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Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning

, and ending

DELAWARE ALLIANCE FOR NONPROFIT 22-2792474 ADVANCEMENT INC

Net Asset / Fund Balance at Beginning of Y	′ear	220,241
Revenue		
Contributions	841,648	
Program service revenue	298,589	/.
Investment income	407	4 /
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		, X
Net income	<u> </u>	
Other income	0	
Total revenue	1,	140,644
Expenses		
Program services	667,988	_
Management and general	120,518	•
Fundraising	30,282	
Total expenses		818,788
Excess / (deficit)	<u> </u>	321,856
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Changes	_ \	
Net Asset / Fund Balance at	End of Year	542,097
Reconciliation of Revenue		Reconciliation of Expenses
otal revenue per financial statements 1,1	· ·	per financial statements 818,78
ess:	Less:	
Unrealized gains	Donated set	
Donated services	Prior year a	djustments
Recoveries	Losses	
Other	Other	
lus:	Plus:	
Investment expenses	Investment	expenses
Other	Other	
Total revenue per return 1,1	40,644 Total ex	openses per return818,78
	Balance Sheet	
Beai	nning Ending	Differences
	70,682 595,708	
	50,441 53,611	
	20,241 542,097	321,856
		
	Miscellaneous Information	
Amended		
	_	

Return / extended due date 11/16/20
Failure to file penalty

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

<u>A</u>	For the 201	<u>19 calendar year, or tax year beginn</u>	ing , and ending		_	
В	Check if applicab	le: C Name of organization DELAWA	ARE ALLIANCE FOR NONPROFIT	!	D Employer	r identification number
	Address change	ADVANC	CEMENT INC			
\equiv	Nama ahanga	Doing business as			22-2	792474
\sqcup	Name change	Number and street (or P.O. box if mail is n		Room/suite	E Telephone	e number
	Initial return	100 W 10TH STREET			302-	777-5500
	Final return/ terminated	City or town, state or province, country, an	nd ZIP or foreign postal code			
		WILMINGTON	DE 19801		G Gross rece	eipts\$ 1,140,644
	Amended return	F Name and address of principal officer:			_	
	Application pend	ing SHEILA BRAVO		H(a) is this a g	group return for s	subordinates Yes X No
		100 WEST 10TH S'	TREET SUITE 1012	H(b) Are all su	bordinates incl	uded? Yes No
		WILMINGTON	DE 19801	If "No	o," attach a list.	(see instructions)
$\overline{}$	Tax-exempt sta) 4 (insert no.) 4947(a)(1) or 527			
÷	Website:	WWW.DELAWARENONPRO		H(c) Group a	emption number	or D
<u>-</u>		ation: X Corporation Trust Associ		L Year of formation:	* '	M State of legal domicile: DE
		Summary	Other P	L real of formation.	. 700	M State of legal doffliche. DE
		-		$\overline{}$		
ø		y describe the organization's mission o		ОТОТ ТО ПО		
ŭ			PROFIT SECTOR, DANA'S MIS			HEN,
Ē			PROFITS AND THE SECTOR IN		HROUGH	
Governance			CITY BUILDING AND RESEARCE			
တိ	2 Check	this box if the organization disc	continued its operations or disposed of mor	than 25% of its ne	et assets.	
∞ಶ	3 Numb	per of voting members of the governing	g body (Part VI, line 1a)		3	16
<u>ies</u>	4 Numb	per of independent voting members of	the governing body (Part VI, line 1)		4	16
ξ	5 Total	number of individuals employed in cal	lendar year 2019 (Part V, line 2a)		5	13
Activities	6 Total	number of volunteers (estimate if nece	essary)		6	9
٩		unrelated business revenue from Part			7a	0
		nrelated business taxable income fron	* * * * * * * * * * * * * * * * * * * *		7b	0
				Prior Ye		Current Year
Ф	8 Contri	ibutions and grants (Part VIII, line 1h)		30	7,404	841,648
Revenue		am service revenue (Part VIII, line 2g)		4,141	298,589	
š	_	tment income (Part VIII, column (A), lii			271	407
~		revenue (Part VIII, column (A), lines t				
			ist equal Part VIII, column (A), line 12)	61	1,816	1,140,644
		s and similar amounts paid (Part IX, c		01	<u> </u>	1,140,044
					-	
		fits paid to or for members (Part IX, co			7 170	<u> </u>
ses	15 Salari		enefits (Part IX, column (A), lines 5–10)	40	7,170	519,791
Expenses	16aProfes	ssional fundraising fees (Part IX, colur				<u> </u>
Š	b Total	fundraising expenses (Part IX, colum	(D), line 25) ► 30,282			
ш	17 Other	expenses (Part IX, column (A), lines			0,439	298,997
		expenses. Add lines 13–17 (must equ			7,609	818,788
	19 Rever	nue less expenses. Subtract line 18 fr	om line 12		5,793	321,856
Net Assets or	3			Beginning of Cu		End of Year
sset	20 Total	assets (Part X, line 16)			0,682	595,708
# E	21 Total	liabilities (Part X, line 26)			0,441	53,611
Ž		ssets or fund balances. Subtract line 2	21 from line 20	22	0,241	542,097
P	Part II	Signature Block				
			this return, including accompanying schedules			my knowledge and belief, it
tr	ue, correct, ar	nd complete. Declaration of preparer (othe	r than officer) is based on all information of whic	h preparer has any kn	owledge.	
Sig	gn 📗	Signature of officer			Date	
He		SHEILA BRAVO	PR	ESIDENT &	CEO	
		Type or print name and title				
	Print/	/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Pai	4	EPH A. GIORDANO, CPA	JOSEPH A. GIORDANO, CPA	05/1	5/20 self-em	□ "
Pre	naror	'	IORDANO & ASSOCIATES		Firm's EIN	20-3934956
	e Only		ENTAL DR STE 210	, 110	FIIMS EIN ▼	<u> </u>
	-					202-266 0202
N 4		s address NEWARK, DE	19713-4330		Phone no.	302-266-0202
		scuss this return with the preparer sho				X Yes No
DAA	raperwork i	Reduction Act Notice, see the separate i	INSTRUCTIONS.			Form 990 (2019)

Form 990 (20	19) DELAWARE ALLIANCE FOR NONPROFIT 22-2792474	Page 2
Part III	Statement of Program Service Accomplishments	raye z
	Check if Schedule O contains a response or note to any line in this Part III	X
AS TH	escribe the organization's mission: E LEADER OF THE NONPROFIT SECTOR, DANA'S MISSION IS TO CE, AND ADVANCE NONPROFITS AND THE SECTOR IN DELAWARE TAKEN TRAINING, CAPACITY BUILDING AND RESEARCH	
prior Fo	organization undertake any significant program services during the year which were not listed on the rm 990 or 990-EZ? describe these new services on Schedule O.	Yes X No
3 Did the o	organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
expense	e the organization's program service accomplishments for each of its three largest program services, as measures. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to despenses, and revenue, if any, for each program service reported.	=
THE A) (Expenses \$ 395,724 including grants of \$) (Revenue \$ GTHENING NONPROFIT CAPACITY - THROUGH CONSULTING SERVICE NOTION OF THE CONFERENCE AND NETWORKING, DANA DEVELOPS LEADERS REAS OF GOVERNANCE, STRATEGIC PLANNING, KINANCIAL SUSTANICATIONS, HUMAN CAPITAL, AND COLLABORATION.	HIP SKILLS IN
AVERA	S 90+ WORKSHOPS AND ANNUAL CONFERENCES. OVERALL QUALITY GED 9.2 OUT OF 10. OVER 82 NONPROFITS BENEFITTED FROM ON INSULTING ENGAGEMENTS WITH AN OVERALL QUALITY RATING OF CONTINUANCE)	CUSTOM TRAINING
GOVER THE S' LEGIS)(Expenses \$ 164,885 including trants of \$) (Revenue \$ CING THE NONPROFIT SECTOR - DANA ENGAGES NONPROFIT LEAD NUMENT OFFICIALS IN DIALOGUE AROUND THE IMPORTANT ROLE OF DELAWARE THROUGH WORKSHOPS, MEETINGS AND ATTENT LATIVE SESSIONS. DANA OFFERS EDUCATIONAL INFORMATION ON THE LEGISLATIVE AND BUDGET MATTERS THAT IMPACT THE SECTOR	OF NONPROFITS I DANCE AT N STATE AND
SHARE ANNUA	19, DANA ENGAGED OVER 100 NONPROFIT LEADERS, STAFF AND THEIR IMPACT STOKIES THROUGH A SERIES OF SUBSECTOR ADVISOR OF THE SERIES OF THE	JOCACY DAYS, AN NA ALSO PROVIDE
FOR NO AND TO)(Expenses \$ 98,931 including grants of \$) (Revenue \$ CING DANA MEMBERS - DELIVERED FORUMS/COST SAVINGS OPPORTUNE ORGANIZATIONS TO SHARE IDEAS AND RESOURCES WITO CREATE CONNECTIONS WITH COMMUNITY MEMBERS, FUNDERS, FIALS, AND OTHER POTENTIAL PARTNERS.	RTUNITIES/TOOLS TH ONE ANOTHER
INDIC	19 DANA'S MEMBERSHIP REACHED 378. THE RECENT 2018 MEMBE ATES 95% SATISFACTION WITH DANA MEMBERSHIP, WITH 81% IN WITH THE STATEMENT "I AM PROUD TO BE A DANA MEMBER".	

) (Revenue \$

4d Other program services (Describe on Schedule O.)

(Expenses \$

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	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,			Λ
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		X
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, cledit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		22
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Fart X, ine 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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 Q. 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		Х
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 X	11d		х
е	Did the organization report an amount for other liabilities in Parl X, line 25? If "Yes," complete Schedule D, Parl X	11a		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	. 110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to life 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20a	If "Yes," complete Schedule G, Part III	200		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
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		х

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Forn	m 990 (2019) DELAWARE ALLIANCE FOR NONPROFIT 22-2792474		Р	age 4
Pa	art IV Checklist of Required Schedules (continued)		T	1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	20		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		Λ
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 250	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	234		22
-	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		х
28	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27		Λ
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes" complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.5
24	conservation contributions? If "Yes," complete Schoole M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		Λ
02	complete Schedule N. Part II	32		х
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 tex-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Λ
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
P	art 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			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019) **DELAWARE ALLIANCE FOR NONPROFIT** 22-2792474

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property or which it was			
-	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, tine 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) **DELAWARE ALLIANCE FOR NONPROFIT** 22-2792474

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990w Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect propoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions indertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures for erning the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ... 10b X 11a Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monito and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request X Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records >

> 100 WEST 10TH STREET NO 1012 DE 19801

THE ORGANIZATION

WILMINGTON

Form 990 (2019) DELAWARE ALLIANCE FOR NONPROFIT

22-2792474

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

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

- 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 See instructions for the order in which to list the persons above.

Check this box if neither the org	•					izatio	on c	ompensated any current	officer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle	Pos heck ss pe	rson	than of its both bor/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CRAIG CROUCH	2.00					ď		Q		
CHAIR	0.00	X		X				1	0	0
(2) PATTI GRIMES	2.00),			
VICE CHAIR	0.00	X		X			γ	(0	0
(3) DOMINIC CANUSO,	CFA 2.00									
TREASURER	0.00	X		X		1			0	0
(4) CHARLES VINCENT	2.00		1							
SECRETARY	0.00	X		X				(0	0
(5) SHEILA BRAVO	40.00		/							
PRESIDENT & CEO	0.00	X,		X				144,781	. 0	0
(6) EVONDA ACEVEDO	0-50									
BOARD MEMBER	0.00	X						(0	0
(7) VICKIE YOUNG BE	0.50									
BOARD MEMBER	0.00	X						(0	0
(8) FAY BLAKE	0.50									
BOARD MEMBER	0.00	X						(0	0
(9) JENNIFER CHO	0.50									
BOARD MEMBER	0.50 0.00	x						(0	0
(10) PATRICIA DAILEY										
	0.50									
BOARD MEMBER	0.00	X	-					(0	0
(11)RICHARD MURAD	0.50									
BOARD MEMBER	0.00	X						(0	5 990 (2010)

F	age	8

Part VII Section A. Officers	s, Directors, Tı ⊺	rust	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	ıed)
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe nd a d	more rson	is both	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) DR. VITA PIC	KRUM, CI 0.50	'RI	3							
BOARD MEMBER (13) JOANNE REILL	0.00	X						0	0	0
BOARD MEMBER	0.50	x						0	0	0
(14) PATRICIA RIV								-		-
BOARD MEMBER	0.00	х						0	0	0
(15) HENRIETTA SA	VAGE 0.50									
BOARD MEMBER	0.00	x						0) o	0
(16) MELANIE GEOR	GE SMITE 0.50	1						7		
BOARD MEMBER (17) MATTHEW STEH	0.00	X						0	0	0
BOARD MEMBER	0.50	x							0	0
BOILE FILEBOX	0.00	Λ						1	V	
						L,				
						Ċ	>			
1b Subtotal				()	<u> </u>	144,781		
c Total from continuation should Total (add lines 1b and 1c)			Ctio	1 A .			>	144,781		
2 Total number of individuals (i reportable compensation from	including but no n the organizati	t lim	ited 1	to th	ose	liste	d ab	oove) who received more	than \$100,000 of	
3 Did the organization list any 1	former officer,	direc	tor,	trust	ee, I	кеу с	empl	oyee, or highest compens	sated	Yes No
employee on line 1a? If "Yes For any individual listed on lin organization and related orga	ne 1a, is the sul	n of	repo	ortab	le c	omp	ensa	ation and other compensa		3 X
individual5 Did any person listed on line	1a receive or a								on or individual	4 X
for services rendered to the of Section B. Independent Contract		"Ye	s," c	ompl	ete	Sche	edule	e J for such person		5 X
Complete this table for your f compensation from the organ	five highest com									tayyoar
	(A) business address	COII	іреп	Sauc)II IC	n une	Car		(B) otion of services	(C) Compensation
NONE										
2 Total number of independent										
received more than \$100,000	ບ ot compensati	on fi	rom	the c	rga	nızat	ion	▶	0	

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Pa	rt V	Check if Schedule O cor	ntains a	respo	onse or not	e to any line in	this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a						
Gra	b	Membership dues	1b		100,308				
ts, (С	Fundraising events	1c		,				
Gif Ilar	d	Related organizations	1d						
ns,	е	Government grants (contributions)	1e						
itio er S	f	All other contributions, gifts, grants,							
L ip		and similar amounts not included above	1f		741,340				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	1g \$						
<u> </u>	h	Total. Add lines 1a–1f				841,648			
_	_				Business Code	106 476	106 478	_	
vice	2a				611430 900099	186,476	186,476 69,402		
Program Service Revenue	b	ANNUAL CONFERENCE			611430	69,402 27,911	27,911		
am	c d	WORKSHOPS FELLOWSHIP TRAINING PROGR			011430	14,800	14,800		
ogra	u					14,000	1,000		
P	f	All other program service revenue					V		
		Total. Add lines 2a–2f			•	298,589			
	3	Investment income (including divide							
		other similar amounts)	•			407			407
	4	Income from investment of tax-exem	pt bond	proceed	ds ►				
	5	Royalties	· 		▶ [()			
		(i) Real		(ii) P	ersonal				
	6a	Gross rents 6a							
	b	Less: rental expenses 6b							
	С	Rental inc. or (loss) 6c							
	<i>i</i> a	Gross amount from sales of assets (i) Securities	S	(ii)	Other				
•		other than inventory 7a							
nu	b	Less: cost or other			\cup				
eve		basis and sales exps. 7b		_					
r R		Gain or (loss) 7c		//					
Other Revenue		Net gain or (loss)	<u> </u>	3					
0	oa	(not including \$							
		of contributions reported on line 1c).	N.						
		See Part IV, line 18	8a						
	b	Less: direct expenses	86						
		Net income or (loss) from fundraising	events						
		Gross income from gaming activities.							
		See Part IV, line 19	9a						
	b	Less: direct expenses	9b						
	С	Net income or (loss) from gaming ac	tivities .						
	10a	Gross sales of inventory, less							
		returns and allowances	10a						
		Less: cost of goods sold	10b						
_		Net income or (loss) from sales of in	ventory .		80000				
snc					Business Code				
ne	11a								
ella	b								
Miscellaneous Revenue	C C	All other revenue			-				
Σ		Total. Add lines 11a–11d							
		Total revenue. See instructions				1,140,644	298,589	0	407

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a resp				
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	444 504	444 404		
	trustees, and key employees	144,781	111,481	26,061	7,239
6	Compensation not included above to disqualified			V '	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 404	0.40, 0.60	50.006	4 6 4 0 4
7	Other salaries and wages	322,424	248,267	58,036	16,121
8	Pension plan accruals and contributions (include)	
_	section 401(k) and 403(b) employer contributions)	17 700	(330)	11 506	
9	Other employee benefits	17,702	6,196	11,506	1 744
10	Payroll taxes	34,884	26,861	6,279	1,744
11	Fees for services (nonemployees):				
a	Management				
b	Legal	22 514	18,106	4 222	1 176
C	Accounting	23,514	VIO, 100	4,232	1,176
d	Lobbying Professional fundacing convices See Bott IV line 17				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		*		
	Other. (If line 11g amount exceeds 10% of line 25, column	$\overline{}$			
g	(A) amount, list line 11g expenses on Schedule O.)				
12					
13	Office expenses	2,942	2,265	530	147
14	Information technology	11,780	9,071	2,120	589
15	Royalties	A	3,0.2		
16	Occupancy	22,817	17,569	4,107	1,141
17	Travel	15,488	11,926	2,788	774
18	Payments of travel or entertainment expenses	_			<u></u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,069	40,069		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,972	8,448	1,975	549
23	Insurance	3,689	2,841	664	184
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EXCELLENCE ACADEMY	65,400	65,400		
b	RESEARCH AND DEVELOPMENT	53,653	53,653		
С	TRAINING EXPENSE	15,087	15,087		
d	FELLOWSHIP PROGRAM	11,623	11,623		2
е	All other expenses	21,963	19,125	2,220	618
25	Total functional expenses. Add lines 1 through 24e	818,788	667,988	120,518	30,282
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 following SOR 08.2 (ASC 058, 720)				

		Check if Schedule O contains a response of	or note to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			29,384	1	171,169
	2	Savings and temporary cash investments			203,019	2	377,127
	3	Pledges and grants receivable, net		·	3	•	
	4	Accounts receivable, net	8,175	4	4,338		
	5	Loans and other receivables from any current or			,		,
		trustee, key employee, creator or founder, substa	antial contributor,	or 35%			
		controlled entity or family member of any of these	e persons			5	
	6	Loans and other receivables from other disqualif		lefined			
ţ		under section 4958(f)(1)), and persons described			V	6	
Assets	7					7	
ğ	8					8	
	9	Prepaid expenses and deferred charges			42 , 963	9	27,923
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	49,780			
	b	Less: accumulated depreciation	400	34,629	17,141	10c	15,151
	11	Investments multiply traded accomition			()	11	,
	12	Investments—other securities. See Part IV, line	14			12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other coasts, See Part IV line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			270,682	16	595,708
	17	Assounts navable and asserted expenses			27,755	17	29,621
	18	Grants payable			,	18	,
	19	Deferred revenue		4	22,686	19	23,990
	20	Tax-exempt bond liabilities	_	_	,	20	•
	21	Escrow or custodial account liability. Complete P		D		21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
abi		controlled entity or family member of any of these				22	
Ξ	23	Secured mortgages and notes payable to unrela	2			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay		third			
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			50,441	26	53,611
G		Organizations that follow FASB ASC 958, che			·		·
ë		and complete lines 27, 28, 32, and 33.					
la la	27	Net assets without donor restrictions			170,241	27	146,459
Ba	28	Net assets with donor restrictions			50,000	28	395,638
<u>u</u>		Organizations that do not follow FASB ASC 9	58, check here I	>	,		
Ē		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds			350535055555555555555555555555555555555	29	30000000000000000000000000000000000000
ets	30	Paid-in or capital surplus, or land, building, or eq	uinment fund			30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32				220,241	32	542,097
Z	33	Total liabilities and net assets/fund balances			270,682		595,708

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	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	1,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 788</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>856</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2:	20,	241
	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5.	42,	097
Pai	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," explaining				
	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 on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit of audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			For		

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.

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

2019

Open to Public Inspection

DELAWARE ALLIANCE FOR NONPROFIT Employer identification number Name of the organization ADVANCEMENT INC 22-2792474 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit de 5 scribed in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name ity and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions, You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about at the supported organization(s). (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes Νo (A) (B) (C) (D)

(E)

Schedule A (Form 990 or 990-EZ) 2019

DELAWARE ALLIANCE FOR NONPROFIT

22-2792474

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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.)

	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	744,708	303,254	603,896	307,404	841,648	2,800,910		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge					4			
4	Total. Add lines 1 through 3	744,708	303,254	603,896	307,404	841,648	2,800,910		
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								
c	shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,434,076		
<u>6</u>	etion B. Total Support						1,366,834		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	744,708	303,254	603,896	307,404	841,648	2,800,910		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	342	319	288	271	407	1,627		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		2						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		_OX						
11	Total support. Add lines 7 through 10						2,802,537		
12	Gross receipts from related activities, etc	•	*			12	1,499,557		
13	First five years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)			
	organization, check this box and stop he						▶		
	tion C. Computation of Public S								
14	Public support percentage for 2019 (line	6, column (f) divid	led by line 11, col	umn (f))			48.77%		
15	Public support percentage from 2018 Sc 33 1/3% support test—2019. If the organ	hedule A, Part II, I	ine 14			15	53.49%		
16a					is 33 1/3% or mo	ore, check this	. 37		
	box and stop here . The organization qu						> X		
b	33 1/3% support test—2018. If the organize				ie 15 is 33 1/3% i	or more, check			
170	this box and stop here. The organization			•	160 or 16b on				
17a	10%-facts-and-circumstances test—2								
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization	iacis-anu-circums	lances lest. The	organization quali	iles as a publicly	supported	▶ □		
b	10%-facts-and-circumstances test—2					and line			
b	15 is 10% or more, and if the organization	-							
	Explain in Part VI how the organization n				-				
	supported organization			_	•	•	▶ □		
18	Private foundation. If the organization of	did not check a ho	x on line 13 162	 16h 17a or 17h	check this hov ar	d see			
	instructions					14 300	▶ □		
	instructions								

Page 3

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.)

Sec	tion A. Public Support		1 110 10010 11010	7.1	,	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					/.	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					Y	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				, 4	•	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from			~~			
	line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .		_OX				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		J				
С	Add lines 10a and 10b	<u>~</u>					
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.)						
14	First five years. If the Form 990 is for the				•	* * * *	. □
S00	organization, check this box and stop heretion C. Computation of Public S						<u> </u>
15	Public support percentage for 2019 (line 8			dump (f))		15	%
15 16	Public support percentage for 2019 (line of Public support percentage from 2018 Sch						
	etion D. Computation of Investme					10	70
<u>360</u> 17	Investment income percentage for 2019 (2 13 column (f))		17	%
1 <i>1</i> 18	Investment income percentage for 2013 (investment income percentage from 2018					10	
10 19a	33 1/3% support tests—2019. If the orga				 15 is more than 3		70
·Ja	17 is not more than 33 1/3%, check this b						•
b	33 1/3% support tests—2018. If the orga		-			_	
~	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	-	=			=	<u> </u>

Part IV

22-2792474 DELAWARE ALLIANCE FOR NONPROFIT

Schedule A (Form 990 or 990-EZ) 2019

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.

- 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, (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and ho organization made the determination.
- 170(c)(2)(B) Did the organization ensure that all support to such organizations was used exclusively for segit purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure
- Was any supported organization not organized in the United States ("foreign supported organization") "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- Did the organization support any foreign supported organization that does not have 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)
- Did the organization add, substitute, or remove any supported organization ions 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 reloved; (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 deument).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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 s supported organizations? If "Yes," provide detail in Part VI. benefit one or more of the filing organization
- Did the organization provide a grant loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2 3a		
3b 3c		
4a		
4b		
-		
4c		
5a		
5b 5c		
6		
7		
8		
9a 9b		
9c		
10a		
10b (Form 990	or 990-l	EZ) 2019

Sched	ule A (Form 990 or 990-EZ) 2019 DELAWARE ALLIANCE FOR NONPROFIT 22-27924	74		Page 5
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion 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		
<u>Sect</u>	ion 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		
<u>Sect</u>	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sect</u>	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	tions).		
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 in	structio	ons).	
		r		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedi	ule A (Form 990 or 990-EZ) 2019 DELAWARE ALLIANCE FOR NONP	ROF	TT 22-279	2474 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or	Nov.	20, 1970 (explain in Part	t VI). See
	instructions. All other Type III non-functionally integrated supporting organizations	must o	complete Sections A thro	ough E.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(71) 1101 1041	(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			
co	llection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6	V /	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	16		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e 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		

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

4

5

Schedule A (Form 990 or 990-EZ) 2019

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Income tax imposed in prior year
 Distributable Amount. Subtract line 5 from line 4, unless subject to

		IANCE FOR NONPRO		9
Par	t V Type III Non-Functionally Integrated 5	609(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	/,	
	(provide details in Part VI). See instructions.		V /	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)		Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.		P	
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	()		
4	Distributions for 2019 from			
7	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
′	and 4c.			
	Breakdown of line 7:			
8				
	Excess from 2015			
	Excess from 2016			
	Excess from 2018			
	Excess from 2019			
e	LAUG33 HUH ZU 13			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	orm 990 or 990-EZ) 2019	<u>DELAWARE AL</u>	LIANCE FOR	NONPROFIT	22-2792474	Page 8
Part VI	Supplemental Infor	mation. Provide t	he explanations i	required by Part II,	ine 10; Part II, line 17a	or 17b; Part
					1a, 11b, and 11c; Part I	
					3; Part IV, Section E, lin	
					es 5, 6, and 8; and Part	V, Section I
	lines 2, 5, and 6. Als	o complete this pa	art for any additio	nal information. (Se	ee instructions.)	
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)				

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

ADVANCEMENT INC

Organization type (check one):

DELAWARE ALLIANCE FOR NONPROFIT

22-2792474

Employer identification number

Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private found 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** |X| For an organization described in section 501(c)(3) fing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990. Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 50 (c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or forth prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received

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

during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year _______

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	organization WARE ALLIANCE FOR NONPROFIT		Employer identification number
Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional spac	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 27,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and En 14	\$ 20,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 30,000	Person X Payroll

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

noncash contributions.)

Person

Payroll

Person Payroll Noncash (Complete Part II for noncash contributions.)

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

X

(c)

Total contributions

(c)

Total contributions

20,000

(a)

No.

5

(a)

No.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	of the organization		Employer identification number
	ELAWARE ALLIANCE FOR NONPROFIT		00 0000404
	DVANCEMENT INC	Francisco Other Circiles Francis	22-2792474
Pa	Organizations Maintaining Donor Advised Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization answered the Complete is the Complete in the Comple	runds or Other Similar Funds on Form 990, Part IV, line 6.	or Accounts.
		(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 writing		
_	funds are the organization's property, subject to the organization's	=	Yes No
6	Did the organization inform all grantees, donors, and donor advisor only for charitable purposes and not for the benefit of the donor or or the second of the donor or the second of the sec		
			Yes No
Pa	irt II Conservation Easements.		165 160
-	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	
	Preservation of land for public use (for example, recreation or e	ducation Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified l	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
D	Total acreage restricted by conservation easements	instance in (a)	2b
۲ 2	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired after		2c
d	historic structure listed in the National Register	2300, and not on a	2d
3	Number of conservation easements modified, transferred, released	extinguished or terminated by the org	
٠	tax year	extinguished, or terminated by the erg	anization daring the
4	Number of states where property subject to conservation easement	t is located ▶	
5	Does the organization have a written policy regarding the periodic r		
	violations, and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easements during the year
	·		
7	Amount of expenses incurred in monitoring inspecting, handling of	violations, and enforcing conservation	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above sati	sfy the requirements of section 170(h)(4	
_			
9	In Part XIII, describe how the organization reports conservation east balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements.	the organization's imancial statements	mat describes the
Pa	ort III Organizations Maintaining Collections of A	rt. Historical Treasures. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for public ext		rance of public
	service, provide in Part XIII the text of the footnote to its financial st		
b	If the organization elected, as permitted under FASB ASC 958, to r	·	
	art, historical treasures, or other similar assets held for public exhib	ition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		. .
•	(ii) Assets included in Form 990, Part X	or other similar assets for financial go	▶ \$
2	If the organization received or held works of art, historical treasures	_	in, provide the
2	following amounts required to be reported under FASB ASC 958 re Revenue included on Form 990, Part VIII, line 1	-	> \$
a h			
For	Assets included in Form 990, Part X	990	Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 DELAWARE ALLIANCE FOR NONPROFIT 22-2792474 Page 2

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

rait iii Organizations Maintaini	•					seis (co	munuc	u)
3 Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	ords, check any of	the following th	ıat make sigr	nificant use of its			
a Public exhibition	d 🗌	Loan or exchange	program					
b Scholarly research		Other	. •					
c Preservation for future generations								
4 Provide a description of the organization's	collections and expl	ain how they furth	er the organiza	tion's exemn	ot nurnose in Part			
XIII.	oonoonono ana oxpi	ani nov troy rarar	or and organiza	alon o oxomp	repulpodo in r die			
5 During the year, did the organization solic	it or receive donation	s of art_historical	treasures or of	ther similar				
assets to be sold to raise funds rather that						Yes	. N	lo
Part IV Escrow and Custodial A		o part of the organ	iization o conce				,	<u></u>
Complete if the organizati		es" on Form 90	00 Part IV Ii	ine 9 or re	enorted an am	ount on	Form	
990, Part X, line 21.	on anoworda in		, , , a, , , , ,	, 0, 10		ount on	. 0	
1a Is the organization an agent, trustee, custo	odian or other interm	ediary for contribu	itions or other a	esets not				_
included on Forms OOO Dort VO						Yes	. N	lo
b If "Yes," explain the arrangement in Part X	(III and complete the	following table:				. 🗀 🖰	, ,	
b ii res, explain the arrangement iii r art /	and complete the	Tollowing table.		. X		Amount		-
c Beginning balance				'	1c	7 11110 4111		-
					1d			-
d Additions during the year								-
e Distributions during the year				<i></i>	1e			-
f Ending balance					1f			-
2a Did the organization include an amount or				•	′?	Yes	S N	10
b If "Yes," explain the arrangement in Part X	III. Check here if the	explanation has l	been provided o	on Part XIII .				
Part V Endowment Funds.		"		10				
Complete if the organizati						T		
_	(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Four	years back	(
1a Beginning of year balance			~					
b Contributions								
c Net investment earnings, gains, and								
losses								
d Grants or scholarships								
e Other expenditures for facilities and								
programs								
f Administrative expenses)						
g End of year balance								
2 Provide the estimated percentage of the c	urrent year end bala	nce (line 1g, colur	nn (a)) held as:					
a Board designated or quasi-endowment ▶	%		. ,,					
b Permanent endowment ▶ %								
c Term endowment ▶ %								
The percentages on lines 2a, 2b, and 2c	hould equal 100%.							
3a Are there endowment funds not in the pos		ization that are he	ld and administ	tered for the				
organization by:						•	Yes N	0
(i) Unrelated organizations	Y					3a(i)		Ť
(ii) Related organizations						3a(ii)		_
b If "Yes" on line 3a(ii), are the related organ	nizations listed as rec					3b		
4 Describe in Part XIII the intended uses of			C 1 (:			. 00	I	_
Part VI Land, Buildings, and Eq		idowinent idilas.						
Complete if the organizati		e" on Form 90	n Part IV li	ine 11a S	ee Form 990	Part X I	ine 10	
Description of property	(a) Cost or other b		or other basis	(c) Accu		(d) Book v		<u>. </u>
Description of property	(investment)	, ,	(other)	depre		(a) DOOK V	uiuo	
4a Lond	,		,	dopio				_
1a Land								
b Buildings								
c Leasehold improvements			27 254		24 715	4	2 (2	_
d Equipment			37,354		24,715		2,63	
e Other			12,426		9,914		2,51	
Total. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, F	art X, column (B),	line 10c.)		<u></u> ▶	1	<u>5,15</u>	<u>, T</u>

(A) (B) (C) (C) (D) (E) (F) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (6) (7) (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 of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (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.	Part VII	Investments – Other Securities.	os" on Form 000 Part IV	ling 11h Soc Form 0	00 Part V line 12
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			ı		
(2) Closely held equity interests (3) Clher (4) (5) (6) (7) (9) (9) (10) (10) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (11			, ,	• • •	
(3) Other (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(1) Financial	derivatives			
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(2) Closely he	eld equity interests			
(G) (C) (D) (C) (P) (C) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
(C) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(E) (E) (F) (S) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
(F) (F) (G) (T) (Total, (Column (b) must equal Form 990, Part X, cot. (8) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, light 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Block value (c) Membrod of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (9) (1) (9) (1) (9) (1) (1) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
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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) Melhibid of valuation: Cost or end of year marked value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			. •		
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(3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (1	(1)				
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Column (b) must equal Form 990, Part X, col. (B) line 13. Column (b) must equal Form 990, Part X, line 15.					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Line 25. 1.	Part X				
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			es" on Form 990, Part IV,	line 11e or 11f. See F	Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		line 25.			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.				(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		income taxes			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		on (b) must equal Form 000. Part V col. (P) line 25.)		<u> </u>	
			the footnote to the organization	's financial statements that	reports the
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Schedule D (Form 990) 2019 **DELAWARE ALLIANCE FOR NONPROFIT** 22-2792474 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,140,644 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 1,140,644 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b ,140,644 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 818,788 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 818,788 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Fart I, line 18.) 818,788 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2019	DELAWARE	ALLIANCE	FOR NON	PROFIT	22-2792474	Page 5
Part XIII	Suppleme	DELAWARE ental Information	n (continued)				
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

DELAWARE ALLIANCE FOR NONPROFIT

Employer identification number

	ADVANCEMENT INC						-27924						
Part I	Excess Benefit Transac												
	Complete if the organization ar	nswered "Yes" on F	Form 990, Par	rt IV, line	e 25a or 25b,	or Form 990-EZ, F	Part V, I	ine 40)b				
4	(a) Name of disqualified nersen	(b) Relation	elationship between disqualified person and (c) Description of transaction			(d) Correct		Correc	ted?				
1	(a) Name of disqualified person		organizatio	on		(c) Description of	transaction	on		Yes	1	No	
(1)													
(2)													
(3)													
(4)							/ _						
(5)							11				+		
(6)						•	$\overline{}$				+		
2 Enter th	ne amount of tax incurred by the c	organization manag	ners or disqua	alified ne	ersons during	the year	/			<u> </u>			
	ection 4958						▶ 5	\$					
3 Enter th	ne amount of tax, if any, on line 2,	above, reimburse	d by the organ	nization			▶ \$	\$					
	, ,,	,	, 3			Χ							
Part II	Loans to and/or From I	ntorested Per	cone										
raitii	Complete if the organization ar			Dort V	line 29e or	orm 000 Port IV li	no 26:	or if th	20				
	organization reported an amou				line 36a 01 T	omi 990, Part IV, II	116 20, 1	וו וו	IE				
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) Loar	n (e) Origina	(f) Balance due	e (a) In	default?	(h) Ap	proved	(i) W	/ritten	
	(,	with organization	ith organization loan to or from principal and			cipal amount	(5)	(3, 05)00(1)		by board or		agreement?	
				the org.			1	т		nittee?	 		
				To Fro	m e		Yes	No	Yes	No	Yes	No	
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Total						\$							
Part III	Grants or Assistance B	enefiting Inter	rested Per	sons.									
	Complete if the organization ar	nswered "Yes" on f	Form 990, Par	rt IV, line	e 27.								
	(a) Name of interested person	(b) Relations	ship between inter	ested (c)	Amount of assistar	nce (d) Type of assistar	nce	(e)	Purpose	e of ass	istance	,	
			and the organization			(,,),,		(-)					
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(9)

Part IV Business Transactions Inv Complete if the organization answe				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharin of org. revenues
HOOK PR	BOARD MEMBER	23,840	MARKETING SERVICES	Y X
			<u> </u>	
				
)				
Part V Supplemental Information. Provide additional information for re		4		
A PR FIRM OWNED BY A BOX	ARD MEMBER PROVIDE	ED MARKETIN		
AN EXTENSIVE RFP PROCESS PR WAS SELECTED FOR THE	ARD MEMBER PROVIDE CATION POSITION WAS S, WITH FIVE ORGAN IR QUALITY, RESPON	ED MARKETINAS UNEXPECT NIZATIONS POSIVENESS,	EDLY VACATED, AN ROVIDING PROPOSA AND FEE STRUCTURE, AND THE BOARD	D AF
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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.

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization DELAWARE ALLIANCE FOR NONPROFIT
ADVANCEMENT INC

Employer identification number 22-2792474

FORM 990, PART III - ADDITIONAL INFORMATION

PART III LINE 4A - STRENGTHENING NONPROFIT CAPACITY (CONTINUED):

DANA'S BIENNIAL MEMBERSHIP SURVEY IN DECEMBER 2018 REVEALED A 97% SATISFACTION WITH DANA WORKSHOPS AND 92% SATISFACTION WITH CONSULTING SERVICES. DANA ALSO SEEKS TO IMPROVE BOARD GOVERNANCE AND NONPROFIT SUSTAINABILITY PRACTICES. IN 2018, DANA SAW AN INCREASE IN THE # OF ITS MEMBERS WHO HAVE A STRATEGIC PLAN AND WHO HAVE COMPLETED BOARD ASSESSMENTS OVER 2016.

PART III LINE 4B - ADVANCING THE NONPROFIT SECTOR (CONTINUED):

IN ADDITION, DANA CHAMPIONED THE NEED FOR A COMPLETE COUNT COMMISSION FOR CENSUS 2020 AND WAS APPOINTED TO THE COMMISSION. DANA SERVED AS A CO-LEADER FOR DEVELOPING STRATEGIES TO ENGAGE HARD TO COUNT POPULATIONS IN THE CENSUS.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION HAS MEMBERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

DANA HAS JUST ONE CLASS - MEMBERS - THAT HAVE THE RIGHT, IN CONJUNCTION

WITH THE ANNUAL MEETING, TO VOTE ON THE ELECTION OF INDIVIDUALS TO THE

GOVERNING BOARD AND CHANGES TO THE BY-LAWS. MEMBERS DO NOT HAVE APPROVAL

RIGHTS FOR ANY OTHER DECISIONS OF THE GOVERNING BOARD.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number 22-2792474 DELAWARE ALLIANCE FOR NONPROFIT FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS DANA BY-LAWS: NONPROFIT ORGANIZATIONS WHICH ARE TAX EXEMPT UNDER SECTION 501(C)(3) OR SUCCESSOR PROVISIONS OF THE INTERNAL REVENUE CODE WILL BE ELIGIBLE FOR MEMBERSHIP IN THE CORPORATION, SUBJECT TO THE PAYMENT OF ANNUAL MEMBERSHIP DUES AND ANY ADDITIONAL STANDARDS THAT MAY BE SET BY THE BOARD OF DIRECTORS. EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, EACH NONPROFIT MEMBER PRESENT AND IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER UPON WHICH MEMBERS HAVE VOTING RIGHTS AT ANY DULY CONVENED MEETING OF MEMBERS OF THE CORPORATION. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE AUDIT COMMITTEE WILL REVIEW THE DRAFT 990 WITH THE AUDIT FIRM. THE MAY BOARD MEETING INCLUDES REVIEW OF THE 990 AND THE BOARD ASKS QUESTIONS AND TAKES INTO CONSIDERATION ANY RECOMMENDATIONS THAT ARE MADE. PROVIDED NO FURTHER QUESTIONS, THE STAFF IS THEN AUTHORIZED TO FILE THE TAX FORMS. FORM 990, PART VI, LINE ENFORCEMENT OF CONFLICTS POLICY EACH YEAR, BOARD MEMBERS AND STAFF COMPLETE THE FORM. SHOULD A PERCEIVED CONFLICT OF INTEREST ARISE, THE CEO AND/OR BOARD CHAIR (DEPENDING ON THE PERSON) WILL ADDRESS THE SITUATION TO SEEK CLARITY - AND THEN TAKE APPROPRIATE ACTION. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL REVIEW BY THE BOARD COMMITTEE, AND REVIEW OF WAGE SURVEY

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

Schedule O (Form 990 or 990-EZ) (2019)

ANNUAL REVIEW BY THE BOARD COMMITTEE, AND REVIEW OF WAGE SURVEY FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION COPY OF FORM 990 AVAILABLE ON GUIDESTAR.ORG FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXP UPON REQUEST FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCES THERE IS NO CHANGE TO ITS OVERSIGHT PROCESS EURING 2019	74
COPY OF FORM 990 AVAILABLE ON GUIDESTAR.ORG FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXP UPON REQUEST FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCES	• · · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPUPON REQUEST FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCES	
UPON REQUEST FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCES	
FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCES	LANATION
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4145 DELAWARE ALLIANCE FOR NONPROFIT **Federal Statements** 22-2792474 FYE: 12/31/2019 **Tax-Exempt Interest on Investments** Description Unrelated Exclusion Postal Acquired after InState ON CORT CORT COLLEGE C Code Code Muni (\$ or %) Amount Business 6/30/75 TOTAL

4145 DELAWARE ALLIANCE FOR NONPROFIT

22-2792474

FYE: 12/31/2019

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Tot Exper		Program Service	Management & General	Fui Rais	
DUES AND SUBSCRIPTIONS PROFESSIONAL DEVELOPMENT BANK FEES ADVOCACY BUSINESS DEVELOPMENT	\$	8,479 \$ 6,093 4,672 1,991	8,117 4,692 3,597 1,991 728	\$ 283	\$	79 305 234
TOTAL		\$ P	19,125	\$ 2,220	\$	618
	CLIENT					

4145 DELAWARE ALLIANCE FOR NONPROFIT **Federal Statements** 22-2792474 FYE: 12/31/2019 Schedule A, Part II, Line 1(e) Description **Amount** 100,308 MEMBERSHIP DUES AND ASSESSMENTS CLIENT COPY DO NOT FI OTHER TOTAL