Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization beginning AUG 15 , 2017, and ending DEC 31

OMB No. 1545-1878

For calendar year 2017, or fiscal y	/ear
 ► T	20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

. 2017

Employer identification number

82-2881997

Department of the Treasury Internal Revenue Service Name of exempt organization

DELAWARE PROSPERITY PARTNERSHIP, INC.

Name and title of officer WILLIAM KURT FOREMAN

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,307,300.
2 a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5Ь	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize		to enter my PIN
	ERO firm name	Enter five numbers, bu do not enter all zeros
Is being file	ature on the organization's tax year 2017 electronically filed return. If I have indicated within d with a state agency(ies) regulating charitles as part of the IRS Fed/State program, I also a IN on the return's disclosure consent screen.	this return that a copy of the return authorize the aforementioned ERO to
indicated w	er of the organization, I will enter my PIN as my signature on the organization's tax year 201 ithin this return that a copy of the return is being filed with a state agency(ies) regulating ch will enter my PIM on the return's disclosure consent screen.	7 electronically filed return. If I have arities as part of the IRS Fed/State
Officer's signature	CN: Cutt Date ► Date ►	6 28 18
Part III Cert	ification and Authentication	
number (EFIN) follow	ter your six-digit electronic filing identification ed by your five-digit self-selected PIN. Do not enter all zero	35
I certify that the above confirm that I am sub e-file Providers for Bit	re numeric entry is my PIN, which is my signature on the 2017 electronically filed return for t mitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (Musiness Returns.	the organization indicated above. I eF) Information for Authorized IRS
ERO's signature 🕨 🧹	aul a. Dinungi, CPA Date > 6	0/28/18
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	Do So
LHA For Paperworl	< Reduction Act Notice, see instructions.	Form 8879-EO (2017)

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	_		Baturn of Organization Exampt F	-		1	OMB No. 1545-0047
Forr	" 9	90	Return of Organization Exempt Fi Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			ons)	2017
Depa	Department of the Treasury Do not enter social security numbers on this form as it may be made public.					Open to Public	
Cabai Ineni. Or the freasury				Inspection			
AF	or th	e 2017 calend	ar year, or tax year beginning $ { m AUG} 15, 2017 $ and er	ending D	EC 31, 201	7	
Bo	Check If	C Name o	forganization		D Employer identit	ficatio	on number
	⊐Addr	1040 1040					
-	_chan	ge DELA	WARE PROSPERITY PARTNERSHIP, INC.				1007
-	chan	ge Doing b	usiness as		82-2		1997
	Initial return		and street (or P.O. box if mail is not delivered to street address) Re OX 671	Room/suite	E Telephone numb		7-7497
	return termi		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	= /	1,307,300.
—	ated Amer	NORD TATT NA	INGTON, DE 19899		H(a) Is this a group	return	
	_return Appli tion		nd address of principal officer:WILLIAM KURT FOREMA	N	for subordinate		
	pend	SAME	AS C ABOVE		H(b) Are all subordinates		
11	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	r 🛄 527	If "No," attach	a list.	(see instructions)
			DEPROSPERITYPARTNERSHIP.COM		H(c) Group exempti		
			X Corporation Trust Association Other 🍉	L Year o	of formation: 2017	M Sta	te of legal domicile; DE
Pa	art I	Summary					
e	1		e the organization's mission or most significant activities: THE DI	ELAWA	RE PROSPERI	LTY	
Governance		PARTNER					
ern	2		$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or dispose	ed of more		1	. 19
200	3				3	_	19
°5	4		lependent voting members of the governing body (Part VI, line 1b)			-	1
ties	5		of individuals employed in calendar year 2017 (Part V, line 2a)			_	19
Activities &	6		of volunteers (estimate if necessary)				<u> </u>
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34		place of a constraint of the balance of the set of the	_	0.
-	- 0	Net unrelateu			Prior Year	<u> </u>	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)				1,307,300.
nu	9		ce revenue (Part VIII, line 2g)	ATT A LOCAL AND A			0.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)				0.
6	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.
_	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)				1,307,300.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)				0.
	14		to or for members (Part IX, column (A), line 4)	state and state in the			0.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)			-	47,424.
enses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 30, 193			-	0.
Exp							182,741.
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)			-	230,165.
	18	•	s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	12002300		-	1,077,135.
ES S	19	Revenue less	expenses. Subtract line 16 from line 12		ginning of Current Year		End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)				1,179,914.
ASS d Ba	21		(Part X, line 26)				102,779.
Fund	22		fund balances. Subtract line 21 from line 20				1,077,135.
Pa	art II	Signatur	Block				
			I declare that I have examined this return, including accompanying schedules a			ny kno	wledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.		
		Name	a of officer		Data	_	
Sig		1 C	e of officer		Date		
Her	е		IAM KURT FOREMAN, CEO				

EXTENDED TO NOVEMBER 15, 2018

	Type or print name and title		
	Print/Type preparer's name	Proparer's signature	Date GI2B/IB II self-employed P01549768
Paid		Caul Brunn, CPA	
Preparer		DEN & DWARES, P.A.	Firm's EIN 51-0380493
Use Only	Firm's address 4550 NEW LINDEN	HILL ROAD, STE 201	
	WILMINGTON, DE 1	9808	Phone no. (302) 254-8240
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

Form 990 (2017)

		PROSPERITY PARTNERSHI	IP, INC. 82-28	81997 _{Page} 2
Pa	t III Statement of Program Servio	-		
		onse or note to any line in this Part III		
1	Briefly describe the organization's mission: TO LEAD THE STATE OF D	ELAWARE'S ECONOMIC DE	EVELOPMENT EFFORTS.	
2	Did the organization undertake any significa	ant program services during the year which	were not listed on the	
				Yes X No
	If "Yes," describe these new services on Sc			
3	Did the organization cease conducting, or m		s, any program services?	Yes X No
4	If "Yes," describe these changes on Schedu Describe the organization's program service			by expenses
4	Section 501(c)(3) and 501(c)(4) organization			•
	revenue, if any, for each program service re			
4a		1,406. including grants of \$) (Revenue \$)
	ACTIVITIES DEVELOPED T		-	
	ENTREPRENUERSHIP AND I AND PRODUCE FORWARD LC			
	POSITION DELAWARE'S EC		NOMIC IRENDS 10 BE	101
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$,
	(0000) (Expenses *) (noronae ¢	·
A.1	Other program consistent (Depending in Quint			
4d	Other program services (Describe in Schedu (Expenses \$ inc	ule O.) Iuding grants of \$) (Revenue \$)
4e	Total program service expenses	171,406.)
				Form 990 (2017)
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		2		

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⊢orm	990	(2017)	

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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 D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u>.</u> _
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	, , , , , , , , , , , , , , , , , , , ,	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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	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,			x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		x
40	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		<u>^</u>
19	complete Schedule G, Part III	19		x
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Form 990 (2017)	DELAWARE	PROSPERITY	PARTNERSHIP,	INC.
Part IV Checklis	st of Required Scheo	dules (continued)		

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

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<u>Form</u>	990 (2017) DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881	<u>99</u> 7	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 990	(2017)
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DELAWARE PROSPERITY PARTNERSHIP, INC.

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

the number of voting members of the governing body at the end of the tax year		Check if Schedule O contains a response or note to any line in this Part VI				
the number of volting members of the governing body at the and of the tax year	Sec	tion A. Governing Body and Management				_
a en material differences in volting rights among anembers of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain in Schedule 0. It is number of volting members included in line 1a, above, who are independent my officer, director, trustee, or key employees have a family relationship or a business relationship with any other is registration delegate control over management duties customarily performed by or under the direct supervision is enser, directors, rustees, or key employees to an amagement duties customarily performed by or under the direct supervision is enser, directors, rustees, or key employees to an amagement duties out of the organization back members or stockholders? is enganization have members or stockholders? is enganization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body? is on so ther than the governing body? is on any officer, director, rustee, or key more/yeou listed in Par VII, Section A, who cannot be reached at the is organization have members, the power main adult passes in Schedule D. B. Policies (<i>This Section E requests information about policies not required by the Internal Revenue Code</i>) B. Policies (<i>This Section E requests information about policies not required by the Internal Revenue Code</i>) B. Policies (<i>This Section E requests information about policies not required by the Internal Revenue Code</i>) B. Policies (<i>This Section E requests information about policies not required by the Internal Revenue Code</i>) B. Policies (<i>This Section E requests information about policies not required by the Internal Revenue Code</i>) B. Policies (<i>This Section E requests information about policies not required by the Internal Revenue Code</i>) B. Policies					Yes	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization 's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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Form 990 (2017)

Form 990 (2017	7) DELAWARE	PROSPER	RIT	ΓY	PZ	AR'	TN]	ΞR	SHIP, INC.	82-28	;81	997	Pa	.ge 8
Part VII Se	ction A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	Pos heck ss pe	rson	than is bot pr/trus	h an	from	(E) Reportable compensation from related		am c	(F) imateo ount c other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensat om the nizatio relate nizatio	e on ed
(18) JEANMA TREASURER	RIE DESMOND	1.00	x		x				0.		0.			0.
(19) ALAN BI SECRETARY	RANGMAN	1.00	x		x				0.		0.			0.
(20) JOHN REINTERIM CEO	ILEY	40.00	x		x				44,000.		0.			0.
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d Total (ad	m continuation sheets to Part VI Id lines 1b and 1c)								0. 44,000.		0. 0.			0.
	nber of individuals (including but n ation from the organization	ot limited to th	lose	liste	ed al	bove	e) wi	no r	eceived more than \$10	0,000 of reportable	э 		Yes	0 No
	rganization list any former officer,												103	x
4 For any ir	f "Yes," complete Schedule J for s ndividual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n ano	d ot	her compensation from	the organization		3		
5 Did any p	ed organizations greater than \$150 person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	y uni	relat	ted organization or indiv			4		х
	to the organization? If "Yes," com dependent Contractors	plete Schedule	e J f	or sı	uch	pers	son					5		X
-	e this table for your five highest co nization. Report compensation for	-									pens	ation fr	om	
	(A) Name and business	y		ONE					(B) Description of	<u>,</u>	С	(C) ompen		1
2 Total au	abor of independent contractors "		ot 15	mita	d + -	the		oto	d abovo) who received	noro than				
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Part Will Statement of Revenue Output Will Output Wil						PERITY	PARTNERSHIP	, INC.	82-2881	.997 Page 9
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7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: cost come from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory b Less: cost of goods sold c Miscellaneous Revenue Business Code 11 a b Less: line revenue c Call All other revenue						L				
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b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 9 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a b c c d All other revenue e total revenue. See instructions. 12 Total revenue. See instructions.		7	а		(i) Securities	(II) Other	_			
and sales expenses			L.				-			
c Gain or (loss)			D							
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a			~				_			
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a a b Less: direct expenses b 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b										
including \$of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Part IV, line 19 a b b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c nd allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a b c c d d d u tother revenue e total. Add lines 11a-11d total revenue. See instructions.		٥				····· •				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total revenue. See instructions.	nue	0	u		•					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total revenue. See instructions.	eve									
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b b Less: cost of goods sold b b Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total revenue. See instructions. A list income of list instructions. 12 Total revenue a A list income of list instructions. b A list income or list instructions. c A list income or list instructions. b A list instructions. b A list instructions. a A list instructions. b A list instructions. b A list instructions. b A list instructions. b A list instructions. c A list instructions. b A list instructions. b A list instructions. b A list instructions. b A list instructions. c A list instructions. c A list instructions. c <th>r R</th> <th></th> <td></td> <td>•</td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td>	r R			•	,					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total revenue. See instructions.	the		b				-			
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	0						•			
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a		9								
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a				Part IV, line 19	а					
10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.			b							
and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.			с	Net income or (loss) from gam	ning activities	🕨	•			
b Less: cost of goods sold b		10	а	Gross sales of inventory, less	returns					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a				and allowances	а					
Miscellaneous Revenue Business Code 11 a			b	Less: cost of goods sold	b					
11 a			с	Net income or (loss) from sale	s of inventory	🕨	Image: A start of the start			
b				Miscellaneous Revenu	е	Business Co	de			
c		11	а							
d All other revenue			b							
e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ► 1,307,300. 0. 0. 0.										
12 Total revenue. See instructions. ▶ 1,307,300. 0. <th></th> <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
12 I lotal revenue. See instructions		• -	е	Total. Add lines 11a 11d)		0		
732009 11-28-17 Form 99U (201						<u></u>	►µ,307,300.	υ.	υ.	Form 990 (2017

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Part IX Statement of Functional Expenses

DELAWARE PROSPERITY PARTNERSHIP, INC.

Deret	Check if Schedule O contains a respons	(A)	(B)	(C)	<u> </u>
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grai	nts and other assistance to domestic organizations		·		•
and	I domestic governments. See Part IV, line 21				
2 Gra	ants and other assistance to domestic				
indi	ividuals. See Part IV, line 22				
3 Gra	ants and other assistance to foreign				
	anizations, foreign governments, and foreign				
	ividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors,	44,000.	26 400	4,400.	13,200
	stees, and key employees	44,000.	26,400.	4,400.	13,200
	npensation not included above, to disqualified				
	sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B)				
7 Oth	ner salaries and wages				
	nsion plan accruals and contributions (include				
sect	tion 401(k) and 403(b) employer contributions)				
	ner employee benefits				
	yroll taxes	3,424.	2,054.	342.	1,028
1 Fee	es for services (non-employees):				
	nagement				
	gal				
	counting				
	bying				
	fessional fundraising services. See Part IV, line 17				
	estment management fees				
-	her. (If line 11g amount exceeds 10% of line 25, umn (A) amount, list line 11g expenses on Sch 0.)	6,491.	31.	6,445.	15
12 Adv	vertising and promotion				
	ice expenses	2,164.	433.	1,298.	433
	ormation technology				
	yalties				
	cupancy				
17 Tra					
1 8 Pay	yments of travel or entertainment expenses				
for	any federal, state, or local public officials				
1 9 Cor	nferences, conventions, and meetings	125.			125
	erest				
	yments to affiliates				
	preciation, depletion, and amortization				
		659.	219.	220.	220
abo 24e	er expenses. Itemize expenses not covered ive. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25, column (A)				
00	ount, list line 24e expenses on Schedule 0.) DNSULTING AND TEMPORAR	171,000.	141,000.	15,000.	15 000
-	JES AND SUBSCRIPTIONS	1,319.	1,269.	15,000.	15,000
	AXES AND LICENSES	850.	1,209.	680.	170
-	ANK FEES	133.		133.	±70
	other expenses	±55•			
	al functional expenses. Add lines 1 through 24e	230,165.	171,406.	28,568.	30,191
	nt costs. Complete this line only if the organization	230,103.	- / - , -000	20,500	50,191
	orted in column (B) joint costs from a combined				
	icational campaign and fundraising solicitation.				
	ck here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2017)

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	DRUGDEBIL	PARTNERSHIP,	TNC
DELAWARE	PROSPERIII	PARINERSHIP,	TINC •

82-2881997 Page 11

		Check if Schedule O contains a response or note	to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	804,914.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	375,000.
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensat				
					5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 4				
		employers and sponsoring organizations of section				
S		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	T			
		basis. Complete Part VI of Schedule D	10a			
	b		10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		0.	16	1,179,914.
	17	Accounts payable and accrued expenses			17	102,779.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Pa			21	
es	22	Loans and other payables to current and former of	officers, directors, trustees,			
Liabilities		key employees, highest compensated employees	, and disqualified persons.			
iab		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelat	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	102,779.
		Organizations that follow SFAS 117 (ASC 958),				
sec		complete lines 27 through 29, and lines 33 and			_	1 007 125
and	27	Unrestricted net assets			27	1,027,135.
Bal	28	Temporarily restricted net assets			28	50,000.
pu	29				29	
ц		Organizations that do not follow SFAS 117 (AS				
S		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ			31	
Net	32	Retained earnings, endowment, accumulated inc	F	0.	32	1 077 125
-	33	Total net assets or fund balances		0.	33	1,077,135. 1,179,914.
	34	Total liabilities and net assets/fund balances		0.	34	

Form **990** (2017)

Form 990 (2017)
Part X Balanc

2	2017)		DELA
	Baland	na Sha	at

	990 (2017) DELAWARE PROSPERITY PARTNERSHIP, INC.	82-2	881997	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,30	<u>7,3</u>	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	0,1	65.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,07	7,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,07	7,1	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	

732012 11-28-17

SCHEDULE A	
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1	Form	990	or	990-EZ
1		550		

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.

OMB No. 1545-0047
2017
Open to Public

	nt of the Treasury evenue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 					Open to Public Inspection	
Namo	of the organizat		- do to www.irs.go			ie latest i	mormation.	Employer	identification number
Name			WADE DDOCD	ERITY PARTNE	рситр	TNO			2-2881997
Part				All organizations must co					2-2001997
					-			IS.	
				(For lines 1 through 12, o					
1				on of churches describe			1)(A)(i).		
2 _	A school des	scribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3 🗋	A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4	A medical re city, and sta	-	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	A)(iii). Enter	the hospital's name,
5			or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit describ	ned in
•			Complete Part II.)			icu by u g	overninentai		
6	_			nental unit described in	nantion 17	70/6//4//4	()		
								-	nu de lite, el e e quide e el ive
7 🛛	0			intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
- L			complete Part II.)						
8				(1)(A)(vi). (Complete Par					
9 🗆				in section 170(b)(1)(A)(
	or university	or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	of the colleg	e or
_	university:								
10	An organizat	ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
	activities rela	ated to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% o	f its suppor	t from gross investment
	income and	unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the c	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11 🗋	An organizat	ion organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4) .		
12	An organizat	ion organized	and operated exclus	ively for the benefit of, to	perform [·]	the functio	ons of, or to c	arry out the	e purposes of one or
	more public	y supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
	lines 12a thr	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	nd 12g.	
a [Type I. As	supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	anization(s),	typically by	y giving
				gularly appoint or elect a	•				
		-	complete Part IV, Se		, ,				11 5
ь [d or controlled in connec	tion with it	ts support	ed organizati	on(s) by ha	ivina
~ .				anization vested in the s			-		-
		-	at complete Part IV,		ane perse			age the sup	ported
a [-		in connoc	tion with	and function	ally intograt	od with
C L		-		g organization operated				any integrate	eu with,
. [s). You must complete l					
dL				oorting organization oper				-	
				zation generally must sa				id an attent	Iveness
г	·		,	nplete Part IV, Sections					
e L		-		written determination fro			а Туре I, Туре	e II, Type III	
				nally integrated support	ing organi	zation.			
	nter the number		•						
g P			n about the supporte		(iv) Is the orga	inization listed	(.) (6	
	(i) Name of supp organizatio		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your governi Yes	ng document?	(v) Amount o support (see i	,	(vi) Amount of other support (see instructions)

<u>Tot</u>al

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

2017.04000 DELAWARE PROSPERITY PARTNER 12776_1

Schedule A (Form 990 or 990-EZ) 2017 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 2 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")					1307300.	1307300.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					1307300.	1307300.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1307300.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4					1307300.	1307300.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,	ſ					
	and income from similar sources						
9	Net income from unrelated business						
č	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	ſ					
11	Total support. Add lines 7 through 10						1307300.
	Gross receipts from related activities	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is fo			rd fourth or fifth t			
	organization, check this box and sto						►X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (column (f))		14	%
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the						
	stop here. The organization qualifies	•		•			
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
				, 100, 114, 01 11		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support		. <u> </u>				
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) organi	zation,
check this box and stop here						>
Section C. Computation of Pub	lic Support Pe	ercentage			<u> </u>	
15 Public support percentage for 2017 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inve	stment Incom	e Percentage			<u> </u>	
17 Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3% , check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□]
b 33 1/3% support tests - 2016. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3% , ch	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t			
732023 10-06-17				Sch	edule A (Form 99	0 or 990-EZ) 2017
			15			

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

Schedule A (Form 990 or 990-EZ) 2017 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 5

Pal	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		
b	A family member of a person described in (a) above?	11b		
c	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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ctions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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				
	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				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2017

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 7

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	าร	
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 responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017	DELAWARE	PROSPERITY	PARTNERSHIP,	INC.	82-2881997	Page 8
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SHORT YEAR EXPLANATION:

THE ORGANIZATION BEGAN OPERATIONS AUGUST 15, 2017.

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Schedule A (Form 990 or 990-EZ) 2017 20 2017.04000 DELAWARE PROSPERITY PARTNER 12776__1 **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

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.



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DELAWARE PROSPERITY PARTNERSHIP, INC.

Employer identification number 82-2881997

Par			or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			ndo and other accesses
		(a) Donor advised funds	(b) Fu	nds 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 v	-		
•	are the organization's property, subject to the organization's			YesNo
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		•	
Par	Impermissible private benefit? t II Conservation Easements. Complete if the org	anization answered "Ves" on Form 900 P	art IV line	Yes No
1	Purpose(s) of conservation easements held by the organizati		art iv, iirie	1.
•	Preservation of land for public use (e.g., recreation or e		rically imp	artant land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space		ieu mistorit	Structure
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form a	f a consor	vation assement on the last
2	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure			
	Number of conservation easements included in (c) acquired a			
u	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel		·····	
-	year ►		- 5	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
-	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	•	······································		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easem	ents during the year
	► \$			3
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	ר)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	he organiz	ation's accounting for
	conservation easements.		-	-
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and ba	alance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ce of publ	ic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and baland	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pub	lic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				\$
2	If the organization received or held works of art, historical treater	asures, or other similar assets for financial	gain, provi	de
	the following amounts required to be reported under SFAS 1			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X		🕨	
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2017
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		E PROSPERI						82-28			age 2
Pa	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	ds, check	any of the	following that	at are a s	significant	use of its	collectio	n item	S
а	Public exhibition	,		oan or exc	hange progra	ams					
b	Scholarly research	e			nango progr						
c	Preservation for future generations	-									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organizati	ion's exe	arua tame	ose in Par	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's co	ollection?				Yes		No
Pa	rt IV Escrow and Custodial Arran								line 9, o	r	
	reported an amount on Form 990, Pa	t X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	is or other as	ssets no	t included		-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	•										1
	Did the organization include an amount on Fe								Yes		J No ∣
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete i										<u></u>
		(a) Current year	· · · · · · · · · · · · · · · · · · ·	rior year	(c) Two yea			vears hack	(a) Fou	r vears	hack
1a	Beginning of year balance	(u) ourient year		ior year	(c) 1 We you	TO BUOK	(u) 11100	youro buok	(0)100	youro	buok
	NULL I I I I I I I I I I I I I I I I I I 										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment 🕨		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administe	ered for	the organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment f	unds.							
1 0	Complete if the organization answere		0 Part IV	line 11a S	See Form 99(ר Part X	line 10				
	Description of property	(a) Cost or c	· · · · ·		or other		ccumulat	od	(d) Boo	k volu	
	Description of property	basis (investr			(other)		preciation		(u) D00	ix value	-
1a	Land		,		、 ,						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) must e		X, colum	nn (B), line 1	0c.)	<u></u>	<u></u>				0.
								0.1	D /F	- 0001	0047

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 Part VII Investments - Oth	DELAWARE PRO	SPERITY PAF	RTNERSHIP, 1	NC. 82	-2881997 Page
	ation answered "Yes" o	n Form 990. Part IV li	ne 11b. See Form 990	Part X line 12	
(a) Description of security or category		(b) Book value			d-of-year market value
1) Financial derivatives					-
2) Closely-held equity interests					
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(H)					
Total . (Col. (b) must equal Form 990, Pa	rt X, col. (B) line 12.) 🕨				
Part VIII Investments - Pro					
	ation answered "Yes" o	n Form 990, Part IV, li			
(a) Description of inve	estment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
Fotal . (Col. (b) must equal Form 990, Pa	rt X, col. (B) line 13.) 🕨				
Part IX Other Assets.			•		
Complete if the organiz	ation answered "Yes" o		ne 11d. See Form 990,	Part X, line 15.	
	(a) D	escription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
otal. (Column (b) must equal Form	990, Part X, col. (B) line	15.)			
Part X Other Liabilities.					
-	ation answered "Yes" o	n Form 990, Part IV, lii		n 990, Part X, line 25	5.
• • • • • • • • • • • • • • • • • • • •	iption of liability		(b) Book value	-	
(1) Federal income taxes				-	
(2)				4	
(3)				-	
(4) (5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form	990, Part X, col. (B) line	25.) ►			
Liability for uncertain tax positio			e to the organization's	financial statements	that reports the
organization's liability for uncerta					
					edule D (Form 990) 20

DELAWARE PROSPERITY PARTNERSHIP, INC.

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Sche	edule D (Form 990) 2017 DELAWARE PROSPERITY PARTN	IERSHIP,	INC.	82-	2881997 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue pe	r Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements	1	1,307,300.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с					
d					
е				2e	0.
3	Subtract line 2e from line 1				1,307,300.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с					0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,307,300.		
	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses p	er Retu	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments Wit	h Expenses p	er Retu	irn.
	rt XII Reconciliation of Expenses per Audited Financial State	e ments Wit 2a.	h Expenses p	er Retu	
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	e ments Wit 2a.	h Expenses p	er Retu	irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.	h Expenses p	er Retu	irn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a	h Expenses p	er Retu	irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b	h Expenses p	er Retu	irn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2a 2b 2c	h Expenses p	er Retu	rn. 230,165.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2b 2c 2d	h Expenses p	er Retu	rn. 230,165. 0.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	h Expenses p		rn. 230,165.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	h Expenses p		rn. 230,165. 0.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a. 2b. 2b. 2c. 2d.	h Expenses p		rn. 230,165. 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a. 2b 2c 2d 2d 4a	h Expenses p		rn. 230,165. 0.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2b 2c 2d	h Expenses p		rn. 230,165. 0. 230,165. 0.
Pa 1 2 a b c d a b c d a b c d b c d b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d 4a 4b	h Expenses p	<u>1</u> <u>1</u> <u>2e</u> <u>3</u> <u>4c</u>	rn. 230,165. 0. 230,165.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

09

THE CORPORATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM
INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND,
THEREFORE, HAS MADE NO PROVISIONS FOR FEDERAL INCOME TAXES IN THE
ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE CORPORATION HAS BEEN
DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION
WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE.
THE CORPORATION ADOPTED ASC 740-10, INCOME TAXES, AS IT RELATES TO
UNCERTAIN TAX POSITIONS. MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST
FEDERAL INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND
UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE
732054 10-09-17 Schedule D (Form 990) 2017
30 500627 758407 12776 2017.04000 DELAWARE PROSPERITY PARTNER 127761

Schedule D (Form 990) 2017	DELAWARE	PROSPERITY	PARTNERSHIP	, INC.	82-2881997 Page 5				
Part XIII Supplemental Information (continued)									
CERTAIN AND THAT	THERE IS NO	LIKELIHOOD	THAT A MATE	RIAL TAX	ASSESSMENT				
WOULD BE MADE IF	A RESPECTIVE	GOVERNMENT	F AGENCY EXA	MINED TAX	K RETURNS				
SUBJECT TO AUDIT.	ACCORDINGLY	, NO PROVIS	SION FOR THE	EFFECTS	OF UNCERTAIN				
TAX POSITIONS HAS	BEEN RECORI)ED.							

Schedule D (Form 990) 2017

732055 10-09-17

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



82-2881997

DELAWARE PROSPERITY PARTNERSHIP, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF DELAWARE'S ECONOMIC DEVELOPMENT EFFORTS. ESTABLISHMENT OF THIS

PRIVATE ENTITY WAS A CRITICAL STEP TO ENHANCE THE STATE'S ABILITY TO

ATTRACT, GROW AND RETAIN COMPANIES; TO BUILD STRONGER ENTREPRENEURIAL

AND INNOVATION ECOSYSTEM; AND TO SUPPORT PRIVATE EMPLOYERS IN

IDENTIFYING, RECRUITING, AND DEVELOPING TALENT.

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

THE 990 IS REVIEWED, ALONG WITH THE DRAFT FINANCIAL STATEMENTS, DURING THE AUDIT COMMITTEE MEETING. THE 990 AND FINANCIAL STATEMENTS ARE PRESENTED BY THE AUDIT COMMITTEE TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL THEN RATIFIED AT THE NEXT SCHEDULED MEETING OF THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S GOVERNING BODY ESTABLISHES THE CEO'S SALARY BASED UPON COMPARABLE DATA OBTAINED FROM OTHER SIMILAR ORGANIZATIONS AND GOING MARKET RATES FOR THE AREA.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, AND CONFLICTS OF INTEREST

FORM 990, PART XII, LINE 2C:

THE 990 IS REVIEWED, ALONG WITH THE DRAFT FINANCIAL STATEMENTS, DURING

THE AUDIT COMMITTEE MEETING. THE 990 AND FINANCIAL STATEMENTS ARE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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 09-07-17
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09500627 758407 12776

2017.04000 DELAWARE PROSPERITY PARTNER 12776_1

Name of the organization DELAWARE PR	OSPERITY I	PARTNI	ERSHII	P, INC.		Employer 82-	identificatio	on numb 7
PRESENTED BY THE AUDIT CO	MMITTEE TO	O THE	EXECU	JTIVE COM	TTIM	EE OF	THE	
BOARD FOR APPROVAL THEN R	ATIFIED AT	r THE	NEXT	SCHEDULE) ME	ETING	OF THE	
ENTIRE BOARD OF DIRECTORS	•							
							n 990 or 990	

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number		
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) o						
print			~~ ~~	01005				
File by the	DELAWARE PROSPERITY PARTNERSHIP, INC.				82-28			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s PO BOX 671	Social security number (SSN)						
instructions.								
Enter the	Return Code for the return that this application is for (fil	le a separa	ate application for each return)			01		
Applicati	ion	Return	Application			Return		
Is For		Code	Is For	Is For				
Form 990) or Form 990-EZ	01	Form 990-T (corporation)	07				
Form 990-BL			Form 1041-A	08				
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227	10				
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 990)-T (trust other than above) BREAKWATER ACC	06	Form 8870			12		
 If the output of this box I reference of the output of	none No. ► 302-543-4564 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning AUG 15, 2017	Group Exe and atta NOVE	emption Number (GEN) ach a list with the names and EINs o MBER 15, 2018 , to file on's return for: ad ending _DEC 31, 2017	If this is fo f all memb e the exen	r the whole g	nsion is for.		
2 If th	he tax year entered in line 1 is for less than 12 months, c . Change in accounting period	check reas	on: X Initial return	Final retur	'n			
3a Ifth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			_		
nor	nrefundable credits. See instructions.			3a	\$	0.		
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069			_				
est	imated tax payments made. Include any prior year over	3b	\$	0.				
c Ba	nce due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					0.			
instructio		,	, .	3453-EO a		. ,		
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form 8	868 (Rev. 1-2017)		

Form 8868 (Rev. 1-2017)