Department of the Treasury Internal Revenue Service

16 Open to Public Inspection

OMB No. 1545-0047

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. Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning and ending

<b>B</b> c	Check if upplicab	DELAWARE ALLIANCE FOR NONPROFIT	D Employer identific	cation number
	_]chan@ □Name	e ADVANCEMENT, INC		792474
	chang Initial	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  Room/su	<del></del>	
	return Final _return	1012 100 W. 10TH STREET		) 777-5500
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	556,713.
	Amen	WILMINGTON, DE 19801	H(a) Is this a group re	
	☐Applid tion pendi	F Name and address of principal officer: STIETHA BRAVO	for subordinates	
		100 WEST 10TH STREET, WILMINGTON, DE 1980.	H(b) Are all subordinates in	ncluded? Yes No
			If "No," attach a	list. (see instructions)
		te: WWW.DELAWARENONPROFIT.ORG	H(c) Group exemptio	
			ear of formation: 1986 N	A State of legal domicile: DE
Pa	art I	Summary		
Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSALLIANCE FOR NONPROFIT ADVANCEMENT IS TO STREET	ION OF THE DE ENGTHEN, ENHA	NCE, AND
ern;	2	Check this box	ore than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		13
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<del></del>	8
Activities	6	Total number of volunteers (estimate if necessary)		10
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	744,708.	303,254.
Revenue	9	Program service revenue (Part VIII, line 2g)	422,067.	253,140.
Вè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	342.	319.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,167,117.	556,713.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	488,574.	488,480.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	400,574.	0.
en	1	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Ä	1		428,950.	302,947.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	917,524.	791,427.
	18   19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12	249,593.	-234,714.
es		nevenue less expenses. Subtract line to nom line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balance	20	Total assets (Part X, line 16)	490,228.	290,882.
Ass Ba	21	Total liabilities (Part X, line 26)	14,863.	50,231.
E E	22	Net assets or fund balances. Subtract line 21 from line 20	475,365.	240,651.
	art II	Signature Block	,	<u>,                                      </u>
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	y knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	
Sign	n	Signature of officer	Date	
Her	е	SHEILA BRAVO, CEO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		DANIELLE VANDERWERF DANIELLE VANDERWERF	03/16/17 self-employ	P00174916
	parer	Firm's name ROWLAND, JOHNSON & COMPANY, P.A.	Firm's EIN ▶	
Use	Only	Firm's address 15 READ'S WAY, SUITE 200		
		NEW CASTLE, DE 19720	Phone no. (3	02)324-0780
May	/ the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **990** (2016)

	DELAWARE ALLIANCE FOR NONPROFIT	00 0500454	
	990 (2016) ADVANCEMENT, INC	22-2792474 <sub>P</sub>	age 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AS THE LEADER OF THE NONPROFIT SECTOR, DANA'S MISSION	IS TO	
	STRENGTHEN, ENHANCE, AND ADVANCE NONPROFITS AND THE SE	CTOR IN DELAWAR	RE
	THROUGH ADVOCACY, TRAINING, CAPACITY BUILDING AND RESE	ARCH.	
	· · · · · · · · · · · · · · · · · · ·		
2	Did the organization undertake any significant program services during the year which were not listed on the	·	
_	prior Form 990 or 990-EZ?		ζ <sub>No</sub>
	If "Yes," describe these new services on Schedule O.	1es [=-	
_		es? Yes X	7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	S?YS L	Z 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others, the total expenses, and	t
	revenue, if any, for each program service reported.		
4a		evenue \$180 , 40	<u> </u>
	STRENGTHENING NONPROFIT CAPACITY - THROUGH CONSULTING		
	TRAINING, THE ANNUAL CONFERENCE AND NETWORKING, DANA D	EVELOPS	
	LEADERSHIP SKILLS IN THE AREAS OF GOVERNANCE, STRATEGI	C PLANNING,	
	FINANCIAL SUSTAINABILITY, COMMUNICATIONS, HUMAN CAPITA	L, AND	
	COLLABORATION.		
	IN 2016, 522 NONPROFIT LEADERS AND BOARD MEMBERS ATTEN	DED ONE OR MORE	3
	OF DANA'S 90+ WORKSHOPS. OVERALL QUALITY RATING AVERA		_
	10. OVER 60 NONPROFITS BENEFITTED FROM CUSTOM TRAININ		JC
	ENGAGEMENTS WITH AN OVERALL QUALITY RATING OF 8.7.	GB GK COMBOLITI	10
	ENGAGEMENTS WITH AN OVERABLE QUALITY RATING OF 0.7.		
	160 570		
4b		evenue \$	
	ADVANCING THE NONPROFIT SECTOR - DANA ENGAGES NONPROFI		
	GOVERNMENT OFFICIALS IN DIALOGUE AROUND THE IMPORTANT		
	NONPROFITS IN THE STATE OF DELAWARE. THROUGH WORKSHOP	•	
	ATTENDANCE AT LEGISLATIVE SESSIONS, DANA OFFERS EDUCAT		LON
	ON STATE AND FEDERAL LEGISLATIVE AND BUDGET MATTERS TH	AT IMPACT THE	
	SECTOR.		
	IN 2016, DANA ENGAGED OVER 100 DE NONPROFITS TO SIGN C		1
	LETTER ENCOURAGING GOVERNMENT LEADERS TO RETAIN THEIR		
	LEVELS WITH THE NONPROFIT SECTOR. DANA ALSO PROVIDED		
	REPORTS ON SECTOR TRENDS TO INFORM GOVERNMENT AND PRIV	ATE FUNDS OF TH	ΙE
	SECTOR VALUE AND ECONOMIC IMPACT TO DELAWARE.		
4c	(Code:) (Expenses \$	evenue \$ 72,73	35.
	ENHANCING DANA MEMBERS - DELIVERED FORUMS/COST SAVINGS		
	OPPORTUNITIES/TOOLS FOR NONPROFIT ORGANIZATIONS TO SHA		
	RESOURCES WITH ONE ANOTHER AND TO CREATE CONNECTIONS W		
	MEMBERS, FUNDERS, ELECTED OFFICIALS, AND OTHER POTENTI		
	THE CHARGE TO THE CHARGE THE CHARGE	THE PROPERTY OF THE PROPERTY O	
	IN 2016, DANA'S MEMBERSHIP REACHED 380, A 5% INCREASE	OVER THE DRIOR	
	YEAR. DANA HOSTED MONTHLY PEER TO PEER NETWORKING SESS		
	EXECUTIVE DIRECTORS ACROSS THE STATE. ITS ANNUAL CONFE		,
	300 PARTICIPANTS AND INCLUDED FACILITATED DISCUSSIONS		
	CROSS-SECTOR AREAS: HEALTHY NEIGHBORHOODS AND SUSTAINA		· ·
	DANA'S MEMBERSHIP SATISFACTION LEVEL AT THE END OF 201		
	VERY SATISFIED). SOCIAL MEDIA ENGAGEMENT VS LAST YEAR	: DANA FACEBOOK	ζ
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 674,279.	,	

SEE SCHEDULE O FOR CONTINUATION(S)  $\ensuremath{2}$ 

**4e** Total program service expenses ▶

08450316 758295 7056

# 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?	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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 Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х

# DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT, INC

Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			\ <sub>3,7</sub>
	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			$ _{\mathbf{x}}$
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<del></del>
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OF!		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del>  ^</del>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,		<u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		•		

ADVANCEMENT, INC

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	
	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			х
	any contributions that were not tax deductible as charitable contributions?	6a	-	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a	х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	"	+	
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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:			
a	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:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	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.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	t	
	7		n <b>990</b>	(2016)

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Form 990 (2016)

22-2792474

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI							
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1							
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?							
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?	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								
	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							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
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						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	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 filed $ ightharpoonup DE$							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	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:							
	THE ORGANIZATION - 302-777-5500							
	100 WEST 10TH STREET NO. 1012, WILMINGTON, DE 19801							

# 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 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 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.

hours per week (list any hours for related organizations)	<b>(A)</b> Name and Title	(B) Average	(-1-		Pos	C) ition	1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Companies   Comp		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
MILLIAM R. ALLAN   2.00   X		(list any hours for related organizations below line)	-						the organization	organizations	compensation from the organization and related organizations
C2   CRAIG CROUCH		2.00	ļ.,		l						
VICE CHAIR		0.00	X		X				0.	0.	0.
CADE		2.00	١,,		,,					0	_
CHAIR		2 00	X	_	X				0.	0.	0.
(4) NICHOLAS P. LAMBROW   2.00   X		2.00	₩.		٠.					0	_
TREASURER		2 00	<u> </u>		Δ.				0.	0.	0.
SECRETARY		2.00	<b>₩</b>		v				0	0	0.
X		2.00	^		^				0.	0.	•
(6) DOMINIC CANUSO, C.F.A.       0.50         BOARD MEMBER       X       0.0.         (7) PATRICIA DAILEY LEWIS       0.50         BOARD MEMBER       X       0.0.         (8) THERE DU PONT       0.50       0.0.         BOARD MEMBER       X       0.0.         (9) CHARLES MADDEN       0.50       0.0.         BOARD MEMBER       X       0.0.         (10) MARK F. DUNKLE       0.50       0.0.         BOARD MEMBER       X       0.0.         (11) ELIZABETH DIAZ       0.50       0.0.         BOARD MEMBER       X       0.0.         (12) DAVID MOORE       0.50       0.0.         BOARD MEMBER       X       0.0.         (13) RICHELLE VIBLE       0.50       0.0.         BOARD MEMBER       X       0.0.         (14) SHEILA M. BRAVO       40.00       0.0.		2.00	$\frac{1}{x}$		x				0.	0.	0.
BOARD MEMBER		0.50	123							•	
(7) PATRICIA DAILEY LEWIS	•	0000	$\mathbf{x}$						0.	0.	0.
(8) THERE DU PONT       0.50         BOARD MEMBER       X       0.0.         (9) CHARLES MADDEN       0.50         BOARD MEMBER       X       0.0.         (10) MARK F. DUNKLE       0.50         BOARD MEMBER       X       0.0.         (11) ELIZABETH DIAZ       0.50         BOARD MEMBER       X       0.0.         (12) DAVID MOORE       0.50         BOARD MEMBER       X       0.0.         (13) RICHELLE VIBLE       0.50         BOARD MEMBER       X       0.0.         (14) SHEILA M. BRAVO       40.00       0.0.	(7) PATRICIA DAILEY LEWIS	0.50							-	<u> </u>	
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
(9) CHARLES MADDEN  BOARD MEMBER  (10) MARK F. DUNKLE  BOARD MEMBER  (11) ELIZABETH DIAZ  BOARD MEMBER  (12) DAVID MOORE  BOARD MEMBER  (13) RICHELLE VIBLE  BOARD MEMBER  (14) SHEILA M. BRAVO  (15) CHARLES MADDEN  (16) CO. SO.  (17) CO. SO.  (18) CO. SO.  (19) CHARLES MADDEN  (10) CO. SO.  (10) CO. SO.  (11) CO. SO.  (12) CO. SO.  (13) CO. SO.  (14) SHEILA M. BRAVO  (15) CO. SO.  (16) CO. SO.  (17) CO. SO.  (18) CO. SO.  (19) CO. SO.  (19) CO. SO.  (10) CO. SO.  (11) CO. SO.  (12) CO. SO.  (13) CO. SO.  (14) SHEILA M. BRAVO  (15) CO. SO.  (16) CO. SO.  (17) CO. SO.  (18) CO. SO.  (19) CO. SO.  (19	(8) THERE DU PONT	0.50									
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
(10) MARK F. DUNKLE  BOARD MEMBER  (11) ELIZABETH DIAZ  BOARD MEMBER  (12) DAVID MOORE  BOARD MEMBER  (13) RICHELLE VIBLE  BOARD MEMBER  (14) SHEILA M. BRAVO  O.50  X  O. 0.  O. 0.  O. 0.  O. 0.  O. 0.	(9) CHARLES MADDEN	0.50									
BOARD MEMBER         X         0.         0.           (11) ELIZABETH DIAZ         0.50         0.         0.           BOARD MEMBER         X         0.         0.           (12) DAVID MOORE         0.50         0.         0.           BOARD MEMBER         X         0.         0.           (13) RICHELLE VIBLE         0.50         0.         0.           BOARD MEMBER         X         0.         0.           (14) SHEILA M. BRAVO         40.00         0.         0.	BOARD MEMBER		Х						0.	0.	0.
(11) ELIZABETH DIAZ  BOARD MEMBER  X  0.50  X  (12) DAVID MOORE  BOARD MEMBER  X  0.0.  (13) RICHELLE VIBLE  BOARD MEMBER  X  0.0.  (14) SHEILA M. BRAVO  0.50  X  0.0.  0.0.	(10) MARK F. DUNKLE	0.50									
BOARD MEMBER         X         0.         0.           (12) DAVID MOORE         0.50         0.         0.           BOARD MEMBER         X         0.         0.           (13) RICHELLE VIBLE         0.50         0.         0.           BOARD MEMBER         X         0.         0.           (14) SHEILA M. BRAVO         40.00         0.         0.	BOARD MEMBER		X						0.	0.	0.
(12) DAVID MOORE       0.50         BOARD MEMBER       X         (13) RICHELLE VIBLE       0.50         BOARD MEMBER       X         (14) SHEILA M. BRAVO       40.00		0.50	ļ								
BOARD MEMBER         X         0.         0.           (13) RICHELLE VIBLE         0.50         0.         0.           BOARD MEMBER         X         0.         0.           (14) SHEILA M. BRAVO         40.00         0.         0.		0.50	X						0.	0.	0.
(13) RICHELLE VIBLE		0.50	٠,,							0	_
BOARD MEMBER X 0. 0. (14) SHEILA M. BRAVO 40.00		0 50	X						0.	0.	0.
(14) SHEILA M. BRAVO 40.00		0.50	₩.						0	_	0.
		40.00	^						0.	0.	0.
		40.00			х				130,000.	0.	0.
											F 000 (2010

(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average hours per week	box,	not cl unles	ss per	more rson i	than is bot or/trus	n an	Reportable compensation from	Reportable compensation from related	1	am	timate lount other	of
	(list any hours for	Individual trustee or director	æ			ated		the organization	organizations (W-2/1099-MIS		fro	oensa	ie
	related organizations below	ual trustee	Institutional trustee		Key employee	Highest compensated employee	_	(W-2/1099-MISC)			and	anizat d relat nizati	ted
	line)	Individ	Institu	Officer	Кеуеп	Highes emplo	Former				- Orga		
b Sub-total								130,000.		0.			0
c Total from continuation sheets to d Total (add lines 1b and 1c)								130,000.		0.			0
Total number of individuals (includi compensation from the organizatio	-	ose	liste	ed ab	oove	e) wł	no re	eceived more than \$100	,000 of reportable	)			
Did the organization list any <b>forme</b>	r officer, director, or tru	ustee	e. ke	v en	olan	vee.	or	highest compensated e	mplovee on			Yes	No
line 1a? If "Yes," complete Schedu	le J for such individual				· 						3		Х
For any individual listed on line 1a, and related organizations greater the	nan \$150,000? <i>If</i> "Yes,	" coi	mple	ete S	Sche	edule	J f	or such individual			4		Х
Did any person listed on line 1a rec rendered to the organization? If "Ye	· · · · · · · · · · · · · · · · · · ·				-			-			5		х
ection B. Independent Contractors  Complete this table for your five high	ghest compensated in	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	oens	ation f	rom	
the organization. Report compensa	ation for the calendar y	ear e	endii	ng w	/ith	or w	ithir	n the organization's tax y	/ear.		(C	:)	
Name and b	ousiness address	NC	ONE	3				Description of s	ervices	С	omper		n
							1						
Total number of independent contr		ot lir	mite	d to		•	sted	above) who received m	ore than				
\$100,000 of compensation from th	e organization					J					Form <b>9</b>		

v	 ,		,	
	Statement	of R	evenue	_

		3 5773 37			NONPROFIT		22 2702	171 - 0
	1 990 <b>rt VI</b> I	\	CEMENT,	INC			22-2792	4'/4 Page 9
Га	I VII				- in their Deut VIII			
		Check if Schedule O cont	ains a response	or note to any lin	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions), gifts, grants similar amounts not included about Noncash contributions included in lines	1b	91,784.	303,254.			
0 (0	n	Total. Add lines 1a-1f			303,234.			
Program Service Revenue	2 a b c d	ANNUAL CONFEREN FELLOWSHIP TRAI	CE AND NING PR	Business Code 611430 900099 611430	145,305. 72,735. 35,100.			
_		All other program service reve			253,140.			
	<u>g</u> 3	Total. Add lines 2a-2f			233,140.			
	4 5	other similar amounts)	κ-exempt bond μ	proceeds	319.			319.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$  contributions reported on line	g events (not of 1c). See					
Other F	С	Part IV, line 18 Less: direct expenses Net income or (loss) from fund	b Iraising events					
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	a					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a b c							
		All other revenue						
	e 12	<b>Total.</b> Add lines 11a-11d <b>Total revenue.</b> See instructions.			556,713.	253,140.	0.	319.

# Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	se or note to any line in (A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	130,000.	91,000.	39,000.	
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	300,682.	264,889.	35,793.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,053.	25,061.	3,992.	
10	Payroll taxes	28,745.	23,753.	4,992.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	840.		840.	
С	Accounting	15,650.		15,650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	4,679.	3,866.	813.	
14	Information technology	,	,		
15	Royalties				
16	Occupancy	15,272.	12,620.	2,652.	
17	Travel	11,880.	9,817.	2,063.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,491.	35,491.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,031.	3,331.	700.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EXCELLENCE ACADEMY	88,685.	88,685.		
b	RESEARCH AND DEVELOPMEN	32,797.	32,797.		
С	FELLOWSHIP PROGRAM EXPE	24,464.	24,464.		
d	COMPUTER AND TELEPHONE	12,745.	10,531.	2,214.	
е	All other expenses	56,413.	47,974.	8,439.	
.5	Total functional expenses. Add lines 1 through 24e	791,427.	674,279.	117,148.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			467,568.	1	257,002.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			5,817.	4	10,950.
	5	Loans and other receivables from current and f					-
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sec					
S		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				10,214.	9	9,085.
	10a	Land, buildings, and equipment: cost or other					-
		basis. Complete Part VI of Schedule D	10a	24,780.			
	b	Less: accumulated depreciation	10b	24,780.	6,629.	10c	13,845.
	11	Investments - publicly traded securities				11	-
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	490,228.	16	290,882.		
	17	Accounts payable and accrued expenses	1,102.	17	10,075.		
	18	Grants payable				18	
	19	Deferred revenue			10,230.	19	23,904.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
Ě		key employees, highest compensated employe	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24	). Complete Part X of			
		Schedule D			3,531.	25	16,252.
	26	Total liabilities. Add lines 17 through 25			14,863.	26	50,231.
		Organizations that follow SFAS 117 (ASC 958	8), che	ck here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar					100 4-1
auc	27	Unrestricted net assets			225,365.	27	190,651.
Fund Balances	28	Temporarily restricted net assets			250,000.	28	50,000.
P	29					29	
교		Organizations that do not follow SFAS 117 (A	ASC 95	8), check here ▶Ш			
Ģ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			485 265	32	0.40 651
2	33	Total net assets or fund balances			475,365.	33	240,651.
	34	Total liabilities and net assets/fund balances .			490,228.	34	290,882.

Form **990** (2016)

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			13.
2	Total expenses (must equal Part IX, column (A), line 25)	2			27.
3	Revenue less expenses. Subtract line 2 from line 1	3	-23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47	5,3	65.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			-
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24	0,6	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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 Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

632012 11-11-16

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization DELAWARE ALLIANCE FOR NONPROFIT

ADVANCEMENT, INC

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

га	111	neason for Public (	onanty otatus (	All Organizations must co	implete tri	is part.) Se	ee iristructions.	
he.	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)				-	
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g				-	-	-
		university:	, ,	,				
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Cor		,		•	, 0	,
11		An organization organized a		ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	•	*	-			purposes of one or
		more publicly supported or	=	•	•		•	
		lines 12a through 12d that						
а		Type I. A supporting orga				-		giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•		•		
		organization. You must o			, ,			0
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	vina
		control or management o	•					-
		organization(s). You mus					5 1	
С		Type III functionally inte			in connec	tion with, a	and functionally integrate	ed with.
		its supported organization					• •	,
d		Type III non-functionally		•				zation(s)
		that is not functionally int						
		requirement (see instruct	-	•	-		-	
е		Check this box if the orga	•	-				
		functionally integrated, or						
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,				
g		ride the following information		ed organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				,				
ota	al							_

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0040	(-) 004.4	(-1) 0045	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
۵	and income from similar sources  Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	•					• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2016 (			column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		<b>&gt;</b>
b	10% -facts-and-circumstances tes	<b>t - 2015.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	l <b>stop here.</b> Explai	n in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶
					Sch	edule A (Form 990	0 or 990-EZ) 2016

632022 09-21-16

# 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	qualify under the tests listed beat ction A. Public Support	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	( <b>b)</b> 2013	(6) 2014	(u) 2013	( <b>e)</b> 2010	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	199,712.	742,210.	351,420.	744,708.	303,254.	2341304.
2	Gross receipts from admissions, merchandise sold or services per-	13377120	71272100	331,1201	71177000	30372310	23113011
	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	31,198.	93,159.	138,082.	422,067.	253,140.	937,646.
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	230,910.	835,369.	489,502.	1166775.	556,394.	3278950.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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						0.
(	Add lines 7a and 7b						0.
_8	Public support. (Subtract line 7c from line 6.)						3278950.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012 230, 910.	(b) 2013 835, 369.	(c) 2014 489, 502.	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	230,910.	835,369.	489,502.	1166775.	556,394.	3278950.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources		148.	353.	342.	319.	1,162.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b		148.	353.	342.	319.	1,162.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	230,910.	835,517.	489,855.	1167117.	556,713.	3280112.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	99.96 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	99.97 %
Se	ction D. Computation of Inves	stment Incom					
17	Investment income percentage for 20	16 (line 10c, colun	nn (f) divided by lir	e 13, column (f))		17	.04 %
18	Investment income percentage from 2					18	.03 %
19a	33 1/3% support tests - 2016. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						<b>▶</b> X
k	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

# Part IV | Supporting Organizations

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

### **Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
_		
3a		
01		
3b		
0-		
3c		
40		
4a		
4b		
40		
4c		
40		
5a		
Sa		
5b		
5c		_
30		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
10b		
m 990 or 99	90-EZ	2016

Pai	rt IV   Supporting Organizations <sub>(continued)</sub>			
	(SIMILAR)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	l1b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	I1c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
	5		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	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	· · · · · · · · · · · · · · · · · · ·	3a		
b		3h		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Oras	nizatione	12 2752111 Page 0
1	Type military and an area and an area area area area area.			Dort \/I \ Cae instructions A
'	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI.) See Instructions. A
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	implete d	(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 1-1/2% 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 .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 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		I

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

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	ιν	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - I	Distributions			Current Year
1	Amoun	ts paid to supported organizations to accomplish exe	mpt purposes		
2	Amoun	ts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiz	ations, in excess of income from activity			
3	Admini	strative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other o	distributions (describe in <b>Part VI</b> ). See instructions			
7	Total a	nnual distributions. Add lines 1 through 6			
8	Distribu	utions to attentive supported organizations to which the	ne organization is responsive	е	
	(provid	e details in <b>Part VI</b> ). See instructions			
9	Distribu	utable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
24	an F	Distribution Allocations (see instructions)	<b>Excess Distributions</b>	Underdistributions	Distributable
ect	OII E - L	Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distribu	utable amount for 2016 from Section C, line 6			
2	Underd	listributions, if any, for years prior to 2016 (reason-			
	able ca	use required- explain in Part VI). See instructions			
3	Excess	distributions carryover, if any, to 2016:			
а					
b					
С	From 2	013			
d	From 2	014			
е	From 2	015			
f	Total o	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2016 distributable amount			
i	Carryo	ver from 2011 not applied (see instructions)			
j	Remair	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	utions for 2016 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2016 distributable amount			
С	Remair	nder. Subtract lines 4a and 4b from 4			
5	Remair	ning underdistributions for years prior to 2016, if			
	any. Su	ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions			
6	Remair	ning underdistributions for 2016. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI.	See instructions			
7	Excess	s distributions carryover to 2017. Add lines 3j			
	and 4c				
8	Breakd	own of line 7:			
а					
		from 2013			
С	Excess	from 2014			
d		from 2015			
_	Evene-	from 2016			

Schedule A (Form 990 or 990-EZ) 2016

### DELAWARE ALLIANCE FOR NONPROFIT

Schedule A (Form 990 or 990-EZ) 2016 ADVANCEMENT, INC 22-2792474 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# **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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT, INC

**Employer identification number** 22-2792474

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor account account and donor account account and donor account account account account and donor account accoun	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
			•
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		Yes No
6	Starr and volunteer flours devoted to filoritioning, inspecting,	mandling of violations, and emorcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n essements during the year
•	\$ \$	and of violations, and emoroting conservation	in casements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	·	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, 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		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		•
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2016

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Pai	rt III Organizations Maintaining C	ollections of A	rt, Histor	ical Tre	easures, d	or Other	Similar A	Assets(co	ntinuec	d)
3	Using the organization's acquisition, accessi	on, and other record	ls, check ar	ny of the	following tha	t are a sig	nificant use	of its collec	tion ite	ems
	(check all that apply):									
а	Public exhibition	d	Loa	an or excl	nange progra	ams				
b	Scholarly research	е	Oth	ner						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizati	on's exem	pt purpose i	n Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histo	rical treas	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	:he organiza	ation's co	llection?			Yes	<u>;                                    </u>	No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the or	ganizatio	n answered	"Yes" on F	orm 990, Pa	art IV, line 9	, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for cor	ntribution	s or other as	sets not ir	ncluded		_	
	on Form 990, Part X?							🔲 Yes	; [	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	le:						
								Amo	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for esc	row or cu	stodial acco	unt liabilit	y?	L Yes	; <u> </u>	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation h	nas been	provided on	Part XIII			<u> L</u>	
Pai	rt V Endowment Funds. Complete in	f the organization an	swered "Ye	es" on Fo	rm 990, Part	: IV, line 10	).			
		(a) Current year	(b) Prior	year	(c) Two year	rs back (c	<b>d)</b> Three years	back (e) F	our yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	_ , , , , [									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, c	column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held ar	nd administe	ered for the	e organizatio	n		
	by:								Yes	s No
	(i) unrelated organizations							3a	(i)	
	(ii) related organizations							3a	ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sche	edule R?				3	o	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fun	ds.						
Pai	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, lir	ne 11a. S	ee Form 990	), Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulated	(d) E	ook va	lue
		basis (investr	nent)	basis (	other)	depr	eciation			
1a	Land									
b										
С	Leasehold improvements									
d	Equipment				5,092.		4,707			385.
e	Other				9,688.		6,228	•		460.
Tota	al. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (	(B), line 1	0c.)		<b>.</b>		13,	845.

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) Method of valuation: Cost or end-of-year market value  (d) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Part VII Investments - Other Securities.	5 000 B 1 W	" 441 O E 000 B 1V " 40	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(2) Closely-held equity interests		(a) Dook raids	(c)carca cr randane cost	or one or your market raids
(8) Other (A) (B) (B) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				
(E) (C) (C) (D) (E) (F) (G) (H) Tetal. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶  Part Viii   Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(C) (D) (E) (F) (G) (H) (Total: (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.	(A)			
(C) (E) (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (7) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (7) (9) (9) (9) (1) (1) (1) (2) (2) (2) (2) (3) (4) (5) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (2) (2) (2) (2) (3) (4) (5) (5) (6) (7) (6) (7) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(B)			
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.	(C)			
(G) (G) (G) (H) Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶  Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶  Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶  Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶  Part XI Other Labilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal form 990, Part X, col. (B) line 15.) ▶  Part X Other Labilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25.  (a) Description (b) Book value (c) Book value (d) Book value (e) Book value (e) Book value (f) Book value	(D)			
(G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII   Investments - Program Related.				
Part VIII   Investments - Program Related.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year value (g) Method of valuation: Cost or end-of-y				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (7) (8) (9) (7) (9) (9) (9) (9) (1) (1) must equal Form 990, Part X, col. (8) line 13.) ▶ Part X Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		on Form 990. Part IV.	line 11c. See Form 990. Part X. line 13	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶    Part X  Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (77) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Part X  Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(a) Description of investment		(c) Method of valuation: Cost	or end-of-year market value
(3) (4) (5) (6) (77) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (77) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED EXPENSES 16, 252. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 16, 252.	(1)			
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Collumn (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED EXPENSES 16 , 252 .  (3) (4) (5) (6) (7) (8) (9) Total. (Collumn (b) must equal Form 990, Part X, col. (B) line 25.)  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED EXPENSES 16 , 252 .  (3) (4) (5) (6) (7) (8) (9) Total. (Collumn (b) must equal Form 990, Part X, col. (B) line 25.)  1. (a) Description of liability (b) Book value  (b) Book value	(2)			
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(6) (77 (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  ▶  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) ACCRUED EXPENSES 16 , 252 .  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(4)			
(7) (8) (9) Total. (Col. (b)) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED EXPENSES 16 , 252 . (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(5)			
(8) (9)    Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    (a) Description   (b) Book value				
Section   Part   X   Other Assets.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSES 16, 252. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  (a) Description of liabilities.  (b) Book value  (b) Book value  (c) Book value  (d) Book value  16, 252.		on Form 990. Part IV.	line 11d. See Form 990. Part X. line 15	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSES 16 , 252 . (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16 , 252 .			, ,	
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(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED EXPENSES 16, 252.  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16, 252.				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    1.				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16, 252.				
Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1. (a) Description of liability         (b) Book value           (1) Federal income taxes         16 , 252 .           (3)         (4)           (5)         (6)           (7)         (8)           (9)         16 , 252 .           Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         16 , 252 .		0.15		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED EXPENSES 16, 252.  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 16, 252.		e 15.)		🖊
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       16, 252.         (2) ACCRUED EXPENSES       16, 252.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         16, 252.		on Form 990. Part IV.	line 11e or 11f. See Form 990. Part X.	line 25.
(1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 16, 252.	(a) Description of lightlife.			
(2) ACCRUED EXPENSES (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   16, 252.				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			16,252.	
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(3)			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(4)			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(5)			
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)			
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
	• •	25)	16 252	

632053 08-29-16

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

ADVANCEMENT, INC

1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total revenue, gains, and other support per audited financial statements		1	556,713.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		······	33377233
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
	Subtract line <b>2e</b> from line <b>1</b>			556,713.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>	· · · · · · · · · · · · · · · · · · ·	4c	0.
	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 12</i>			556,713.
	t XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV, li	-		•
1	Total expenses and losses per audited financial statements		1	791,427
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		······	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)	•		0
	Add lines 2a through 2d			791,427
	Subtract line 2e from line 1		3	131,421
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		0
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		0.
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i>	4b		0. 791,427.
b c 5 <b>Par</b>	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line to tall in the supplemental information.	4b	5	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b (8.) 4; Part IV, lines 1b and 2b;	5	
b c 5 Par	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line to tall in the supplemental information.	4b (8.) 4; Part IV, lines 1b and 2b;	5	
b c 5 Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b (8.) 4; Part IV, lines 1b and 2b;	5	
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## SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public ➤ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT, INC

**Employer identification number** 22-2792474

OMB No. 1545-0047

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVANCE NONPROFITS AND THE SECTOR IN DELAWARE THROUGH ADVOCACY, TRAINING, CAPACITY BUILDING, AND RESEARCH. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FOLLOWERS INCREASED 33%, TWITTER IS UP 43%)

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

WE HAVE JUST ONE CLASS - MEMBERS - THAT HAVE THE RIGHT, IN CONJUNCTION WITH OUR ANNUAL MEETING, TO VOTE ON THE ELECTION OF INDIVIDUALS TO OUR GOVERNING BOARD AND CHANGES TO OUR BY-LAWS. MEMBERS DO NOT HAVE APPROVAL RIGHTS THOUGH FOR ANY OTHER DECISIONS OF THE GOVERNING BOARD.

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

THE AUDIT COMMITTEE WILL REVIEW THE RESULTS OF THE AUDIT AND THE DRAFT 990 WITH THE AUDIT FIRM. THE MARCH BOARD MEETING INCLUDES REVIEW OF THE 990 AND AUDIT, AND THE BOARD ASKS QUESTIONS AND TAKES INTO CONSIDERATION ANY PROVIDED NO FURTHER QUESTIONS, RECOMMENDATIONS ARE MADE. THE STAFF IS THEN AUTHORIZED TO FILE THE TAX FORMS.

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

EACH JANUARY BOARD MEMBERS AND STAFF COMPLETE THE FORM. SHOULD A PERCEIVED CONFLICT OF INTEREST ARISE, THE CEO AND/OR BOARD CHAIR (DEPENDING ON THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16