

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

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning

and ending

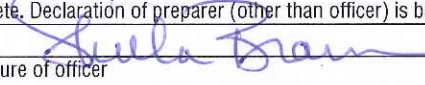
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT, INC		<b>D</b> Employer identification number 22-2792474
	Doing business as		<b>E</b> Telephone number (302) 777-5500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	100 W. 10TH STREET		1012
City or town, state or province, country, and ZIP or foreign postal code WILMINGTON, DE 19801			
<b>F</b> Name and address of principal officer: SHEILA BRAVO 100 WEST 10TH STREET, WILMINGTON, DE 19801			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.DELAWARENONPROFIT.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1986
			<b>M</b> State of legal domicile: DE

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT IS TO STRENGTHEN, ENHANCE, AND</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	10	
	6	Total number of volunteers (estimate if necessary)	12	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	351,420.	744,708.
	9	Program service revenue (Part VIII, line 2g)	138,082.	422,067.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	353.	342.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	489,855.	1,167,117.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	444,882.	488,574.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	243,397.	428,950.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	688,279.	917,524.
	19	Revenue less expenses. Subtract line 18 from line 12	-198,424.	249,593.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	270,517.	490,228.
	21	Total liabilities (Part X, line 26)	44,745.	14,863.
22	Net assets or fund balances. Subtract line 21 from line 20	225,772.	475,365.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 3-17-16			
	SHEILA BRAVO, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DANIELLE VANDERWERF	Preparer's signature DANIELLE VANDERWERF	Date 03/10/16	Check if self-employed <input type="checkbox"/>	PTIN P00174916
	Firm's name ROWLAND, JOHNSON & COMPANY, P.A.		Firm's EIN		Phone no. (302) 324-0780
Firm's address 15 READ'S WAY, SUITE 200 NEW CASTLE, DE 19720					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No