

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

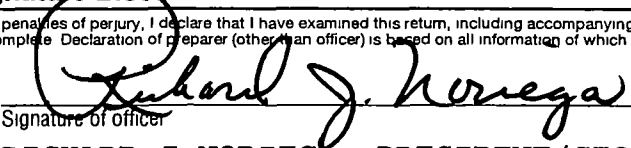
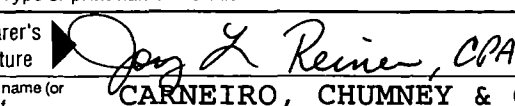
Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AVANCE, INC. GROUP RETURN Doing Business As	D Employer identification number 91-2074499
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 118 NORTH MEDINA 380	E Telephone number 210 270-4630
	City or town, state or country, and ZIP + 4 SAN ANTONIO, TX 78207-3048	G Gross receipts \$ 28,717,323.
F Name and address of principal officer ROBERT ERBRICK SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number 8052
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.AVANCE.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1973 M State of legal domicile: TX

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL PROGRAMS FOR PARENTS AND CHILDREN.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5 Total number of employees (Part V, line 2a)	5	707
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	28,125,696.	27,589,253.
	9 Program service revenue (Part VIII, line 2g)	703,831.	700,273.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,024.	-40,147.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	550,083.	316,674.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,408,634.	28,566,053.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,838,915.	18,616,896.
16a Professional fundraising fees (Part IX, column (A), line 11e)			22,839.
b Total fundraising expenses (Part IX, column (D), line 25) 246,679.			
17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24f)		12,819,396.	10,114,643.
18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	29,658,311.	28,754,378.	
19 Revenue less expenses - Subtract line 18 from line 12	-249,677.	-188,325.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 6,633,248.	End of Year 6,481,451.
	21 Total liabilities (Part X, line 26)	1,443,172.	1,437,023.
	22 Net assets or fund balances - Subtract line 21 from line 20	5,190,076.	5,044,428.

Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here  Signature of officer	Date 5/14/10		
RICHARD J NORIEGA, PRESIDENT/CEO Type or print name and title			
Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 CARNEIRO, CHUMNEY & CO., L.C. 40 NE LOOP 410, SUITE 200 SAN ANTONIO, TX 78216-5876	Date 5/14/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN 210-342-8000

SCANNED JUL 13 2010

AVANCE, INC.
GROUP RETURN

Form 990 (2008)

91-2074499 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO PROVIDE EDUCATIONAL PROGRAMS FOR PARENTS AND CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **8,448,978.** including grants of \$) (Revenue \$ **686,029.**)
FAMILY SUPPORT AND EDUCATION PROGRAMS. PARENTING EDUCATION AND ADULT LITERACY EDUCATION. SOCIAL SUPPORT SERVICES.

4b (Code:) (Expenses \$ **15,926,804.** including grants of \$) (Revenue \$ **14,244.**)
EVENSTART, EARLY HEAD START, PROJECT FIRST AND COMPREHENSIVE CHILD DEVELOPMENT - GRANTS TO PROVIDE SERVICES AND TEACHINGS TO PARENTS AND CHILDREN IN NEED

4c (Code) (Expenses \$ **614,337.** including grants of \$) (Revenue \$)
TDHS FOOD PROGRAM

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ **24,990,119.** (Must equal Part IX, Line 25, column (B).)

**AVANCE, INC.
GROUP RETURN**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**AVANCE, INC.
GROUP RETURN**

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

**AVANCE, INC.
GROUP RETURN**

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
AVANCE, INC. - 210-270-4630
301 SO. FRIO, SUITE 380, SAN ANTONIO, TX 78207

AVANCE, INC.
GROUP RETURN

Form 990 (2008)

91-2074499 Page 7

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SYLVIA A. ENRIQUEZ CHAIRMAN - SAN ANTONIO	1.00	X		X			0.	0.	0.	
JULIA M. RENDON DVPT CHAIR - SAN ANTONIO	1.00	X		X			0.	0.	0.	
JOE DE LA GARZA VICE CHAIR - SAN ANTONIO	1.00	X		X			0.	0.	0.	
THOMAS M. O'BRIEN TREASURER - SAN ANTONIO	1.00	X		X			0.	0.	0.	
HECTOR LEDESMA, JR. SECRETARY - SAN ANTONIO	1.00	X		X			0.	0.	0.	
BLANCA BARRERA DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
LOUISE D. BELDON DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
CHRIS CHEEVER DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
BOB FARISH DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
VERONICA P. GARZA, SPHR DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
AMPARO H. ORTIZ DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
MARGARET MILLSAP DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
ANDREW G. PIPKIN DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
JESUS RODRIGUEZ, JR. DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
REBECCA TERRAZAS, RN DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
KAREN M. THOMPSON DIR - SAN ANTONIO	1.00	X					0.	0.	0.	
CAROLE WRIGHT DIR - SAN ANTONIO	1.00	X					0.	0.	0.	

AVANCE, INC.
GROUP RETURN

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARGUERITE B. MUZIKOWSKI IMM PAST CHAIR - HOUSTON	1.00	X		X				0.	0.	0.
JIM DREW CHAIR - HOUSTON	1.00	X		X				0.	0.	0.
MARTHA ROST VICE CHAIR - HOUSTON	1.00	X		X				0.	0.	0.
PAMELA CHAMBERS O'ROURKE SECRETARY - HOUSTON	1.00	X		X				0.	0.	0.
TANYA ALLEN EASTER TREASURER - HOUSTON	1.00	X		X				0.	0.	0.
GEORGE SMALLEY DIRECTOR - HOUSTON	1.00	X						0.	0.	0.
GLORIA LUNA DIRECTOR - HOUSTON	1.00	X						0.	0.	0.
JEAN JOHNSON DIRECTOR - HOUSTON	1.00	X						0.	0.	0.
LINDA DIANE G. PATIN DIRECTOR - HOUSTON	1.00	X						0.	0.	0.
RUDY R. MARTINEZ DIRECTOR - HOUSTON	1.00	X						0.	0.	0.
1b Total								729,101.	0.	33,723.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**AVANCE, INC.
GROUP RETURN**

Form 990 (2008)

91-2074499 Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 1112767.				
	b	Membership dues	1b				
	c	Fundraising events	1c 13,965.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 23478898.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2983623.				
	g	Noncash contributions included in lines 1a-1f \$	14,947.				
	h	Total. Add lines 1a-1f		27589253.			
	Program Service Revenue	2 a	PROGRAM SVC REVENUE	Business Code 900099	700,273.	700,273.	
		b					
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		700,273.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		18,128.		18,128.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less: cost or other basis and sales expenses		1,050.		
		c	Gain or (loss)		59,325.		
		d	Net gain or (loss)		-58,275.		-58,275.
	8 a	Gross income from fundraising events (not including \$ 13,965. of contributions reported on line 1c) See Part IV, line 18	a	408,619.			
		b	Less: direct expenses	b	91,945.		
		c	Net income or (loss) from fundraising events		316,674.		316,674.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e		28566053.	700,273.	0.	276,527.	

**AVANCE, INC.
GROUP RETURN**

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	712,327.	194,010.	518,317.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,424,037.	12,593,267.	1,701,665.	129,105.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,503.	38,680.	3,622.	201.
9 Other employee benefits	1,815,636.	1,672,206.	134,696.	8,734.
10 Payroll taxes	1,622,393.	1,409,408.	201,460.	11,525.
11 Fees for services (non-employees)				
a Management				
b Legal	22,770.	18,237.	4,419.	114.
c Accounting	89,664.	58,104.	31,427.	133.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	22,839.			22,839.
f Investment management fees				
g Other	3,710,254.	3,419,478.	261,803.	28,973.
12 Advertising and promotion				
13 Office expenses	2,261,923.	2,002,050.	244,511.	15,362.
14 Information technology				
15 Royalties				
16 Occupancy	1,946,234.	1,830,245.	115,989.	
17 Travel	469,570.	442,644.	25,126.	1,800.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,325.	15,415.	13,910.	
20 Interest	19,347.	510.	18,837.	
21 Payments to affiliates	196,760.	104,487.	92,273.	
22 Depreciation, depletion, and amortization	572,561.	562,598.	9,963.	
23 Insurance	228,923.	194,756.	34,167.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STAFF DEVELOPMENT	255,961.	199,712.	52,576.	3,673.
b CLIENT FEES	197,234.	193,166.	4,068.	
c CAPITAL OUTLAY	25,982.	22,416.	2,012.	1,554.
d MISCELLANEOUS	21,966.	2,871.	18,424.	671.
e FUNDRAISING	21,725.		695.	21,030.
f All other expenses	44,444.	15,859.	27,620.	965.
25 Total functional expenses. Add lines 1 through 24f	28,754,378.	24,990,119.	3,517,580.	246,679.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**AVANCE, INC.
GROUP RETURN**

Form 990 (2008)

91-2074499 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	19,966.	1	211,520.	
	2 Savings and temporary cash investments	1,480,442.	2	1,273,086.	
	3 Pledges and grants receivable, net	2,249,255.	3	2,274,667.	
	4 Accounts receivable, net	155,428.	4	91,981.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	7,134.	9	19,369.	
	10a Land, buildings, and equipment: cost basis	10a 7,202,370.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 5,108,011.	2,410,788.	10c	2,094,359.
	11 Investments - publicly traded securities	130,120.	11	358,685.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	180,115.	15	157,784.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,633,248.	16	6,481,451.		
Liabilities	17 Accounts payable and accrued expenses	1,036,233.	17	997,702.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable		24	65,000.	
	25 Other liabilities. Complete Part X of Schedule D	406,939.	25	374,321.	
	26 Total liabilities. Add lines 17 through 25	1,443,172.	26	1,437,023.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,197,746.	27	4,164,525.	
	28 Temporarily restricted net assets	992,330.	28	879,903.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	5,190,076.	33	5,044,428.		
34 Total liabilities and net assets/fund balances	6,633,248.	34	6,481,451.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 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?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **AVANCE, INC.** Employer identification number **91-2074499**
GROUP RETURN

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 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.
- 5 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).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	26290489.	27685644.	27628533.	28125696.	27589253.	137319615
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	26290489.	27685644.	27628533.	28125696.	27589253.	137319615
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						137319615

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	26290489.	27685644.	27628533.	28125696.	27589253.	137319615
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,631.	45,077.	72,038.	29,024.	18,128.	177,898.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			43,740.	59,432.		103,172.
11 Total support. Add lines 7 through 10						137600685
12 Gross receipts from related activities, etc (see instructions)					12	5,791,934.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.80 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.87 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **AVANCE, INC.**
GROUP RETURN

Employer identification number
91-2074499

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

AVANCE, INC.
GROUP RETURN

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b		

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		4,691,049.	3,012,266.	1,678,783.
c Leasehold improvements				
d Equipment				
e Other		2,511,321.	2,095,745.	415,576.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				2,094,359.

AVANCE, INC.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

AVANCE, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		MOTHER OF YR LUNCHEON (event type)	GALA (event type)	NONE (total number)		
Revenue	1	Gross receipts	133,984.	117,709.		251,693.
	2	Less: Charitable contributions		1,515.		1,515.
	3	Gross revenue (line 1 minus line 2)	133,984.	116,194.		250,178.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	15,142.	60,776.		75,918.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(75,918.)
9	Net income summary. Combine lines 3 and 8 in column (d)				174,260.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain. _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

AVANCE, INC.

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization
**AVANCE, INC.
GROUP RETURN**

Employer Identification number
91-2074499

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CELESTE GUERRA CHAIR - R GRANDE VALLEY	1.00	X		X			0.	0.	0.	
SANDRA L. MARTINEZ V CH - R GRANDE VALLEY	1.00	X		X			0.	0.	0.	
JAIME ORTIZ SEC - R GRANDE VALLEY	1.00	X		X			0.	0.	0.	
JULIAN RODRIGUEZ, JR. TREAS - R GRANDE VALLEY	1.00	X		X			0.	0.	0.	
GAIL FAGAN DIR - R GRANDE VALLEY	1.00	X					0.	0.	0.	
IRMA BORJA DIR - R GRANDE VALLEY	1.00	X					0.	0.	0.	
DR. EDWARD BORCHARD CHAIR - CORPUS CHRISTI	1.00	X		X			0.	0.	0.	
RON BENAVIDES V CHAIR - CORPUS CHRISTI	1.00	X		X			0.	0.	0.	
PAUL CHAPA TREAS - CORPUS CHRISTI	1.00	X		X			0.	0.	0.	
MARIA JIMENEZ SEC - CORPUS CHRISTI	1.00	X		X			0.	0.	0.	
ELIAS R. VASQUEZ DIR - CORPUS CHRISTI	1.00	X					0.	0.	0.	
DANNY NOYOLA DIR - CORPUS CHRISTI	1.00	X					0.	0.	0.	
JESSE OLIVAREZ DIR - CORPUS CHRISTI	1.00	X					0.	0.	0.	
TAMARA MARINKOVIC CHAIR - DALLAS	1.00	X		X			0.	0.	0.	
NATHAN CROW VICE CHAIR - DALLAS	1.00	X		X			0.	0.	0.	
EVA NARTEN SECRETARY - DALLAS	1.00	X		X			0.	0.	0.	
ANGELA MCCALL TREASURER - DALLAS	1.00	X		X			0.	0.	0.	
RAMIR CAMU DIRECTOR - DALLAS	1.00	X					0.	0.	0.	
LANCE L. GOETZ DIRECTOR - DALLAS	1.00	X					0.	0.	0.	
GLENN FLORES, MD, FAAP DIRECTOR - DALLAS	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization
**AVANCE, INC.
GROUP RETURN**

Employer Identification number
91-2074499

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CONNIE HOVSETH DIRECTOR - DALLAS	1.00	X					0.	0.	0.	
MARGERY MILLER DIRECTOR - DALLAS	1.00	X					0.	0.	0.	
MONICA PIMENTEL DIRECTOR - DALLAS	1.00	X					0.	0.	0.	
MARY CAPELLO 1ST VICE PRES - LAREDO	1.00	X		X			0.	0.	0.	
ELIZABETH MARTINEZ 2ND VICE PRES - LAREDO	1.00	X		X			0.	0.	0.	
EDUARDO MARTINEZ SECRETARY - LAREDO	1.00	X		X			0.	0.	0.	
BLAS CASTANEDA CHAP REP TO AVANCE NAT'L	1.00	X		X			0.	0.	0.	
ANNA GALO DIRECTOR - LAREDO	1.00	X					0.	0.	0.	
DR. SERGIO GARZA DIRECTOR - LAREDO	1.00	X					0.	0.	0.	
ALAN JACKSON DIRECTOR - LAREDO	1.00	X					0.	0.	0.	
DIANA JUAREZ DIRECTOR - LAREDO	1.00	X					0.	0.	0.	
JOANN KIRKLAND CHAIR - EL PASO	1.00	X		X			0.	0.	0.	
LILY LIMON VICE CHAIR - EL PASO	1.00	X		X			0.	0.	0.	
ANNE HERNANDEZ SECRETARY - EL PASO	1.00	X		X			0.	0.	0.	
JOHN PADALINO TREASURER - EL PASO	1.00	X		X			0.	0.	0.	
BERTHY CORRAL DIRECTOR - EL PASO	1.00	X					0.	0.	0.	
GARY SANDERS DIRECTOR - EL PASO	1.00	X					0.	0.	0.	
GLORIA VIRAMONTES DIRECTOR - EL PASO	1.00	X					0.	0.	0.	
GERARDO SANCHEZ DIRECTOR - EL PASO	1.00	X					0.	0.	0.	
CARLOS NORIEGA DIRECTOR - EL PASO	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization
**AVANCE, INC.
GROUP RETURN**

Employer Identification number
91-2074499

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOE PINNELLI CHAIR - AUSTIN	1.00	X		X			0.	0.	0.	
JOE TERNUS VICE CHAIR - AUSTIN	1.00	X		X			0.	0.	0.	
BALIE GRIFFITH TREASURER - AUSTIN	1.00	X		X			0.	0.	0.	
FRANK MACHUCA DIRECTOR - AUSTIN	1.00	X					0.	0.	0.	
BARBARA RUSH DIRECTOR - AUSTIN	1.00	X					0.	0.	0.	
JANE RASH DIRECTOR - AUSTIN	1.00	X					0.	0.	0.	
GERARDO CASTILLO DIRECTOR - AUSTIN	1.00	X					0.	0.	0.	
LOUIS MALFARO DIRECTOR - AUSTIN	1.00	X					0.	0.	0.	
ENRIQUE MONTALVO CHAIR - DEL RIO	1.00	X		X			0.	0.	0.	
JOSE A. ARANDA, JR. VICE CHAIR - DEL RIO	1.00	X		X			0.	0.	0.	
MARY D. VELASQUEZ SECRETARY - DEL RIO	1.00	X		X			0.	0.	0.	
CHAD FOSTER DIRECTOR - DEL RIO	1.00	X					0.	0.	0.	
JOSUE GARZA DIRECTOR - DEL RIO	1.00	X					0.	0.	0.	
DIANA P. GARCIA DIRECTOR - DEL RIO	1.00	X					0.	0.	0.	
ROBERTO GONZALEZ DIRECTOR - DEL RIO	1.00	X					0.	0.	0.	
HERIBERTO MORALES DIRECTOR - DEL RIO	1.00	X					0.	0.	0.	
DON B. WILLIAMS DIRECTOR - DEL RIO	1.00	X					0.	0.	0.	
JOHNNY LEE GONZALEZ DIRECTOR - DEL RIO	1.00	X					0.	0.	0.	
HECTOR MARIO GUERRA DIRECTOR - DEL RIO	1.00	X					0.	0.	0.	
DR. CYNTHIA HERNANDEZ PRESIDENT - WACO	1.00	X		X			0.	0.	0.	

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Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization
**AVANCE, INC.
GROUP RETURN**

Employer Identification number
91-2074499

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAM MARTINEZ VICE PRES - WACO	1.00	X		X				0.	0.	0.
ANN-CLAIRE ANDERSON SECRETARY - WACO	1.00	X		X				0.	0.	0.
DR. LIZ PALACIOS DIRECTOR - WACO	1.00	X						0.	0.	0.
JAY BLACK DIRECTOR - WACO	1.00	X						0.	0.	0.
LINDA ETHRIDGE DIRECTOR - WACO	1.00	X						0.	0.	0.
NANCY GREEN DIRECTOR - WACO	1.00	X						0.	0.	0.
CINDY TRAN DIR OF FINANCE-HOUSTON	40.00			X				63,549.	0.	5,033.
REBECCA CERVANTEZ EXEC DIR-SAN ANTONIO	40.00			X				84,959.	0.	4,928.
JOSE VILLARREAL EXEC DIR-HOUSTON	40.00			X				115,074.	0.	5,679.
HILARIO RINCONES EXEC DIR-RIO GRANDE VALL	40.00			X				77,483.	0.	0.
ELIZABETH LOPEZ INTERIM EXEC DIR-LAREDO	40.00			X				0.	0.	0.
BRENDA DEES EXEC DIR-CORPUS CHRISTI	40.00			X				55,451.	0.	3,843.
LISA OGLESBY ROCHA EXEC DIR-DALLAS	40.00			X				79,750.	0.	5,160.
SANJAY MATHUR EXEC DIR-EL PASO	40.00			X				72,183.	0.	4,848.
TERESA SANCHEZ EXEC DIR-DEL RIO	40.00			X				31,007.	0.	666.
JESSICA JOHNSON EXEC DIR-WACO	40.00			X				6,359.	0.	0.
ROSALIA CASTANEDA EXEC DIR-AUSTIN	40.00			X				71,016.	0.	3,566.
MICHAEL MENDOZA EXEC DIR-CALIFORNIA	40.00			X				72,270.	0.	0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

AVANCE, INC.
GROUP RETURN

Employer identification number
91-2074499

FORM 990, PART VI, SECTION A, LINE 4: AVANCE, INC. FILED CERTIFICATE OF
FORMATION DOCUMENTS WITH THE STATE OF TEXAS TO INCORPORATE SEVEN OF ITS
CHAPTERS.

FORM 990, PART VI, SECTION A, LINE 10: THE GROUP FORM 990 IS DISTRIBUTED
TO EACH CHAPTER'S BOARD FOR REVIEW. THE AUDIT COMMITTEES OF EACH BOARD WILL
REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, AND KEY STAFF
ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY BY SIGNING A
DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE EXECUTIVE
DIRECTORS IS REVIEWED AND APPROVED BY THE CHAPTER BOARD OF DIRECTORS. EVERY
THREE YEARS, AVANCE, INC. COMPLETES A COMPENSATION STUDY AND THE RESULTS
ARE USED TO DETERMINE THE APPROVED SALARY.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE UPON
REQUEST. THE ORGANIZATION PROVIDED A COPY OF THE 2007 FORM 990 TO
WWW.GUIDESTAR.ORG.

SUBORDINATE UNITS

SUBORDINATE UNITS INCLUDED ON THE RETURN

11 SUBORDINATE UNITS INCLUDED ON THIS RETURN:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization AVANCE, INC. GROUP RETURN	Employer identification number 91-2074499
--	---

AVANCE, INC - CORPUS CHRISTI

4626 WEBER ROAD SUITE #3

CORPUS CHRISTI, TX 78411

EIN 74-2822990

AVANCE, INC - DALLAS

2816 SWISS AVENUE

DALLAS, TX 75204

EIN 75-2699260

AVANCE, INC - SAN ANTONIO

2300 W COMMERCE STE 304

SAN ANTONIO, TX 78207

EIN 91-1780559

AVANCE, INC - HOUSTON

4281 DACOMA ST

HOUSTON, TX 77092

EIN 91-1780562

AVANCE, INC - RIO GRANDE VALLEY

500 S 10TH STE D

MCALLEN, TX 78501

EIN 91-1780564

AVANCE, INC - AUSTIN

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization AVANCE, INC. GROUP RETURN	Employer identification number 91-2074499
--	---

3000 S IH-35 #205

AUSTIN, TX 78702

EIN 91-1916705

AVANCE, INC - EL PASO

720 ARIZONA

EL PASO, TX 79902

EIN 91-1916707

AVANCE, INC - LAREDO

4619 SAN DARIO #365

LAREDO, TX 79041

EIN 91-19166708

AVANCE, INC - CALIFORNIA

2208 E FOURTH STREET

LOS ANGELES, CA 90033

EIN 74-2991725

AVANCE, INC - WACO

1618 CLAY STREET

WACO TX 76706

EIN 90-0143587

AVANCE, INC - MIDDLE RIO GRANDE

100 PINO

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

**AVANCE, INC.
GROUP RETURN**

Employer identification number

91-2074499

EAGLE PASS, TX 78852