(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Inspection

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

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

Open to Public

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning and endin	ıg		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Address change	DELAWARE PROSPERITY PARTNERSHIP, INC.			
	Name change	Doing business as		82-28819	97
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  1007 NORTH ORANGE STREET SUITE 731	/suite	E Telephone numbe 302-477-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,638,828.
L	Amende	WIDMINGTON, DE 19001		H(a) Is this a group re	
	Applica tion pending			for subordinates	? Yes X No
		SAME AS C ABOVE	,	<b>H(b)</b> Are all subordinates in	ncluded? Yes No
<u>I</u>	Tax-exe	mpt status: X 501(c)(3) 501(c)( )	<u> 527</u>	If "No," attach a	list. (see instructions)
		WWW.CHOOSEDELAWARE.COM		H(c) Group exemptio	
			. Year c	of formation: 201/ N	A State of legal domicile: DE
P		Summary	·		
ė	1 E	Briefly describe the organization's mission or most significant activities: THE DEL	AWA.	RE PROSPERI	T'Y
au	-	PARTNERSHIP (DPP) WAS CREATED AS A PRIVATE			
Governance	1	Check this box   if the organization discontinued its operations or disposed of		1	
30		lumber of voting members of the governing body (Part VI, line 1a)			19
જ		lumber of independent voting members of the governing body (Part VI, line 1b)			19
ijes		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			12
Activities &		otal number of volunteers (estimate if necessary)			0
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	l b l	let unrelated business taxable income from Form 990-T, line 39	<del></del>		0.
		N 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year 2,999,000.	Current Year 3,597,500.
ne		Contributions and grants (Part VIII, line 1h)		2,999,000.	3,337,300.
Revenue		Program service revenue (Part VIII, line 2g)		397.	41,328.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		397.	41,320.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,999,397.	3,638,828.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Renefits paid to or for members (Part IX, column (A), line 4)		562,807.	1,370,891.
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa F	otal fundraising expenses (Part IX, column (D), line 25)  122, 269.		•	0.
Ä	17 (	otal fulfulasing expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		796,171.	1,532,603.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,358,978.	2,903,494.
		Revenue less expenses. Subtract line 18 from line 12		1,640,419.	735,334.
or es	3	levenue less expenses. Subtract line 10 nontline 12	Bed	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 1	otal assets (Part X, line 16)		2,801,959.	3,618,345.
ASS Ba	21 1	otal liabilities (Part X, line 26)		84,405.	165,457.
Net	22 1	let assets or fund balances. Subtract line 21 from line 20	_	2,717,554.	3,452,888.
P	art II	Signature Block	_	, ,	, ,
Und	ler penal	ies of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correct	and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer	has any knowledge.	
Sig	n	Signature of officer		Date	
He	1	WILLIAM KURT FOREMAN, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	late Check	PTIN
Pai	d E	KATHLEEN CORCORAN, CPA		ıf self-employ	
	· -	Firm's name WHEELER, WOLFENDEN & DWARES, P.A.		Firm's EIN ▶	51-0380493
Use	Only	Firm's address 4550 NEW LINDEN HILL ROAD, STE 201		, -	00) 074 5555
		WILMINGTON, DE 19808		Phone no. (3	
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  TO LEAD THE STATE OF DELAWARE'S ECONOMIC DEVELOPMENT EFFORTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X No
3		Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression of the season program services are required to report the amount of grants and allocations to others, the total expression of the season program services are required to report the amount of grants and allocations to others, the total expression of the season program services are required to report the amount of grants and allocations to others, the total expression of the season program services are required to report the amount of grants and allocations to others, the total expression of the season program services are required to report the amount of grants and allocations to others, the total expression of the season program services are required to report the amount of grants and allocations to others, the total expression of the season program services are required to report the amount of grants and allocations to others, the total expression of the season program services are required to report the amount of grants and allocations to others, the season program services are required to report the amount of grants and allocations to other services are required to report the season program services ar	
 4а	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,237,866 • including grants of \$ ) (Revenue \$	
	ACTIVITIES DEVELOPED TO ENHANCE BUSINESS RECRUITMENT, PROMOTE ENTREPRENUERSHIP AND INNOVATION, SUPPORT WORKFORCE DEVELOPMENT	EFFORTS,
	AND PRODUCE FORWARD LOOKING ANALYSIS ON ECONOMIC TRENDS TO BES!	
	POSITION DELAWARE'S ECONOMY TO GROW.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 2,237,866.	)
_4e_	Total program service expenses ► 2,237,866.	Form <b>990</b> (2019)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
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			3,7
	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	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
0		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
3	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b>.</b>
40	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If</i> "Yes," <i>complete</i>			
		23	х	
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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	051-		х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			3,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>ن</del> -		
<b>5</b> _	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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?			v
07	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	1	l	I

#### Note: All Form 990 filers are required to complete Schedule O Part 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	1a	1			
b	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 re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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38

37

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

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, tool of the Leadendary vear ending with or within the year covered by the return in the case of the state				Yes	No			
b If a least one is reported on line 2a, did the organization file all required feederal employment tax returns?  Notes if the sum of lines 1a and 2a is greater than 20, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary are, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a significant or other authority over, a financial account of the free fine year?  5a If If Yes, if one the name of the regin country.  5a Was the organization apenty to a prohibited tax shetter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we not tax deductibles or endirable contributions?  6b If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or achirable contributions?  6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or achirables contributions?  6c Did the organization shall were yes obtinated an express statement that such contributions or gifts were not tax deductibles or achirable contributions?  6c Did the organization receive a payment in scress of \$75 made party as a combination and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, indicate the number of Forms 8828 Riled during the year  7e Did the organization receive all young the year payments on a personal benefit contract?  7r Unique that organization receives any payments, d	2a							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 rome during the year?  3a Did the organization have unrelated business gross income of \$1,000 rome during the year?  3a Did If Yea, "has it filed a Form 990°T for the year #1 "No" to line 30, provide an explanation or Schedule 0  3b If Yea," shall 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  5b If Yea," either the name of the foreign country  No" to fire 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 Did any examile party nority the organization that it was or is a party to a prohibited stax shelter transaction?  5b If Yes 1 to line 5a or 5b, did the organization file Form 888817  6a Does the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions are services statement that such contributions or gifts were not tax deductible?  7 Organizations that many receive deductible combibutions under section 170(c).  8 If Yes, "did the organization notify the donor of the value of the goods or services provided?  7 Organizations that many receive deductible combibutions under section 170(c).  8 If Yes, "did the organization notify the donor of the value of the goods or services provided?  7 Organizations that many receive deductible combibutions under section 170(c).  8 If Yes, "did the organization notify the donor of the value of the goods or services provided?  7 Organizations that many receive any funds, directly or indirectly, to pay premums on a personal benefit contract?  7 Organization receive any funds, directly or		filed for the calendar year ending with or within the year covered by this return 2a 12						
3a IX	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
b If Yes, "has it flied a Form 990 T for this year? # No' to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (security as a bank account, securities account, or other financial account)?  5b If Yes, "inter the name of the foreign country }  5ce instructions for fliing 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b If Yes' to line Sa or 5b, did the organization file Form 888617  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization several explanation explanation and the organization and party for goods and services provided?  7 to Yes," did the organization notify the cloner of the value of the goods or services provided?  7 to If Yes," indicate the number of Forms 8282 flied during the year  6 Did the organization received a payment makes of \$50 make party is as contribution and party for goods and services provided to the payor?  7 to If If the organization received a contribution of underly, to pay premiums on a personal benefit contract?  7 to If Yes," indicate the number of Forms 8282 flied during the year  6 Did the organization received a contribution of underly to pay premiums on a personal benefit contract?  7 to If If the organization received a contribution of underly to pay premiums		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a A any time during the calendary year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secturities account, or other financial accounts (**PAR).  5b If "Yes," enter the name of the foreign country (**PAR).  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization have profit to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes" to lie Sa or 5b, did the organization the fire from 888617.  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when or tax deductible?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when or tax deductible?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section \$170(s).  6c Did the organization start may receive deductible contributions under section \$170(s).  6c Did the organization start any receive deductible contributions under section \$170(s).  6c Did the organization start any contribution of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form \$282?  6c Did the organization network any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization received a contribution of qualified triblectual property, did the organization file a Form \$282 or the value of the goods or services provided on the form \$282 or the organization file a Form \$282 or the value of the goods or services provided on the value of the goods or services provided on the value of the goods or services provide	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
the interval of the contributions are part of the foreign country (such as a bank account, securities account, or other financial account)?  b if 'Yes,' retret 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 aparty to a prohibited tax shelter transaction at any time during the lax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c I 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c I 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17.  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible:  6a Y 'Yes' to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization stat many receive deductible contributions under section 170(c).  8 If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7 Did the organization receive a payment in excess of 37s made party as a contribution of any party for year year.  7 Did the organization neceived any small party of years are party of years and years are party of years are part	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
b If "Yes," enter the name of the foreign country. ▶  Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization to a price to a prival bitted tax shelter transaction at any time during the tax year?  5b IV and any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes' to line Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes' shelt 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?  6c A X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a bild the organization notify the donor off the value of the goods or services provided?  7b If "Yes," did the organization notify the donor off the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization received a contribution of qualified intellectual property, did the organization file a form 1986 C?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor adviser, or related person?  8 Sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponso	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12ca Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  C Enter the amount of reserves on hand  13c  Lib			9a					
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c Enter the amount of reserves on hand 13c   14a   X    14a Did the organization receive any payments for indoor tanning services during the tax year? 14a   X    b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b    15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15   X    If "Yes," see instructions and file Form 4720, Schedule N.    16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16   X    If "Yes," complete Form 4720, Schedule O.	b							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X			
If "Yes," complete Form 4720, Schedule O.					v			
	16		16		A			
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2010)			

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		_	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19	)		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19	)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	⁄es," d	escribe			
	in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	)				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ınd 99	O-T (Section 501(c)(	3)s only	/) avail	lable
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website  X Another's website  X Upon request  Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records			
	BREAKWATER ACCOUNTING - 302-543-4564					
	1601 CONCORD PIKE SUITE 100, WILMINGTON, DE 19803	5				

932006 01-20-20

Form **990** (2019)

# 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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

<b>(A)</b> Name and title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 6		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DESMOND BAKER	1.00	,,		.,				0	0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(2) ALAN BRANGMAN	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(3) PATRICK CALLAHAN	1.00								0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(4) GREG MOORE	1.00								0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) WILLIAM BUSH	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) ROB RIDER	1.00								0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) ERIC A. CHEEK, PH.D	1.00								0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) DONEENE DAMON	1.00	,,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) LORI PALMER	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) RICHELLE VIBLE	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) JACK WALSH	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) ED KEE	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) ROBERT HERRERA	1.00	,,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) NICK LAMBROW	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) LYNDON YEARICK	1.00	٠,							^	^
BOARD MEMBER	1 00	Х				-	_	0.	0.	0.
(16) JOHN CARNEY JR	1.00	٠,		\ <sub>\7</sub>					^	^
CO CHAIR	1 00	Х		Х		-	_	0.	0.	0.
(17) RODMAN WARD III	1.00	٠,		\ <sub>\7</sub>					^	^
CO-CHAIRMAN 932007 01-20-20		Х		Х				0.	0.	0 <b>.</b> Form <b>990</b> (2019)

932007 01-20-20 F

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st (	Compensated Employe	es (continued)				
(A)	(B)			•	C)	_		(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus			compensation from related	n		nount ( other	OŤ.
	(list any	jo.						from the	organizations			otriei pensa	tion
	hours for	Individual trustee or director				p		organization	(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	Ο,		anizati	
	organizations	trust	Institutional trustee		)yee	ompe		, ,			and	d relate	ed
	below	/idua	tutior	e	Key employee	lest c	Jer				orga	anizatio	ons
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
(18) JEANMARIE DESMOND	1.00							_		_			
TREASURER		Х		Х				0.		0.			0.
(19) ANTHONY DELCOLLO	1.00												
BOARD MEMBER		Х						0.		0.			0.
(20) WILLIAM KURT FOREMAN	40.00												
CEO		Х		X				259,405.		0.			0.
1h Subtotal			<u> </u>	<u> </u>				259,405.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								259,405.		0.			0.
d Total (add lines 1b and 1c)								<u> </u>	000 - 1	-			•
2 Total number of individuals (including but n	ot iimited to tr	iose	IISTE	eu a	VOC	e) wi	no r	eceived more than \$100	,000 of reportable	е			1
compensation from the organization												Yes	No.
0 5:11										I		162	NO
3 Did the organization list any <b>former</b> officer,			key e	emp	loye	e, o	r hiç	ghest compensated emp	oloyee on		_		v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	•			7,	
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	n any	y uni	relat	ted organization or indiv	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J 1	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ing v	with	or w	/ithi	n the organization's tax	year.				
(A)								(B)		_	(C		
Name and business	address	N	INC	E				Description of s	ervices	C	ompe	nsatio	า 
							П						
							П						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	sted	d above) who received m	nore than				
\$100,000 of compensation from the organi						0		,					
, ,											-	aan //	2040)

Form **990** (2019)

Pa	I L V	Ш						
			Check if Schedule O contains a response	e or note to any lii	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
(0.40								sections 512 - 514
ants	1		Federated campaigns 1a		-			
D G			Membership dues 1b		-			
fts,			Fundraising events 1c		-			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d	,000,000.				
Sin			* ` <i>'</i>	,000,000.	_			
utic		Ť	All other contributions, gifts, grants, and	,597,500.				
trib Ott			···	, 391, 300.	-			
Son		_	Noncash contributions included in lines 1a-1f		3,597,500.			
<u> </u>		n	Total. Add lines 1a-1f	Business Code	3,337,300.			
o o	•	_		Busiliess Code				
Program Service Revenue	2	a b						
Ser		C						
am ever		d						
Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	•	41,328.			41,328.
	4		Income from investment of tax-exempt bond					
	5		Royalties	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6	а	Gross rents6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	_			
			assets other than inventory 7a		_			
o		b	Less: cost or other basis					
Revenue			and sales expenses7b		_			
eve		C	Gain or (loss) 7c					
er B	_		Net gain or (loss)  Gross income from fundraising events (not	<b>)</b>				
Oth	8	a						
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 9	0				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
		b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory					
sn				Business Code				
Miscellaneous Revenue	11							
llar		b						
Re		Ç	All other revenue					
Σ			All other revenue					
	12		Total. Add lines 11a-11d  Total revenue. See instructions		3,638,828.	0.	0.	41,328.
	12		Total 10 Tollato. Oct mon delicition		-,000,000			,,

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	259,405.	212,712.	33,723.	12,970
_	trustees, and key employees	239,403.	212,/12•	33,743.	12,910
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	904,565.	737,900.	116,964.	49,701
7	Other salaries and wages	304,303.	131,300.	110,304.	43,/01
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	126,654.	39,263.	84,858.	2,533
9	Other employee benefits	80,267.	25,246.	53,620.	1,401
10	Payroll taxes	00,207	23,240.	33,020.	1,401
11	Fees for services (nonemployees):				
	Management	6,400.		6,400.	
b	Legal	11,300.		11,300.	
	Accounting	11,500.		11,500.	
	Lobbying  Professional fundraising convices. See Part IV. line 17				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	34,290.		34,290.	
12	Advertising and promotion	352,716.	313,917.	17,636.	21,163
13	Office expenses	14,826.	433.	876.	13,517
14	Information technology	22,0200	2331	0.00	20,027
15	Royalties				
16	Occupancy	54,349.		54,349.	
17	Travel	4,653.	3,955.	465.	233
18	Payments of travel or entertainment expenses	-,000	0,000		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,864.	16,162.	4,973.	3,729
20	Interest	,	= - ,	=,,,,,,	- ,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,310.		2,310.	
23	Insurance	31,808.		31,808.	
24	Other expenses. Itemize expenses not covered	,			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INNOVATION	301,716.	301,716.		
b	BUSINESS DEVELOPMENT	198,534.	178,681.	19,853.	
c	CONTRACTOR EXPENSE	164,878.	164,878.	,	
d	TALENT	146,640.	146,640.		
-	All other expenses	183,319.	96,363.	69,934.	17,022
25	Total functional expenses. Add lines 1 through 24e	2,903,494.	2,237,866.	543,359.	122,269
				,	<u>,</u>
26	John Costs. Complete this line only in the ordanization i				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2019)

#### Part X | Balance Sheet

Part A	<b>\</b>	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			2,639,086.	1	185,327
2		Savings and temporary cash investments				2	3,270,792
3		Pledges and grants receivable, net				3	
4		Accounts receivable, net			124,000.	4	120,000
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
6	3	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
္ 7	7	Notes and loans receivable, net			7	43	
Assets	3	Inventories for sale or use				8	
₹   9		Prepaid expenses and deferred charges			29,400.	9	18,400
10	)a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	. 10a	27,477.			
	b	Less: accumulated depreciation	3,694.	9,473.	10c	23,783	
11	1	Investments - publicly traded securities			11		
12	2	Investments - other securities. See Part IV, lin		12			
13	3	Investments - program-related. See Part IV, lin		13			
14	1	Intangible assets			14		
15	5	Other assets. See Part IV, line 11		15			
16	3	Total assets. Add lines 1 through 15 (must e	qual line :	33)	2,801,959.	16	3,618,345
17		Accounts payable and accrued expenses $\dots$			72,848.	17	165,457
18	3	Grants payable		18			
19	9	Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
စ္ခ 22	2	Loans and other payables to any current or for	ormer offi	cer, director,			
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the	·=			22	
<b>-</b> 23		Secured mortgages and notes payable to un		F		23	
24		Unsecured notes and loans payable to unrela				24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X	11 557		_
	_	of Schedule D			11,557.	25	165 457
26	3	Total liabilities. Add lines 17 through 25			84,405.	26	165,457
ဖွ		Organizations that follow FASB ASC 958, o	heck he	e 🕨 🔼			
ğ		and complete lines 27, 28, 32, and 33.			2 667 554		2 204 000
<u>e</u> 27		Net assets without donor restrictions			2,667,554. 50,000.	27	3,204,888
<u>n</u>   28		Net assets with donor restrictions			30,000.	28	240,000
돌		Organizations that do not follow FASB ASC	<i>9</i> 58, cn	eck nere 🕨 📖			
<u> </u>		and complete lines 29 through 33.					
29		Capital stock or trust principal, or current fun			29		
30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 35 25 25 25 25 25 25 25 25 25 25 25 25 25		Retained earnings, endowment, accumulated		F	2,717,554.	31	3,452,888
		Total net assets or fund balances			2,801,959.	32	3,452,888
33	<u> </u>	Total liabilities and net assets/fund balances			4,001,333.	33	Form <b>990</b> (2019

Pa	rt XI Reconciliation of Net Assets			`	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,90		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,71	7,5	54.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,45	2,8	88.
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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			l
	Act and OMB Circular A-133?		3a		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 on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization DELAWARE PROSPERITY PARTNERSHIP, 82-2881997 TNC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,307,300.	3,057,825.	3,626,079.	7,991,204.
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			1,307,300.	3,057,825.	3,626,079.	7,991,204.
	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.						7,991,204.
_	ction B. Total Support						, , , , ,
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(3,7 = 3 + 3	(5) 25 15	1,307,300.	3,057,825.	3,626,079.	7,991,204.
	Gross income from interest,			, ,	, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				397.	41,328.	41,725.
9	Net income from unrelated business					, -	, -
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						8,032,929.
12	Gross receipts from related activities,	etc. (see instructi	ions)	1		12	, , ,
13	First five years. If the Form 990 is for		,				
	organization, check this box and stop	-			•		<b>▶</b> X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (			column (f))		14	%
15	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supr	oorted organization	າ			<b>&gt;</b>
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual						<b>&gt;</b>
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop he	<b>ere.</b> Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	organization	_	<b>▶</b> □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_	-				
	organization meets the "facts-and-circ		•				▶□
18	<b>Private foundation.</b> If the organization						

Schedule A (Form 990 or 990-EZ) 2019

(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						
Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services 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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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.)						
ection B. Total Support		•		•	•	
alendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
0a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth	tax year as a section	on 501(c)(3) orga	nization,
check this box and <b>stop here</b>	-			-		
ection C. Computation of Public	Support Pe	ercentage				
5 Public support percentage for 2019 (lin	e 8, column (f),	divided by line 13,	column (f))		15	
6 Public support percentage from 2018 S	Schedule A, Part	t III, line 15			16	
ection D. Computation of Invest	ment Incom	e Percentage				
7 Investment income percentage for 201	9 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	
8 Investment income percentage from 20					18	
9a 33 1/3% support tests - 2019. If the o					33 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2018. If the o						ό, and
line 18 is not more than 33 1/3%, chec						
O Private foundation. If the organization						

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	50		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	00		
	9c		
	10a		
	401-		
n 0	10b 90 or 90	00-F7	2010

932025 09-25-19

2b

За

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	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 <b>Part VI</b> ):			
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	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V   Type III Non-	Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to suppo	rted organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform				
	organizations, in excess	of income from activity			
3	Administrative expenses	s paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire	e exempt-use assets			
5	Qualified set-aside amou	unts (prior IRS approval required)			
6	Other distributions (des	cribe in <b>Part VI</b> ). See instructions.			
7	Total annual distribution	ons. Add lines 1 through 6.			
8	Distributions to attentive	e supported organizations to which the	ne organization is responsive	9	
	(provide details in Part \	·			
9		r 2019 from Section C, line 6			
10	Line 8 amount divided b	by line 9 amount			
Secti	tion E - Distribution Allo	cations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for	r 2019 from Section C, line 6			
2	Underdistributions, if an	y, for years prior to 2019 (reason-			
	able cause required- exp	olain in <b>Part VI</b> ). See instructions.			
3	Excess distributions car	ryover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through	n e			
g	Applied to underdistribu	itions of prior years			
h	Applied to 2019 distribu	itable amount			
i	Carryover from 2014 no	t applied (see instructions)			
j		es 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 fr	om Section D,			
	line 7:	\$			
	Applied to underdistribu	· · ·			
	Applied to 2019 distribu				
	Remainder. Subtract lin				
5	-	utions for years prior to 2019, if			
	•	nd 4a from line 2. For result greater			
	than zero, explain in Par				
6	ū	utions for 2019. Subtract lines 3h			
		result greater than zero, explain in			
7	Part VI. See instructions				
7		arryover to 2020. Add lines 3j			
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015 Excess from 2016				
	Excess from 2017				
	Excess from 2018				
-	_,				

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DELAWARE PROSPERITY PARTNERSHIP, INC.

**Employer identification number** 82-2881997

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		· <del>                                    </del>
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax
4	year	agment is legated	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of Violations, and emorning conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	<b>&gt;</b> \$		cacee aag a.e yea.
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Othe	r Similar <i>i</i>	Asset	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t make siç	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" on F	Form 990, P	art IV, I	ine 9, or	
	reported an amount on Form 990, Par		<b></b>							
ıa	Is the organization an agent, trustee, custodi		-						Yes	□ No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a							🖵	l res	NO
D	ir res, explain the arrangement in Part Allia	and complete the id	illowing	labie.					Amount	
_	Paginning balance						10		Amount	
	Additions during the year									
	Additions during the year Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai										
	·	(a) Current year		rior year	· · · · · · · · · · · · · · · · · · ·		d) Three years	s back	(e) Four ve	ars back
1a	Beginning of year balance	(, ,	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-, ,		<b>,</b>		(-)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									-
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (	a)) held as:	•		<u> </u>		
а	Board designated or quasi-endowment	•	%	-						
b	Permanent endowment	%								
С	Term endowment	<del>//</del>								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for the	e organizatio	on		
	by:								Ye	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part I	/, line 11a. S	See Form 990	), Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation		(d) Book v	alue
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			2	27,477.		3,694	•	23,	783.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10c.)		<u></u>		23,	,783 <b>.</b>

Schedule D (Form 990) 2019

Part VII	Investments -	Other Securities	-
Schedule D	(Form 990) 2019	DELAWARE	

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11d. See Form 990. Part X. line 15	
	Description	7 114. 200 1 2111 200, 1 4177, 1110 12.	(b) Book value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15 \		
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 000 Port IV line	a 11a ar 11f Cao Earm 000 Dart V lina 2	E
(a) Description of liability	on Form 990, Part IV, line	e TTe or TTI. See Form 990, Part X, line 2	(b) Book value
***			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
<ul><li>(4)</li><li>(5)</li><li>(6)</li><li>(7)</li></ul>			
<ul><li>(4)</li><li>(5)</li><li>(6)</li><li>(7)</li><li>(8)</li></ul>			
(4) (5) (6) (7) (8) (9)			
<ul><li>(4)</li><li>(5)</li><li>(6)</li><li>(7)</li><li>(8)</li></ul>			

Pa	art XI Reconciliation of Revenue per Audited Fi	nancial Statements With Revenue per	Returi	n.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial	statements	. 1	3,667,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line	e 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b 28,579	•	
С	Recoveries of prior year grants	2c		
d	d Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		. 2e	28,579.
3	Subtract line 2e from line 1		. 3	3,638,828.
4	Amounts included on Form 990, Part VIII, line 12, but not on li			
а	a Investment expenses not included on Form 990, Part VIII, line	e7b <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		. 4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990,			3,638,828.
Pa	art XII Reconciliation of Expenses per Audited F	inancial Statements With Expenses p	er Retu	ırn.
	Complete if the organization answered "Yes" on Form			
1	Total expenses and losses per audited financial statements		. 1	2,932,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line			
а	a Donated services and use of facilities	2a 28,579	<u>'-</u>	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	d Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	28,579.
3	Subtract line 2e from line 1		. 3	2,903,494.
4	Amounts included on Form 990, Part IX, line 25, but not on lin	ne 1:		
а	a Investment expenses not included on Form 990, Part VIII, line	e7b <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines <b>4a</b> and <b>4b</b>		. 4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 99	0, Part I, line 18.)	. 5	2,903,494.

#### Part XIII Supplemental Information.

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:

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 Schedule D (Form 990) 2019 932054 10-02-19

29

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

DELAWARE PROSPERITY PARTNERSHIP, INC. **Employer identification number** 82-2881997

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		Δ.
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) WILLIAM KURT FOREMAN	(i)	232,405.	27,000.	0.	0.	0.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii) [							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

DELAWARE PROSPERITY PARTNERSHIP, INC. **Employer identification number** 82-2881997

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 A, LINE 7A:

THE GOVERNOR HAS THE RIGHT TO APPOINT DIRECTORS TO THE BOARD

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 POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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