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GOVERNMENT COPY

WHEELER, WOLFENDEN AND DWARES, P.A. 4550 NEW LINDEN HILL ROAD, SUITE 201 WILMINGTON, DE 19808 (302) 254-8240

MAY 16, 2021

DELAWARE PROSPERITY PARTNERSHIP, INC. 1007 NORTH ORANGE STREET SUITE 731 WILMINGTON, DE 19801

DEAR KURT FOREMAN

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2020 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

KATHLEEN CORCORAN, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	
	DELAWARE PROSPERITY PARTNERSHIP, INC. 1007 NORTH ORANGE STREET SUITE 731 WILMINGTON, DE 19801
Prepared by	WHEELER, WOLFENDEN & DWARES, P.A. 4550 NEW LINDEN HILL ROAD, STE 201 WILMINGTON, DE 19808
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 17, 2021.

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OME No 1545-0047
	For calendar year 2020, or fiscal year beginning, 2020, and ending 20		2020
C	Do not send to the IRS. Keep for your records.		2020
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization	or person subject to tax	Taxpayer	identification number
			001000
	PERITY PARTNERSHIP, INC.	82-2	881997
Name and title of officer or per	•		
WILLIAM KURT	FOREMAN		
CEO Part I Type of I	Return and Return Information (Whole Dollars Only)		
- International statements and the second statements of the second statement of the second statement of the second statements and the second statements are set of the second statements and the second statements are set of the secon	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fi	rom the retu	irn lf vou
check the box on line 1a, 2 blank, then leave line 1b, 2	2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed wit b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entre e applicable line below. Do not complete more than one line in Part I.	h this form	was
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,644,951.
2a Form 990-EZ check h			
3a Form 1120-POL chec	participation of the second		
4a Form 990-PF check h			a (c. >> preside d'Alberton
5a Form 8868 check here			
6a Form 990-T check he			Wester
7a Form 4720 check here Part II Declarat	b Total tax (Form 4720, Part III, line 1) ion and Signature Authorization of Officer or Person Subject to Ta	7b	
	I declare that $[X]$ I am an officer of the above organization or $[I]$ I am a person su		with respect to
	rn and accompanying schedules and statements, and, to the best of my knowledge an		
to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information or	mediate service provider, transmitter, or electronic return originator (ERO) to send the ra an acknowledgement of receipt or reason for rejection of the transmission, (b) the reass fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its nic funds withdrawal (direct debit) entry to the financial institution account indicated in e federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days pric thorize the financial institutions involved in the processing of the electronic payment of cessary to answer inquiries and resolve issues related to the payment. I have selected as my signature for the electronic return and, if applicable, the consent to electronic fu	on for any c designated the tax preps account. To to the pay taxes to rec a personal	lelay in Financial paration fo revoke ment seive
X Lauthorize WH	EELER, WOLFENDEN & DWARES, P.A.	to enter m	v PIN 71997
	ERO firm name		Enter five numbers, but
			do not enter all zeros
a state agency(i	on the tax year 2020 electronically filed return. If I have indicated within this return that es) regulating charities as part of the IRS Fed/State program, I also authorize the aforen n's disclosure consent screen.		
electronically file	berson subject to tax with respect to the organization, I will enter my PIN as my signatued return. If I have indicated within this return that a copy of the return is being filed with ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program.	na state age	ency(ies)
Signature of officer of person cutue Part III Certifica	tion and Authentication	Dat	5/16/21
	pur six-digit electronic filing identification		
	your five-digit self-selected PIN. 5114758049 Do not enter all zeros		
that I am submitting this re IRS e-file Providers for Bu		nation for Au	uthorized
ERO's signature 🕨 🥠	Date > Date >	116/21	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So	
LHA For Paperwork Rec	luction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

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

and ending

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service	Go to www.irs
A For the 2020 calend	ar year, or tax year beginning

B c	heck if pplicab	C Name of organization		D Employer identific	cation number
	Addre	DELAWARE PROSPERITY PARTNERSHIP, INC.			
				82-28819	97
	Initial		oom/suite	E Telephone number	
				302-477-	
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,644,951.
	Amer		H(a) Is this a group re	turn	
	Appli tion		N	for subordinates	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
IT	ax-ex	empt status: 🔀 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or	527		list. See instructions
		te: ▶ WWW.CHOOSEDELAWARE.COM		H(c) Group exemption	n number 🕨
κF	orm o	forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year of	of formation: 2017 N	State of legal domicile: DE
	art I	Summary		· · · · · ·	
۵	1	Briefly describe the organization's mission or most significant activities:	ELAWA	RE PROSPERI'	ГҮ
nc		PARTNERSHIP (DPP) WAS CREATED AS A PRIVAT	E ENT	ITY TO LEAD	THE STATE
srna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
0 Vě	3	Number of voting members of the governing body (Part VI, line 1a)		3	19
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots			19
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	14	
iviti	6	Total number of volunteers (estimate if necessary)	6	0	
Activities & Governance	7 a Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		3,597,500.	2,634,000.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Jev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,328.	10,951.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,638,828.	2,644,951.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		1,370,891.	1,482,656.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ► 181, 26		1 522 602	1 550 024
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,532,603.	1,552,934. 3,035,590.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,903,494.	
	19	Revenue less expenses. Subtract line 18 from line 12		735,334.	-390,639.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)		3,618,345.	3,150,516.
let A ind I	21	Total liabilities (Part X, line 26)		165,457. 3,452,888.	<u>88,267.</u> 3,062,249.
_	22 r+ II	Net assets or fund balances. Subtract line 21 from line 20		3,434,000.	3,002,249.
Pa	art II	Signature Block			

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

Sign	Signature of officer			Date			
Here	WILLIAM KURT FOREMAN,	CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	KATHLEEN CORCORAN, CPA			if po0454914			
Preparer	Firm's name 🕞 WHEELER, WOLFENI			Firm's EIN ▶ 51-0380493			
Use Only	Firm's address 4550 NEW LINDEN	HILL ROAD, STE 201					
	WILMINGTON, DE 1	9808		Phone no. (302) 254-8240			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 🗙 🛄 No						
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						
~							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		E PROSPERITY PARTNER	RSHIP, INC.	82-2881997 Page 2
Pa	rt III Statement of Program Ser	•		
		sponse or note to any line in this Part II	l	
1	Briefly describe the organization's mission TO LEAD THE STATE OF		C DEVELOPMENT E	EFFORTS.
2	Did the organization undertake any signi	figent program convises during the year	which were not listed on the	
2		icant program services during the year		
	If "Yes," describe these new services on			
3	Did the organization cease conducting,		onducts, any program service	es?Yes X No
	If "Yes," describe these changes on Sch			
4	Describe the organization's program ser	vice accomplishments for each of its th	ree largest program services	, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizat		of grants and allocations to o	others, the total expenses, and
4-	revenue, if any, for each program service	e reported. 385,735. including grants of \$) (-	
4a	(Code:) (Expenses \$ 2, ACTIVITIES DEVELOPED			evenue \$) PROMOTE
	ENTREPRENUERSHIP AND			
	AND PRODUCE FORWARD			
	POSITION DELAWARE'S			
4b				······ (*
40	(Code:) (Expenses \$	including grants of \$) (Ве	evenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (B	evenue \$)
10			/ (n	, j
	-			
4d	Other program services (Describe on Sc	hedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$))
4e	Total program service expenses	2,385,735.		
				Form 990 (2020)
03200	2 12-23-20	0		
		2		

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	330	120201

Part IV Checklist of Required Schedules

DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	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,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
032003	3 12-23-20	Form	990	(2020)

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Form	990	(2020)
	330	(2020)

. u				
•-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
• •	Schedule J	23	^	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		_ <u> </u>
	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		
	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	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
		OFh		x
06	Schedule L, Part I	25b		- 23
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%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		- 23
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
032004	12-23-20	Form	990	(2020)
	4			

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Form 990	(2020)	DELAWARE	PROSPERITY	PARTNERSHIP,	INC.
Part V	Statements	Regarding Othe	er IRS Filings and	d Tax Compliance (co	ontinued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 14						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			x			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		X			
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f					
t							
g b	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
-	 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 						
sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
-	organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand 13c	14-		X			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b					
15		15		x			
	excess parachute payment(s) during the year?	10					
16	le the experimentian an advice time time time availant to the experiment (000 availant to contact in contract in a second	16		x			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2020)

032005 12-23-20

Form 990 (
Part VI	Gov

DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997

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

Page 6

art VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	se
	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	Χ

4-	Enter the number of unting members of the recoming hads at the sure of the terrors	1 0	19		Yes	1		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a						
	If there are material differences in voting rights among members of the governing body, or if the governing body of the gov							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1b	19			L		
	Enter the number of voting members included on line 1a, above, who are independent					l		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi officer, director, trustee, or key employee?	-		2		ľ		
	Did the organization delegate control over management duties customarily performed by or under th		····· -			t		
	of officers, directors, trustees, or key employees to a management company or other person?			3		l		
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		t		
	Did the organization become aware during the year of a significant diversion of the organization's as			5		t		
	Did the organization have members or stockholders?			6		t		
	Did the organization have members, stockholders, or other persons who had the power to elect or a		···· -			t		
	more members of the governing body?	•		7a	Х			
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		Г			Γ		
	persons other than the governing body?			7b		l		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		····· F			t		
	The governing body?	, ,		8a	х	ſ		
	Each committee with authority to act on behalf of the governing body?			8b	Х	t		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		···· -			t		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9				
	tion B. Policies (This Section B requests information about policies not required by the Internal R			-				
					Yes	T		
0a	Did the organization have local chapters, branches, or affiliates?		Ŀ	10a		t		
	If "Yes," did the organization have written policies and procedures governing the activities of such c		···· -			t		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		.	10b		l		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	t		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		''' -	. 1a		╞		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	l		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X	╉		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y		····	120		╀		
				12c				
	in Schedule O how this was done			13		╉		
				14		╉		
	Did the organization have a written document retention and destruction policy?		···· -	14		╞		
5	Did the process for determining compensation of the following persons include a review and approve	•				I		
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15.	х	I		
	The organization's CEO, Executive Director, or top management official		····· ⊢	15a	л	╀		
α	Other officers or key employees of the organization		F	15b		╞		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					I		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged					I		
	taxable entity during the year?		····· -	16a		┞		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	· ·				I		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					l		
	exempt status with respect to such arrangements?			16b		L		
	tion C. Disclosure							
	List the states with which a copy of this Form 990 is required to be filed NONE							
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501	l (c)(3)s	only)) avail	la		
	for public inspection. Indicate how you made these available. Check all that apply.	_						
		on Schedule O)						
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest polic	y, and	finan	icial			
	statements available to the public during the tax year.							
	State the name, address, and telephone number of the person who possesses the organization's books and records							
	BREAKWATER ACCOUNTING - 302-543-4564							
	1601 CONCORD PIKE SUITE 100, WILMINGTON, DE 19803					_		
				Form				

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.

т

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	Po Po		Position check more than one				Reportable	Reportable	Estimated		
	hours per	box, unless		ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week					l	(ee)	from	from related	other		
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	organization		
	organizations	truste	al trus		yee	mpen				and related		
	below	id ual	nstitutional trustee	5	Key employee	est co o yee	er			organizations		
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former					
(1) WILLIAM KURT FOREMAN	40.00											
CEO		X		X				268,346.	0.	0.		
(2) DESMOND BAKER	1.00											
SECRETARY		X		X				0.	0.	0.		
(3) TONY ALLEN	1.00											
BOARD MEMBER		X						0.	0.	0.		
(4) PATRICK CALLAHAN	1.00											
BOARD MEMBER		X						0.	0.	0.		
(5) GREGG MOORE	1.00											
BOARD MEMBER		X						0.	0.	0.		
(6) WILLIAM BUSH	1.00											
BOARD MEMBER		X						0.	0.	0.		
(7) ROB RIDER	1.00											
BOARD MEMBER		X						0.	0.	0.		
(8) ERIC A. CHEEK, PH.D	1.00											
BOARD MEMBER		X						0.	0.	0.		
(9) DONEENE DAMON	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(10) ROBIN MORGAN	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(11) RICHELLE VIBLE	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) JACK WALSH	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(13) ED KEE	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(14) ROBERT HERRERA	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(15) NICK LAMBROW	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(16) LYNDON YEARICK	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(17) JOHN CARNEY JR	1.00											
CO CHAIR		Х		Х				0.	0.	0.		
000007 10 00 00										Earm 990 (2020)		

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Form **990** (2020)

	990 (2020)	DELAWARE	PROSPER	RI	ΓY	PZ	AR'	ΓNΕ	IR;	SHIP,]	INC.	82-2	881	<u>997</u>	Pa	age 8
Part	VII Section A. Offic	cers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensate	d Employe	es (continued)				
	(A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than or box, unless person is both officer and a director/truste				than (is bot	n an	(D) Repor comper fro th	table nsation m	(E) Reportable compensation from related organizations		an	(F) atimate nount other pensa	of
			(list any hours for related organizations below line) line)		Officer Key employee		Highest compensated employee Former		organiz (W-2/109	zation	(W-2/1099-MIS		fr org an	om the anizat d relat	e ion ed	
i - <i>i</i>	RODMAN WARD III IAIRMAN		1.00	x		x					0.		0.			0.
(19) TREAS	JEANMARIE DESMON SURER	D	1.00	x		х					0.		0.			0.
(20)	ANTHONY DELCOLLO)	1.00													
BOARI	MEMBER			X							0.		0.			0.
										200	2 2 4 6					
	Subtotal									202	3,346. 0.		0.			0.
	Total from continuati									268	3,346.		0.			0.
2	Total (add lines 1b ar Total number of individ compensation from th	duals (including but n),000 of reportab	-			5
													1		Yes	No
	Did the organization lis	plete Schedule J for s	uch individual											3		X
	For any individual liste and related organization											the organization		4	х	
5	Did any person listed	on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organizat	ion or indiv	idual for services				
	rendered to the organ		plete Schedul	e J f	or si	ich	pers	son .						5		X
1	on B. Independent C Complete this table fo	r your five highest co	-										npens	ation 1	rom	
	the organization. Repo	(A)	the calendar y	ear	enui	ng v	VILLI	or w		T the organiz	(B)	year.		(0	;)	
		Name and business	address	NC	ONE	2			_	Desc	cription of s	ervices	С		nsatio	n
									_							
									+							
									_							
	Total number of indep \$100,000 of compens			ot lii	nite	d to		se lis)	stec	l above) who	received n	nore than				
														Form	990 (2	2020)

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Form Pa			2020) DELAWARE PROS	SPERITY P	ARTNERSHIP	, INC.	82-2881	997 Page 9
14				or note to any lir	ne in this Part VIII			
			Check if Schedule O contains a response		(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
ts, (Arr			Fundraising events 1c					
Gif			Related organizations 1d	000 000	4			
sin,			J N J	,000,000.	-			
utic		f	All other contributions, gifts, grants, and	634,000.				
trib Oth		~	similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	034,000.	-			
Con		-	Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f		2,634,000.			
				Business Code	2703170000			
ė	2	а						
Program Service Revenue	-	b						
Se		с						
am eve		d						
logi H		е						
ē			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter	•	10,951.			10 051
			other similar amounts)		10,951.			10,951.
	4		Income from investment of tax-exempt bond					
	5		Royalties(i) Real	(ii) Personal				
	6	а	Gross rents	(ii) i ciccitai				
	Ŭ		Less: rental expenses 6b					
			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					
		b	Less: cost or other basis					
venue			and sales expenses 7b		4			
			Gain or (loss)					
er R			Net gain or (loss)	····· >				
Other Re	8	а	Gross income from fundraising events (not including \$ of					
0			including \$ of contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	. <u></u>				
	10	а	Gross sales of inventory, less returns					
		h	and allowances 10a Less: cost of goods sold 10a		-			
			Net income or (loss) from sales of inventory					
		<u> </u>	not modifie or (1035) normalies of inventory	Business Code				
sno.e	11	а						
ane		b						
Cell		с						
Miscellaneous Revenue			All other revenue					
_		е	Total. Add lines 11a-11d					10 051
	12		Total revenue. See instructions	►	2,644,951.	0.	0.	10,951.
03200	9 12	-23	-20					Form 990 (2020)

Part IX Statement of Functional Expenses

DELAWARE PROSPERITY PARTNERSHIP, INC.

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 response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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,	268,346.	220,044.	34,885.	13,417
6	trustees, and key employees Compensation not included above to disqualified	200,540.	220,044.	54,005.	13,417
6	persons (as defined under section 4958(f)(1)) and				
	personal described in section $40E0(a)(D)(D)$				
7	Other salaries and wages	1,071,207.	803,582.	133,082.	134,543
' 8	Pension plan accruals and contributions (include	_, , , _, _, _, _, , , ,			
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	64,433.	45,185.	7,613.	11,635
0	Payroll taxes	78,670.	64,509.	10,227.	3,934
1	Fees for services (nonemployees):	.,	. ,	.,	- 1 - 3 -
a	Management				
b	Legal	2,500.		2,500.	
с	Accounting	32,595.		32,595.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	20,239.		20,239.	
12	Advertising and promotion	328,002.	324,600.		3,402
13	Office expenses	7,133.		7,133.	
4	Information technology				
15	Royalties				
6	Occupancy	91,465.		91,465.	
7	Travel	164.		164.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 050		4 05 6	
9	Conferences, conventions, and meetings	4,056.		4,056.	
20	Interest				
21	Payments to affiliates	2 0 2 1		2 0 2 1	
22	Depreciation, depletion, and amortization	3,834. 140,209.	99,667.	3,834. 26,211.	14,331
23	Insurance	140,209.	99,007.	20,211.	14,331
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.) CONSULTING AND TEMPORAR	259,524.	259,524.		
a b	ECONOMIC RESEARCH	164,609.	164,609.		
D C	TALENT	158,924.	158,924.		
d	BUSINESS DEVELOPMENT	158,222.	158,222.		
	All other expenses	181,458.	86,869.	94,589.	
е 25	Total functional expenses. Add lines 1 through 24e	3,035,590.	2,385,735.	468,593.	181,262
.5 26	Joint costs. Complete this line only if the organization		_,,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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DELAWARE PROSPERITY PARTNERSHIP, INC. Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

athe survey a since has a function of the survey of the su

Pledges and grants receivable, net

Accounts receivable, net

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(B) End of year

236,451.

170,000.

2,719,365.

(A) Beginning of year

185,327.

120,000.

3,270,792.

1

2

3

4

5	Loans and other receivables from any current or	Tormer	officer, director,			
	trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
	controlled entity or family member of any of thes	se perso	ons		5	
6	Loans and other receivables from other disquali	fied per	sons (as defined			
	under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			43.	7	
8	Inventories for sale or use				8	
9				18,400.	9	4,750.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	27,478. 7,528.			
b	Less: accumulated depreciation		7,528.	23,783.	10c	19,950.
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa			3,618,345.	16	3,150,516.
17	Accounts payable and accrued expenses			165,457.	17	88,267.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete I			21		
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	of Schedule D		•		25	
26				165,457.	26	88,267.
	Organizations that follow FASB ASC 958, che					
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			3,204,888. 248,000.	27	2,992,449. 69,800.
28	Net assets with donor restrictions			248,000.	28	69,800.
	Organizations that do not follow FASB ASC 9					
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			3,452,888.	32	3,062,249.
33	Total liabilities and net assets/fund balances			3,618,345.	33	3,150,516.
				-		Form 990 (2020)
						()

Form 990 (2020)

1

2

3

4

Assets

Liabilities

Net Assets or Fund Balances

	DELAWARE PROSPERITY PARTNERSHIP, INC.	82-2	881997	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,03		
3	Revenue less expenses. Subtract line 2 from line 1	3	-39		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,45	2,8	88.
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	3,06	2,2	49.
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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

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-FZ

OMB No. 1545-0047
2020
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instructi			nformation.		Open to Public Inspection		
Nam	e of t	the organizati							Employer	r identification number		
				WARE PROSP	ERITY PARTNE	RSHTP	. TNC			2-2881997		
Pa	rt I	Reason			(All organizations must o							
The	organ				(For lines 1 through 12, o	-						
1			•		on of churches describe	,	,					
2		-			Attach Schedule E (Forr			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3					anization described in so			::)				
		•	•						VIII) Entor	the beenitel's name		
4				alion operated in co	onjunction with a hospita	ruescribed	u in sectio		J(III). Enter	the hospital's hame,		
-		city, and stat	-									
5		-	-		ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed 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). 										
6	37											
7	X				antial part of its support i	from a gov	rernmental	unit or from	the general	public described in		
				omplete Part II.)								
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university	or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	f the colleg	je or		
		university:										
10		An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from		
		activities rela	ted to its exen	npt functions, subje	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment		
		income and u	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
		See section	509(a)(2). (Co	mplete Part III.)								
11		An organizat	on organized a	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).				
12		An organizat	on organized a	and operated exclus	sively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in		
					of supporting organizatio							
а		7			supervised, or controlled					/ giving		
					gularly appoint or elect							
				complete Part IV, S		, ,				11 5		
b					d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	avina		
-	-				anization vested in the s							
			0	t complete Part IV,								
с			.,	•	ig organization operated	in connec	tion with	and functions	ally integrat	ed with		
Ŭ	L		-		s). You must complete				iny integrat	cu with,		
d			-		oorting organization oper				rtod organi	ization(s)		
u	L		-						-			
					zation generally must sa				u an alleni	iveness		
		- ·	i.	,	mplete Part IV, Section				U. T			
е			•		written determination fro			а туре ї, туре	e II, Type III			
	- .				onally integrated support							
g		i) Name of supp		n about the support (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other		
	(organizatior			(described on lines 1-10	in your govern	ing document?	support (see i	-	support (see instructions)		
					above (see instructions))	Yes	No					
Tota												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

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13 2020.03050 DELAWARE PROSPERITY PARTNER 12776_1

Schedule A (Form 990 or 990-EZ) 2020

82-2881997 Page 2 Schedule A (Form 990 or 990-EZ) 2020 DELAWARE PROSPERITY PARTNERSHIP, INC. 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.)

Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) To 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1, 307, 300. 3, 057, 825. 3, 626, 079. 2, 639, 500. 10, 630. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 1, 307, 300. 3, 057, 825. 3, 626, 079. 2, 639, 500. 10, 630. 3 The value of services or facilities furnished by a governmental unit to the organization without charge and governmental unit to publicly supporte organization) included on line 1 thrat exceeds 2% of the amount shown on line 11, column (f) 1, 307, 300. 3, 057, 825. 3, 626, 079. 2, 639, 500. 10, 630. Section B. Total Support Image: stress include and stress i	
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7 Amounts from line 4 1,307,300. 3,057,825. 3,626,079. 2,639,500. 10,630 8 Gross income from interest, 1	
8 Gross income from interest,	al
	,704.
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 397. 41,328. 10,951. 52,	576.
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 Total support. Add lines 7 through 10 10,683	,380.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
	X
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	▶ 🛄
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	•
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶∐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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.)						
Se	ction B. Total Support		-				
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2020 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Investion					, <u>, , , , , , , , , , , , , , , , , , </u>	
	Investment income percentage for 20			line 13, column (f)))	17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2020. If the	-					17 is not
	more than 33 1/3%, check this box a						▶∟
k	33 1/3% support tests - 2019. If the						
_	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
0320:	23 01-25-21			15	Sch	edule A (Form 990	0 or 990-EZ) 2020

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

16

Schedule A (Form 990 or 990-EZ) 2020 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 5

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
с	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	I ype II	Supporting	Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations	

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

Yes No

1

2

Yes No

Yes No

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Schedule A	(Form 990 or 990-EZ) 2020	DELAWARE	PROSPERITY	PARTNERSHIP,	INC.	82-2881997	Page 6
Part V	Type III Non-Function	nally Integrat	ed 509(a)(3) Supr	oorting Organization	າຣ		

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

Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	ally integra	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	· ·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
-	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 20						82-2881997	
Part IV, Section A, lines line 1; Part IV, Section	s 1, 2, 3b, 3c, 4b, 4c, D, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c, 11 IV, Section E, lines	a, 11b, and 11c; 1c, 2a, 2b, 3a, and	Part IV, Sect d 3b; Part V,	tion B, lines 1 line 1; Part \	l and 2; Part IV, Secti /, Section B, line 1e; F	on C.
Section D, lines 5, 6, ar (See instructions.)	nd 8; and Part V, Sect	tion E, lines 2, 5, and	d 6. Also complete	e this part fo	or any additio	nal information.	
32028 01-25-21					Schedul	e A (Form 990 or 990)-EZ) 2
90516 758407 12776			20			PARTNER 127	

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. to to www.irs.gov/Form990 for instructions and the latest information.



	e of the organization DELAWARE PROSPERITY	-	Employer identification number 82-2881997
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v	writing that the assets held in donor advised	funds
	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	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	: IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreation	tion or education)	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
	year ►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov	• • • • • • • • • •	
•	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 footn	lote to the organization's infancial statements	s that describes the
Da	t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	ar Similar Assets
Iu	Complete if the organization answered "Yes" on Form		ci olimital Assets.
10	If the organization elected, as permitted under FASB ASC 95		balance sheet works
Ia	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
h	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
5	art, historical treasures, or other similar assets held for public		
	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 trea		
-	the following amounts required to be reported under FASB A	· · · · · · · · · · · · · · · · · · ·	,
а	Revenue included on Form 990, Part VIII, line 1	-	► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

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	edule D (Form 990) 2020 DELAWAR rt III Organizations Maintaining C	E PROSPERI						2-28			ige 2
3	Using the organization's acquisition, accessi								ເອັດດານທ	iuea)	
3	collection items (check all that apply):	on, and other record		any or the	ioliowing tha	it make a	synnoan t				
а		d		oan or excl	nange progra	am					
b		u 0			lange progra						
c		C		unor							
4	Provide a description of the organization's co	ollections and explai	n how the	v further th	ne organizati	on's eve	mot purpo	se in Par	· XIII		
5	During the year, did the organization solicit of							se in r an			
5	to be sold to raise funds rather than to be ma		,		,				Yes		No
Pa	rt IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			ngan izatio	Tunoworou	100 011	1 0111 000,	, r arcrv,	1110 0, 01		
1a	Is the organization an agent, trustee, custod		diary for co	ontribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	······································								Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f											
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds. Complete i										
		(a) Current year	(b) Prio	or year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance			-							
b	· · · · · ·										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation that	are held ar	nd administe	ered for t	he organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Scl	hedule R?					3b		
	Describe in Part XIII the intended uses of the		owment fu	nds.							
Pa	rt VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (ccumulated preciation	b	(d) Bool	k value	e
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			2	7,478.		7,52	28.	1	9,9	50.
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	n (B), line 1	0c.)				1	9,9	50.

Schedule D (Form 990) 2020

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Complete if the organization (a) Description of security or category (includir				
	answered "Yes" on Form	000 D 1 1 / 1		
(a) Description of security or optogony and and				
(a) Description of security of Category (includin	g name of security) (b)	Book value	(c) Method of v	valuation: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, co				
Part VIII Investments - Program				
Complete if the organization				
(a) Description of investmen	(a) II	Book value	(c) Method of V	aluation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, co	L (D) line 12)			
Part IX Other Assets.				
Complete if the organization	answered "Yes" on Form	990 Part IV line	11d See Form 990	Part X line 15
	(a) Descript		110.00010111000,	(b) Book value
(1)	() 1			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, F	Part X, col. (B) line 15.)			
Part X Other Liabilities.				
Complete if the organization	answered "Yes" on Form	990, Part IV, line	11e or 11f. See Fori	n 990, Part X, line 25.
1. (a) Description	of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9)				
Total. (Column (b) must equal Form 990, F	Part X, col. (B) line 25.)	<u></u>	<u></u>	►

82-2881997 Page 3

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 DELAWARE PROSPERITY PARTN	NERSHIP,	INC.	82-	2881997 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,650,451.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		5,500.		
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	5,500.
3	Subtract line 2e from line 1			3	2,644,951.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,644,951.
<u> </u>					
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per	Retu	ırn.
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With 2a.		Retu	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ements With 2a.		Retu 1	ırn. 3,041,090.
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With 2a.			
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	2a.			
1 2	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2a			
1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2a 2a			
1 2 a b	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a			3,041,090.
1 2 a b c	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a	5,500.		<u>3,041,090.</u> 5,500.
1 2 b c d	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	5,500.	1	3,041,090.
1 2 b c d e	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	5,500.	1 2e	<u>3,041,090.</u> 5,500.
1 2 b c d e 3	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2a 2b 2c 2d	5,500.	1 2e	<u>3,041,090.</u> 5,500.
1 2 3 4	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a. 2b 2b 2c 2d 2d	5,500.	1 2e	3,041,090. 5,500. 3,035,590.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 4a 4b	5,500.	1 2e 3 4c	3,041,090. 5,500. 3,035,590. 0.
1 2 d c 3 4 a b c 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 4a 4b	5,500.	1 2e 3	3,041,090. 5,500. 3,035,590.

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:

12

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
032054 12-01-20 Schedule D (Form 990) 2020 28
390516 758407 12776 2020.03050 DELAWARE PROSPERITY PARTNER 127761

Schedule D (Form 990) 2020 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 5 Part XIII Supplemental Information (continued) CERTAIN AND THAT THERE IS NO LIKELIHOOD THAT A MATERIAL TAX ASSESSMENT WOULD BE MADE IF A RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RETURNS SUBJECT TO AUDIT. ACCORDINGLY, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED.

CURRENTLY THE 2017, 2018 AND 2019 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. HOWEVER, THE CORPORATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE CORPORATION BEEN CONTACTED BY THIS JURISDICTION. INTEREST AND PENALTIES RELATED TO INCOME TAXES ARE INCLUDED IN INCOME TAX EXPENSE WHEN INCURRED.

Schedule D (Form 990) 2020

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(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2020 Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Open to Public Inspection Name of the organization Employees for instructions and the latest information. Employer identification number 82–2881997 Part I Questions Regarding Compensation Employees	SCI	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
Complete if the organization inserved "Xes" on Form 980, Part IV, line 23. Den to Public Inspection Den to Public Organization DELAWARE PROSPERTTY PARTNERSHIP, INC. Employee identification number Delaware of the organization Delaware of the organization Delaware of the organization provided any of the following to or for a person listed on Form 990, Part II, Section A, line 1a. Complete Part II to provide any relevant information regarding these tens. Prist class or charter travel Part VI, Section A, line 1a. Complete Part II to provide any velocation follow a written policy regarding payment or reinbusement or provision of all of the organization follow a written policy regarding payment or reinbusement or provision of all of the organization follow a written policy regarding payment or reinbusement or provision of all of the organization follow a written policy regarding payment or reinbusement or provision of all of the organization follow a written policy regarding payment or reinbusement or provision of all of the organization follow a written policy regarding payment or reinbusement or provision of all of the organization used to establish the compensation of the organization 's CEGO/Security Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or survey or study Independent companization Campensation consultant Compensation consultant Compensation consultant Poresons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Section Sole(S), SOl(c)(A), and SOl(c)(A) and SOl(c)(A) or ganization pay or accrue any compensation contingent or change of			-		20	20	
Dependent of the "nearby" Description Open to Public Imspection Name of the organization Environment of the organization Employed identification number 32 and 32	•	-	Compensated Employees		20	ZU)
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DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Part II Questions Regarding Compensation Yes No 10 Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 12, complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 12, complete Part III to provide any relevant information regarding these items. Payments for business use of personal residence Tax indemnification and gross-up payments Heatth or social club dues or initiation fees Biscretionary spending account Payments for business use of personal residence 10 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursment or provision of all of the sognanization tollow a written policy regarding payment or reimbursment or provision of all of the sognanization used to establish the compensation of the organization to establish compensation or consultant Did the organization to the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Indicate which, if any, of the following the organization used to establish the compensation committee Written employment contract Indipendent compensation consultant Compensation committee X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio							
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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: a The organization? b Any related organization? ff "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:	С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X a The organization? 6b X b Any related organization? 6b X b Any related organization? 6b X fl "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 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumptio		If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
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: 5a X a The organization? 5b X b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X a The organization? 6b X b Any related organization? 6b X b Any related organization? 6b X fl "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 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumptio							
contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	_						
a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5	-		on			
b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	_	•			F -		y
b Party folded or gambation? 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: a The organization? b Any related organization? f 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 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							
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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	D				50		
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	e			00			
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	0						
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	9				62		x
If "Yes" on line 6a or 6b, describe in Part III. 7 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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)?							
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 							
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 6 6 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 6 6 6 9 Regulations section 53.4958-6(c)? 9 9 9	7			s			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-				7		X
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	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					8		Х
Regulations section 53.4958-6(c)?	9						
				<u></u>	9		
	LHA					n 990)) 2020

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.

	(B) Breakdown of	W-2 and/or 1099-M	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) WILLIAM KURT FOREMAN (i)	268,346.	0.	0.	0.	0.	268,346.	0.
CEO (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(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 J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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



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) 2020

 032211
 11-20-20

Name of the organization	DELAWAR	E PROSPERII	Y PARTNER	SHIP, IN	IC.	Employer identification num 82-2881997
FORM 990, PAF						
THE PROCESS I			' THE AUDI	T AND SE	LECTION	OF AN
INDEPENDENT A	ACCOUNTAN	T HAS NOT C	HANGED FR	OM THE P	RIOR YEA	R.