512(b)(13 trolled tity?
		3 ,,		501(c)(3))			Yes	No
AVANCE - SAN ANTONIO - 91-1780559 903 BILLY MITCHELL BLVD., SUITE 100 SAN ANTONIO, TX 78226	FAMILY SUPPORT AND EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANC	E, INC	X	
AVANCE - HOUSTON - 91-1780562						,		
4281 DACOMA STREET	FAMILY SUPPORT AND							
HOUSTON, TX 77092	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANC	CE, INC	Х	
AVANCE - DALLAS - 75-2699260								
2060 SINGLETON BLVD., SUITE 103	FAMILY SUPPORT AND							
DALLAS, TX 75212	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANC	E, INC	Х	
AVANCE - AUSTIN - 91-1916705								
745 MANSELL AVENUE	FAMILY SUPPORT AND							
AUSTIN, TX 78702	EDUCATION	TEXAS	501(C)(3)	LINE 7	AVANC	E, INC	Х	

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

Schedule R (Form 990) 2023

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.

				1					T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u></u> اد
	1										
	1										
]										
]										
	1										
	1										
	1										
											1
	1										
	1										
	l	l		l					l		

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

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

Page 2

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1 p		Х
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AVANCE AUSTIN	L	85,225.	MOU
(2) AVANCE AUSTIN	Q	56,039.	ACTUAL COST
(3) AVANCE AUSTIN	М	64,829.	MOU
(4) AVANCE DALLAS	Q	287,002.	ACTUAL COST
(5) AVANCE HOUSTON	Q	105,780.	ACTUAL COST
(6) AVANCE HOUSTON	L	58,242.	MOU

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

AVANCE, INC. 74-1769114 Schedule R (Form 990)

(c) (d) Method of determining Transaction Amount involved Name of other organization type (a-s) amount involved (7) AVANCE HOUSTON М 82,166.MOU (8) AVANCE SAN ANTONIO Q 144,874. ACTUAL COST (9) AVANCE SAN ANTONIO L 350,364.MOU (10) (11) (12) (13) (14) (15) __(16) (17) (18) (19) (20) (21) (22) (23) (24)

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

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

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

Schedule F	R (Form 990) 2023 AVANCE, INC.	74-1769114	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Trondo daditional information to responde to questione on estidadio 1. See instructione.		