DELAWARE PROSPERITY PARTNERSHIP, INC.

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

2021



Certified Public Accountants

Form 8879-TE		ins e-	or a Tay Eve	re Authorizatio			OMB No. 1545-0047
Form 00/9-IE				, 2021, and ending			000d
	Por calendar (Keep for your records.		-	2021
Department of the Treasury Internal Revenue Service				TE for the latest informat	ion.		
Name of filer		P	in an and a second			EIN or SSN	1. 1. 1. I.
DELA	WARE PRO	SPERITY H	PARTNERSHIP,	INC.		82-288	31997
Name and title of officer o	the second s		AM KURT FOR				
		CEO					
Part I Type	of Return an	d Return Info	ormation	e sa su la Charles			
Form 5330 filers may e or 10a below, and the a whichever is applicable than one line in Part I.	nter dollars and amount on that I a, blank (do not a	cents. For all oth line for the return enter 0-). But, if y	ter forms, enter whole being filed with this fo you entered -0- on the p	nter the applicable amount dollars only. If you check the orm was blank, then leave to return, then enter -0- on the	he box on lir ine 1b, 2b, 3 applicable	ne 1a, 2a, 3a 3b, 4b, 5b, 6 line below. [a, 4a, 5a, 6a, 7a, 8a, 9 b, 7b, 8b, 9b, or 10b, Do not complete more
	ck here 🕨			990, Part VIII, column (A),			
	check here 🕨	b Total	revenue, if any (Form	1 990-EZ, line 9)			b
	DL check here 🕨	b Total	I tax (Form 1120-POL,	line 22)			
4a Form 990-PF	check here 🕨			income (Form 990-PF, Par			b
5a Form 8868 che	eck here			ine 3c)			b
6a Form 990-T ch	neck here 🕨			III, line 4)			b
7a Form 4720 che	eck here 🕨	b Total	tax (Form 4720, Part	III, line 1)			
8a Form 5227 che	eck here >	b FMV	of assets at end of ta	x year (Form 5227, Item D)		b
9a Form 5330 che	eck here		due (Form 5330, Part I				b
10a Form 8038-CF	check here	b Amo	unt of credit payment	requested (Form 8038-CI	P, Part III, Iin		Ob
Part II Decla	ration and S	ignature Aut	horization of Offi	cer or Person Subje	ct to Tax		
Under penalties of perj	ury, I declare that	at XI am an o	fficer of the above ent	ity or 🔲 I am a person s	ubject to tax	x with respec	ct to (name
of entity)	- 1944-01009-01007			, (EIN)	and t	hat I have ex	amined a copy of the
complete. I further deci ntermediate service pr acknowledgement of rr of any refund. If applica entry to the financial in financial institution to c ater than 2 business d	lare that the and ovider, transmitt accipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the	ount in Part I abo ter, or electronic for rejection of the U.S. Treasun tindicated in the this account. To payment (settler	ve is the amount show return originator (ERO) he transmission, (b) the y and its designated Fi tax preparation softw o revoke a payment, I r nent) date. I also autho	the best of my knowledge on on the copy of the elect to send the return to the l e reason for any delay in pr inancial Agent to initiate an are for payment of the feden nust contact the U.S. Treat rize the financial institution	ronic return RS and to re ocessing th electronic f eral taxes ov sury Financi is involved in	I consent to eceive from t e return or re funds withdr wed on this r al Agent at 1 n the proces	allow my he IRS (a) an afund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic
complete. I further deci intermediate service pr acknowledgement of re of any refund. If applica entry to the financial in- financial institution to c later than 2 business d payment of taxes to re- personal identification i	lare that the and ovider, transmitt ceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the ceive confidentia number (PIN) as	ount in Part I abo ter, or electronic for rejection of if the U.S. Treasur t indicated in the othis account. To payment (settlern al information nec	ve is the amount show return originator (ERO) he transmission, (b) the y and its designated F tax preparation softw o revoke a payment, I r nent) date. I also autho sessary to answer inqu	vn on the copy of the elect to send the return to the I e reason for any delay in pr inancial Agent to initiate an are for payment of the fede nust contact the U.S. Trea	ronic return RS and to re rocessing th electronic t eral taxes ov sury Financi is involved in lated to the	I consent to eceive from t e return or re funds withdr wed on this r al Agent at 1 n the proces payment. I h	allow my he IRS (a) an afund, and (c) the date awal (direct debit) eturn, and the I-888-353-4537 no sing of the electronic ave selected a
complete. I further deci intermediate service pr acknowledgement of re of any refund. If applica entry to the financial in- financial institution to d later than 2 business d payment of taxes to re- personal identification in PIN: check one box of	lare that the and ovider, transmitt ceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the ceive confidentia number (PIN) as	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasun t indicated in the this account. To payment (settlerr al information need my signature for	eve is the amount show return originator (ERO) he transmission. (b) the y and its designated Fi tax preparation softw prevoke a payment, I r hent) date. I also autho bessary to answer inque the electronic return a	vn on the copy of the elect to send the return to the l e reason for any delay in pr inancial Agent to initiate an are for payment of the fede nust contact the U.S. Trea- rize the financial institution iries and resolve issues rel and, if applicable, the cons	ronic return. RS and to re- rocessing the relactoric lateral taxes ov sury Financi is involved in lated to the ent to electronic	I consent to eceive from t e return or re funds withdra wed on this r al Agent at 1 n the proces payment. I h ronic funds w	allow my he IRS (a) an afund, and (c) the date awal (direct debit) etum, and the -888-353-4537 no sing of the electronic ave selected a vithdrawal.
complete. I further deci intermediate service pr acknowledgement of re of any refund. If applica entry to the financial in- financial institution to d later than 2 business d payment of taxes to re- personal identification in PIN: check one box of	lare that the and ovider, transmitt ceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the ceive confidentia number (PIN) as	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasun t indicated in the this account. To payment (settlerr al information need my signature for	ve is the amount show return originator (ERO) he transmission, (b) the y and its designated F tax preparation softw o revoke a payment, I r nent) date. I also autho sessary to answer inqu	vn on the copy of the elect to send the return to the l e reason for any delay in pr inancial Agent to initiate an are for payment of the fede nust contact the U.S. Trea- rize the financial institution iries and resolve issues rel and, if applicable, the cons	ronic return. RS and to re- rocessing the relactoric lateral taxes ov sury Financi is involved in lated to the ent to electronic	I consent to eceive from t e return or re funds withdr wed on this r al Agent at 1 n the proces payment. I h	b allow my the IRS (a) an afund, and (c) the date awal (direct debit) etum, and the I-888-353-4537 no sing of the electronic ave selected a vithdrawal.
complete. I further deci intermediate service pr acknowledgement of ra of any refund. If applica entry to the financial in- financial institution to d later than 2 business d payment of taxes to rec personal identification of PIN: check one box or X I authorize Y as my signati with a state a on the return As an officer return. If I ha	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the ceive confidentia number (PIN) as hly <u>WHEELER</u> , ure on the tax ye agency(ies) regul 's disclosure con or person subje ve indicated with	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasurt t indicated in the othis account. To payment (settlerr al information nec my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as nect to tax with res hin this return that	ve is the amount show return originator (ERO) he transmission. (b) the y and its designated Fi tax preparation softw o revoke a payment, I r hent) date. I also autho cessary to answer inqu the electronic return a EN & DWARES, ERO firm name hically filed return. If I h is part of the IRS Fed/S pect to the entity, I will at a copy of the return	vn on the copy of the elect to send the return to the l e reason for any delay in pri are for payment of the fede nust contact the U.S. Treat rize the financial institution uiries and resolve issues rel and, if applicable, the cons . P.A. ave indicated within this re state program, I also author I enter my PIN as my signal is being filed with a state a	ronic return. RS and to re- rocessing the relectronic l eral taxes ov sury Financi is involved in lated to the ent to electr to electr to electr to electr to electr to electr	I consent to serive from the return or re- funds withdra- wed on this r al Agent at 1 in the proces payment. I h ronic funds we enter my PIN copy of the r ementioned tax year 202	allow my he IRS (a) an afund, and (c) the date awal (direct debit) etum, and the -888-353-4537 no sing of the electronic ave selected a vithdrawal.
complete. I further deci intermediate service pr acknowledgement of re of any refund. If applica entry to the financial in- financial institution to d ater than 2 business d payment of taxes to re- personal identification in PIN: check one box or X I authorize Y as my signate with a state a on the return As an officer return. If I ha IRS Fed/Stat	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the ceive confidentia number (PIN) as hly <u>VHEELER</u> , ure on the tax ye agency(ies) regul 's disclosure coi or person subje ve indicated witt e program, I will ubject to tax	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasurt tindicated in the this account. To payment (settlerr al information neo- my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as nsent screen. ct to tax with res hin this return tha enter my PIN on	ve is the amount show return originator (ERO) he transmission. (b) the y and its designated Fi tax preparation softw o revoke a payment, I r hent) date. I also autho cessary to answer inquithe electronic return a EN & DWARES, ERO firm name hically filed return. If I h is part of the IRS Fed/S pect to the entity, I will at a copy of the return the return's disclosure	vn on the copy of the elect to send the return to the l e reason for any delay in pri are for payment of the fede nust contact the U.S. Treat rize the financial institution uiries and resolve issues rel and, if applicable, the cons . P.A. ave indicated within this re state program, I also author I enter my PIN as my signal is being filed with a state a	ronic return. RS and to re- rocessing the relectronic l eral taxes ov sury Financi is involved in lated to the ent to electr to electr to electr to electr to electr to electr	I consent to serive from the return or re- funds withdra- wed on this r al Agent at 1 in the proces payment. I h ronic funds we enter my PIN copy of the r ementioned tax year 202	allow my the IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the I-888-353-4537 no sing of the electronic ave selected a vithdrawal.
complete. I further deci intermediate service pr acknowledgement of ra- of any refund. If applica entry to the financial in- financial institution to o later than 2 business d payment of taxes to re- personal identification in PIN: check one box or X I authorize Y as my signati- with a state a on the return As an officer return. If I ha IRS Fed/Stat Signature of officer or person s	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the ceive confidentia number (PIN) as hly <u>WHEELER</u> , ure on the tax ye agency(ies) regul 's disclosure col- or person subje ve indicated with e program, I will <u>ubject to tax</u>	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasure t indicated in the othis account. To payment (settlerr al information nec- my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as nect to tax with res- nin this return tha enter my PIN on Authenticatio	ve is the amount show return originator (ERO) he transmission. (b) the y and its designated Fi tax preparation softw o revoke a payment, I r hent) date. I also autho cessary to answer inque the electronic return a EN & DWARES, ERO firm name hically filed return. If I h is part of the IRS Fed/S pect to the entity, I will at a copy of the return the return's disclosure on	vn on the copy of the elect to send the return to the l e reason for any delay in pri are for payment of the fede nust contact the U.S. Treat rize the financial institution uries and resolve issues rel and, if applicable, the cons . P.A. ave indicated within this re state program, I also author I enter my PIN as my signal is being filed with a state a	ronic return. RS and to re- rocessing the relectronic l eral taxes ov sury Financi is involved in lated to the ent to electr to electr to electr to electr to electr to electr	I consent to seeive from t e return or re funds withdr. wed on this r al Agent at 1 n the process payment. I h ronic funds w enter my PIN copy of the r ementioned tax year 202 egulating ch	allow my the IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the I-888-353-4537 no sing of the electronic ave selected a vithdrawal.
complete. I further deci intermediate service pr acknowledgement of ra- of any refund. If applica entry to the financial in- financial institution to o later than 2 business d payment of taxes to re- personal identification in PIN: check one box or X I authorize Y as my signati- with a state a on the return As an officer return. If I ha IRS Fed/Stat Signature of officer or person s	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the ceive confidentia number (PIN) as hly <u>WHEELER</u> , ure on the tax ye agency(ies) regul 's disclosure col- or person subje ve indicated with e program, I will <u>ubject to tax</u>	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasure t indicated in the othis account. To payment (settlerr al information nec- my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as nect to tax with res- nin this return tha enter my PIN on Authenticatio	ve is the amount show return originator (ERO) he transmission. (b) the y and its designated Fi tax preparation softw o revoke a payment, I r hent) date. I also autho cessary to answer inque the electronic return a EN & DWARES, ERO firm name hically filed return. If I h is part of the IRS Fed/S pect to the entity, I will at a copy of the return the return's disclosure on	vn on the copy of the elect to send the return to the l e reason for any delay in pri nancial Agent to initiate an are for payment of the fede nust contact the U.S. Treat rize the financial institution uiries and resolve issues rel and, if applicable, the cons . P.A. eave indicated within this re state program, I also author I enter my PIN as my signa is being filed with a state a e consent screen.	ronic return. RS and to re rocessing the relectronic l eral taxes ov sury Financi is involved in lated to the ent to electr to electr to electr to electr to electr to electr to electr to electr to electr	I consent to seeive from t e return or re funds withdr. wed on this r al Agent at 1 n the process payment. I h ronic funds w enter my PIN copy of the r ementioned tax year 202 egulating ch	allow my the IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the I-888-353-4537 no sing of the electronic ave selected a vithdrawal.
complete. I further decintermediate service price price of any refund. If application to the financial institution to dater than 2 business does not be a solution to the financial institution to dater than 2 business does not be a solution of taxes to recorrect the solution of taxes to recorrect and identification of taxes to recorrect and its solution of taxes to recorrect and the return of the solution of the return. If I had the solution of the persons a solution of the persons and the solution of the solution of the solution of the solution of taxes and the solution of the solut	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the ceive confidentia number (PIN) as hly <u>WHEELER</u> , ure on the tax ye agency(ies) regul 's disclosure con or person subje ve indicated witt e program, I will <u>ubject to tax</u>	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasurt tindicated in the othis account. To payment (settlerr al information nec- my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as neent screen. ct to tax with res- nin this return that enter my PIN on Authenticatic lectronic filing ide	ve is the amount show return originator (ERO) he transmission. (b) the y and its designated Fi tax preparation softw o revoke a payment, I r hent) date. I also autho cessary to answer inqu the electronic return a EN & DWARES, ERO firm name hically filed return. If I h s part of the IRS Fed/S pect to the entity, I will at a copy of the return the return's disclosure on	vn on the copy of the elect to send the return to the l e reason for any delay in pri are for payment of the fede nust contact the U.S. Treat rize the financial institution uries and resolve issues rel and, if applicable, the cons . P.A. ave indicated within this re state program, I also author I enter my PIN as my signal is being filed with a state a	ronic return. RS and to re rocessing the electronic l eral taxes ov sury Financi is involved in lated to the ent to electr to e eturn that a of rize the afore ture on the igency(ies) r	I consent to seeive from t e return or re funds withdr. wed on this r al Agent at 1 n the process payment. I h ronic funds w enter my PIN copy of the r ementioned tax year 202 egulating ch	allow my the IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the I-888-353-4537 no sing of the electronic ave selected a vithdrawal.
complete. I further decintermediate service pr acknowledgement of re of any refund. If applica- entry to the financial in- financial institution to de atter than 2 business do personal identification of PIN: check one box or X I authorize Y as my signate with a state a on the return As an officer return. If I han IRS Fed/Stat Signature of officer or person s Part III Certifit ERO's EFIN/PIN. Enter- humber (EFIN) followed certify that the above submitting this return in	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the pelve confidentia number (PIN) as hly VHEELER , ure on the tax ye agency(ies) regul 's disclosure cor or person subje ve indicated witt e program, I will <u>ubject to tax</u> r your six-digit el by your five-dig numeric entry is	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasurt tindicated in the this account. To payment (settlerr al information neo- my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as nsent screen. ct to tax with res hin this return that enter my PIN on Authenticatio lectronic filing idea it self-selected P	A province of the entity of th	vn on the copy of the elect to send the return to the l e reason for any delay in pri are for payment of the fede nust contact the U.S. Treat rize the financial institution uries and resolve issues rel and, if applicable, the cons , P.A. eave indicated within this re- state program, I also author I enter my PIN as my signal is being filed with a state a e consent screen. 511475	ronic return. RS and to re- rocessing the recessing the relectronic lass involved in lated to the ent to electronic to ent to electronic to el	I consent to serive from the return or re- funds withdra wed on this r ial Agent at 1 in the process payment. I h ronic funds we enter my PIN copy of the r ementioned tax year 202 egulating char Date	allow my he IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic iave selected a vithdrawal. <u>71997</u> Enter five numbers, but do not enter all zeros eturn is being filed ERO to enter my PIN 1 electronically filed arities as part of the bonfirm that I am
complete. I further decintermediate service pracknowledgement of racknowledgement of racknowledgement of the financial institution to clater than 2 business dopayment of taxes to recorresonal identification	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the pelve confidentia number (PIN) as hly VHEELER , ure on the tax ye agency(ies) regul 's disclosure cor or person subje ve indicated witt e program, I will <u>ubject to tax</u> r your six-digit el by your five-dig numeric entry is	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasurt tindicated in the this account. To payment (settlerr al information neo- my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as nsent screen. ct to tax with res hin this return that enter my PIN on Authenticatio lectronic filing idea it self-selected P	A province of the entity of th	vn on the copy of the elect to send the return to the l e reason for any delay in pri nancial Agent to initiate an are for payment of the fede nust contact the U.S. Trea- rize the financial institution inities and resolve issues rel and, if applicable, the cons , P.A. Nave indicated within this re- state program, I also author I enter my PIN as my signa is being filed with a state a e consent screen. <u>511475</u> Do not ente 2021 electronically filed ret	ronic return. RS and to re rocessing the electronic l eral taxes ov sury Financi is involved in lated to the ent to electr to e eturn that a of rize the afore ture on the igency(ies) re i80493 r all zeros urn indicate ation for Au	I consent to serive from the return or re- funds withdra wed on this r ial Agent at 1 in the process payment. I h ronic funds we enter my PIN copy of the r ementioned tax year 202 egulating char Date	allow my he IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic iave selected a vithdrawal. <u>71997</u> Enter five numbers, but do not enter all zeros eturn is being filed ERO to enter my PIN 1 electronically filed arities as part of the bonfirm that I am
complete. I further decintermediate service pracknowledgement of racknowledgement of racknowledgement of the financial institution to clater than 2 business dopayment of taxes to recorresonal identification	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the pelve confidentia number (PIN) as hly VHEELER , ure on the tax ye agency(ies) regul 's disclosure cor or person subje ve indicated witt e program, I will <u>ubject to tax</u> r your six-digit el by your five-dig numeric entry is	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasurt tindicated in the othis account. To payment (settlerr al information nec- my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as neen to creen. ct to tax with res- nin this return that enter my PIN on Authenticatic is self-selected P in y PIN, which is th the requirement	A series of the entity, I will at a copy of the return 's disclosure of the transmission. (b) the transmission. (b) the transmission. (b) the transmission. (b) the transmission. (b) the transmission. (b) the transmission. (c) transmission of the transmission of the transmission of the spart of answer inqui- the return. If I h is part of the IRS Fed/S pect to the entity, I will at a copy of the return the return's disclosure on entification IN. s my signature on the 2 ints of Pub. 4163, Mod	vn on the copy of the elect to send the return to the l e reason for any delay in pri are for payment of the fede nust contact the U.S. Trea- rize the financial institution urises and resolve issues rel and, if applicable, the cons . P.A. eave indicated within this re- state program, I also author I enter my PIN as my signal is being filed with a state a e consent screen. 511475 Do not ente 2021 electronically filed ret lernized e-File (MeF) Inform Date	ronic return. RS and to re rocessing the electronic l eral taxes ov sury Financi is involved in lated to the ent to electr to e turn that a of rize the afore ture on the igency(ies) r	I consent to serive from the return or re- funds withdra wed on this r ial Agent at 1 in the process payment. I h ronic funds we enter my PIN copy of the r ementioned tax year 202 egulating char Date	allow my he IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic iave selected a vithdrawal. <u>71997</u> Enter five numbers, but do not enter all zeros eturn is being filed ERO to enter my PIN 1 electronically filed arities as part of the bonfirm that I am
complete. I further deci intermediate service pr acknowledgement of ra- of any refund. If applica entry to the financial in- financial institution to o later than 2 business d payment of taxes to re- personal identification of PIN: check one box or IX I authorize I as my signati- with a state a on the return As an officer return. If I ha IRS Fed/Stat Signature of officer or person s Part III Certifi ERO's EFIN/PIN. Enter humber (EFIN) followed I certify that the above submitting this return in Business Returns.	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun lebit the entry to ays prior to the perive confidentian number (PIN) as hly WHEELER , ure on the tax ye agency(ies) regul 's disclosure con or person subje ve indicated with e program, I will <u>ubject to tax</u> r your six-digit el I by your five-dig numeric entry is a accordance wi	ount in Part I abo ter, or electronic for rejection of the the U.S. Treasure t indicated in the or this account. To payment (settlerr al information nec- my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as nsent screen. ct to tax with resense in this return that enter my PIN on Authenticatic it self-selected P in my PIN, which is th the requirement ERO Mu	A series of the entity, I will a copy of the return side of the entity of the transmission. (b) the transmission. (c) the transmission. (c) the transmission. (c) the transmission. (c) the transmission. (c) the transmission. (c) the second transmission. (c) the transmission. (c) the tra	vn on the copy of the elect to send the return to the l e reason for any delay in pri nancial Agent to initiate an are for payment of the fede nust contact the U.S. Trea- rize the financial institution initias and resolve issues rel and, if applicable, the cons , P.A. P.A. Nave indicated within this re- state program, I also author I enter my PIN as my signal is being filed with a state a e consent screen. <u>511475</u> Do not ente 2021 electronically filed ret lernized e-File (MeF) Inform Date	ronic return. RS and to re rocessing the relectronic l eral taxes ov sury Financi is involved in lated to the ent to electronic to ent to electronic to ent to electronic to electronic	I consent to serive from the return or re- funds withdra wed on this r al Agent at 1 in the proces payment. I h ronic funds we enter my PIN copy of the r ementioned tax year 202 egulating char Date	allow my he IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic iave selected a vithdrawal. <u>71997</u> Enter five numbers, but do not enter all zeros eturn is being filed ERO to enter my PIN 1 electronically filed arities as part of the bonfirm that I am
complete. I further deci intermediate service pr acknowledgement of re of any refund. If applica entry to the financial in- financial institution to of later than 2 business d payment of taxes to re- personal identification of PIN: check one box or X I authorize Y as my signate with a state a on the return As an officer return. If I ha IRS Fed/Stat Signature of officer or person s Part III Certifi ERO's EFIN/PIN. Enter number (EFIN) followed	lare that the and ovider, transmitt aceipt or reason able, I authorize stitution accoun- lebit the entry to ays prior to the peive confidentia number (PIN) as nly VHEELER , ure on the tax ye agency(ies) regul 's disclosure coi or person subjeve indicated with e program, I will ubject to tax r your six-digit el by your five-dig numeric entry is a accordance wi	ount in Part I abo ter, or electronic - for rejection of the the U.S. Treasurt tindicated in the base of this account. To payment (settlerr al information nec my signature for <u>WOLFENDE</u> ear 2021 electron lating charities as neent screen. ct to tax with res nin this return that enter my PIN on Authenticatic ectronic filing idea it self-selected P my PIN, which is th the requirement ERO Mu lot Submit Th	A series of the	vn on the copy of the elect to send the return to the l e reason for any delay in pri inancial Agent to initiate an are for payment of the fede nust contact the U.S. Trea- rize the financial institution inities and resolve issues rel and, if applicable, the cons . P.A. P.A. P.A. P.A. P.A. Dave indicated within this re- state program, I also author I enter my PIN as my signa is being filed with a state a e consent screen. <u>511475</u> Do not ente 2021 electronically filed ret lernized e-File (MeF) Inform Date I Date I	ronic return. RS and to re rocessing the relectronic l eral taxes ov sury Financi is involved in lated to the ent to electronic to ent to electronic to ent to electronic to electronic	I consent to seeive from the return or re- funds withdr. wed on this r ial Agent at 1 in the process payment. I h ronic funds we enter my PIN copy of the r ementioned tax year 202 egulating char Date	allow my he IRS (a) an efund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic iave selected a vithdrawal. <u>71997</u> Enter five numbers, but do not enter all zeros eturn is being filed ERO to enter my PIN 1 electronically filed arities as part of the bonfirm that I am

	nı	$\cap I$	
Form	- N	-	

EXTENDED TO NOVEMBER 15, 2022

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

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

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

Open to Public Inspection

Jepartment of the Treasury	
nternal Revenue Service	
	_

	eck if plicable:	C Name of organization		D Employer identific	ation number
	Address	DELAWARE PROSPERITY PARTNERSHIP, INC.		in the second second	
	Name change	Doing business as		82-288199	97
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	NU.L.
	Final return/	1007 NORTH ORANGE STREET SUITE 731	1.1.1.1.1.1.1	302-477-	7497
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,168,461.
	Amended	WILMINGTON, DE 19801	and the second second	H(a) Is this a group re	
	Applica-	F Name and address of principal officer:WILLIAM KURT FOREM	AN	for subordinates	? Yes X No
_	pending	SAME AS C ABOVE			cluded? Yes No
I Ta	x-exem	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
JN	ebsite:	► WWW.CHOOSEDELAWARE.COM		H(c) Group exemption	number 🕨
K Fo	rm of or	rganization: 🚺 Corporation 🔄 Trust 🔄 Association 📃 Other 🕨	L Year	of formation: 2017 M	State of legal domicile: DE
Pa	tl S	Summary			
0	1 Br	riefly describe the organization's mission or most significant activities: THE	DELAWA	RE PROSPERI	ΓY
2 C	P.	ARTNERSHIP (DPP) WAS CREATED AS A PRIVA	TE ENT	ITY TO LEAD	THE STATE
rna	2 Ch	heck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
ove	3 NI	umber of voting members of the governing body (Part VI, line 1a)		3	19
Ū	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)			19
S		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			12
itie		otal number of volunteers (estimate if necessary)			0
ctiv	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Activ		otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, Part I, line 11		7a	
Activ				7a	
	b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11		7a 7b	0 . Current Year
enue Activities & Governance	6 Ne	et unrelated business taxable income from Form 990-T, Part I, line 11		7a 7b Prior Year	0. Current Year 3,168,000.
	b Ne 8 Co 9 Pr	et unrelated business taxable income from Form 990-T, Part I, line 11		7a 7b Prior Year 2,634,000.	0. Current Year 3,168,000. 0.
Revenue Activ	b Ne 8 Cc 9 Pr 10 Inv	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		7a 7b Prior Year 2,634,000. 0.	0. Current Year 3,168,000. 0. 461.
	b Ne 8 Cc 9 Pr 10 Inv 11 Ot	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		7a 7b Prior Year 2,634,000. 0. 10,951.	0. Current Year 3,168,000. 0. 461. 0.
	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7a 7b Prior Year 2,634,000. 0. 10,951. 0.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461.
	b Ne 8 Co 9 Pr 10 Inv 11 Ot 12 To 13 Gr	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)		7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0.
Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4)		7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 0.
Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 0.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 0. 1,492,881.
Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa 16a Pr	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4)		7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 0. 1,482,656.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 0. 1,492,881.
Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa 16a Pr b To	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e)	45.	7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 0. 1,482,656.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 0. 1,492,881. 0.
Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa 16a Pr b To 17 Ot	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	45.	7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 0. 1,482,656. 0.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 1,492,881. 0. 1,605,025.
Expenses Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa 16a Pr b To 17 Ot 18 To	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) <u>139, 6</u> ther expenses (Part IX, column (A), lines 1-11d, 11f-24e)	45.	7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 0. 1,482,656. 0. 1,552,934.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 0. 1,492,881. 0. 1,605,025. 3,097,906.
Expenses Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa 16a Pr b To 17 Ot 18 To	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) <u>139, 6</u> ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45.	7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 0. 1,482,656. 0. 1,552,934. 3,035,590.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 0. 1,492,881. 0. 1,605,025. 3,097,906.
Expenses Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa 16a Pr b To 17 Ot 18 To 19 Re	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) <u>139, 6</u> ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12	45. Be	7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 0. 1,482,656. 0. 1,552,934. 3,035,590. -390,639.	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 0. 1,492,881. 0. 1,605,025. 3,097,906. 70,555. End of Year
Expenses Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa 16a Pr b To 17 Ot 18 To 19 Re 20 To	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12	45. Be	7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 2,644,951. 0. 1,482,656. 0. 1,482,656. 0. 1,552,934. 3,035,590. -390,639. ginning of Current Year	0. Current Year 3,168,000. 0. 461. 0. 3,168,461. 0. 3,168,461. 0. 1,492,881. 0. 1,605,025. 3,097,906. 70,555. End of Year 3,299,751.
Revenue	b Ne 8 Cc 9 Pr 10 Inv 11 Ot 12 To 13 Gr 14 Be 15 Sa 16a Pr b To 17 Ot 18 To 19 Re 20 To 21 To	et unrelated business taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), line 3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) <u>139, 6</u> ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12	45. Be	7a 7b Prior Year 2,634,000. 0. 10,951. 0. 2,644,951. 0. 2,644,951. 0. 1,482,656. 0. 1,482,656. 0. 1,552,934. 3,035,590. -390,639. ginning of Current Year 3,150,516.	3,168,000. 0. 461. 0. 3,168,461. 0. 1,492,881. 0. 1,605,025. 3,097,906. 70,555.

Sign Here	Signature of officer WILLIAM KURT FOREMAN, Type or print name and title	CEO		Date
Paid	Print/Type preparer's name KATHLEEN CORCORAN, CPA	Preparer's signature	Date	Check PTIN ii setf-emoloyed P00454914
Preparer	Firm's name WHEELER, WOLFEND	EN & DWARES, P.A.		Firm's EIN 51-0380493
Use Only	Firm's address 4550 LINDEN HILL WILMINGTON, DE 1			Phone no. (302) 254-8240
May the I	IRS discuss this return with the preparer shown ab	ove? See instructions		X Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ACCEPTED DATE 572-22

OMB No. 1545-0047

Form 8868 (Rev. January 2022)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or print	Name of exempt organization or other filer, see DELAWARE PROSPERITY PAR		INC.	Taxpaye	r identification	n number (TIN)
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. 1007 NORTH ORANGE STREET SUITE 731						
return. See Instructions.	City, town or post office, state, and ZIP code, WILMINGTON, DE 19801	For a foreign add	dress, see instructions.			
Enter the	Return Code for the return that this application is	s for (file a separa	ate application for each return)	1. Ale		0 1
Applicati Is For	on	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individ	dual)		09
Form 990	PF	04	Form 5227			10
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
Form 990	T (corporation)	07				
1 Ireathe	. If it is for part of the group, check this box quest an automatic 6-month extension of time un organization named above. The extension is for t \overline{X} calendar year 2021 or	til <u>NOVE</u>	MBER 15, 2022	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
≥ lfttr	tax year beginning tax year entered in line 1 is for less than 12 mo Change in accounting period		nd ending	Final retur	n	
					r	
	is application is for Forms 990-PF, 990-T, 4720, c nonrefundable credits. See instructions.	or 6069, enter the	e tentative tax, less	3a	s	0.
	is application is for Forms 990-PF, 990-T, 4720, c mated tax payments made. Include any prior yea			3b	\$	0.
Usir	ance due. Subtract line 3b from line 3a. Include y ig EFTPS (Electronic Federal Tax Payment Syste	m). See instruction	ons.	30	\$	0.
Caution: instruction	If you are going to make an electronic funds with ns.	drawal (direct de	bit) with this Form 8868, see F	orm 8453-TE ar	nd Form 8879	-TE for payment
LHA F	or Privacy Act and Paperwork Reduction Act N	lotice, see instr	uctions.		Form 88	368 (Rev. 1-2022)

				Form 990 (20
4e		including grants of \$ 2,516,048.) (Revenue \$	/
4d	Other program services (Describe on Sch (Expenses \$		1	
4c	(Code:) (Expenses \$	including grants of \$) (Reven	ie\$
łb	(Code:) (Expenses \$	including grants of \$) (Reven	ue \$
	AND PRODUCE FORWARD		ON ECONOMIC TRENDS	TO BEST
4a	ACTIVITIES DEVELOPED ENTREPRENUERSHIP AND	TO ENHANCE BUSIN INNOVATION, SUPP	ESS RECRUITMENT, P. ORT WORKFORCE DEVE	ROMOTE LOPMENT EFFORTS
10	Section 501(c)(3) and 501(c)(4) organization revenue, if any, for each program service			
4	If "Yes," describe these changes on Sch Describe the organization's program serv	edule O.		
3	prior Form 990 or 990-EZ? If "Yes," describe these new services on Did the organization cease conducting, o	Schedule O.		
2	Did the organization undertake any signif			
	TO LEAD THE STATE OF	DELAWARE'S ECONO	MIC DEVELOPMENT EF	FORTS.
1	Briefly describe the organization's missio	on:		

Form	000	(2021)
FOILI	330	120211

Form 990 (2021) DELAWARE PROSPERITY PARTNERSHIP Part IV Checklist of Required Schedules INC.

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
÷.	If "Yes," complete Schedule A	1	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
, in the second	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	-	1	
	similar amounts as defined in Rev. Proc. 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	1.5		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		-
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	12.1	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	-13	-
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	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	110	-	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	12:01		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	181		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to 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	1.77	X
b			-	
	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	1	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,	1.1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
3200	3 12-09-21	Form	990 (2021

132003 12-09-21

Form 990 (2021)	DELAWARE	PROSPERITY	PARTNERSHIP,	INC.
Part IV	Checklist	t of Required Sched	dules (continued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		1 - 1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
24.2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	-
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	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	1	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	÷		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1.2		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1.1		1.2
1.2	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	X
c	"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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		-11
	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 on Schedule O for Part VI, lines 11b and 19?	38	x	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	00	- 24	
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	5	1	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1	6.1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	10	X	

Par	990 (2021) DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	997	Page 5
rai			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 12		1.1
b	If at least one is reported on line Za, did the organization file all required federal employment tax returns?	2b	X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	1	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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	1.1	1.1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1.1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	10.1
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).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		
	to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
	Gross income from other sources. (Do not net amounts due or paid to other sources against		
2	amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	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.	Jou	-/
b	Enter the amount of reserves the organization is required to maintain by the states in which the		
~	organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand	-	_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-40	
	excess parachute payment(s) during the year?	15	x
	If "Yes," see the instructions and file Form 4720, Schedule N.	10	A
	is the proprietion on advectional institution subject to the spation 4988 avairs to you not investment income?	10	x
	If "Yes," complete Form 4720, Schedule O.	16	
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	1	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47	
	If "Yes," complete Form 6069.	17	
	12-09-21 6	Form	990 (2021)
100000	19 TRATEI	- r or til	

13480518	758407	12776

	990 (2021) DELAWARE PROSPERITY PARTNERSHIP, INC. 82-288			Page
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a "No"	respo	inse
	이 같은 것은 것은 것이 있는 것이 같은 것이 같은 것이 같은 것이 없는 것이 없는 것이 같이 많이 있다. 것이 같은 것이 같은 것이 없는 것이 같이 많이 많이 많이 많이 많이 많이 많이 많이 많이 했다.			X
Sac	Check if Schedule O contains a response or note to any line in this Part VI. tion A. Governing Body and Management	<u>a maaaaa</u>		LA
oec	non A. Governing body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 11	9	Tes	140
154	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule D.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b1	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1211		
	of officers, directors, trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	10.1	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1.0		
	more members of the governing body?	7a	X	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.1	1.01	
	persons other than the governing body?	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	-
	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1.2		
Can	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Nee.	Tw
10-	Did the operation have lead shorters branches as officiency	100	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	-	-
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106	1.1	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Tia	- 25	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		1
-	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	-		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	1.00
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s)s only) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	nd fina	ncial	
	statements available to the public during the tax year.		1000	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			_

BREAKWATER	ACCOUNTING	-	302-3	543-4564

1601	CONCORD	PIKE	SUITE	100,	WILMINGTON,	DE	19803

132006 12-09-21

7 2021.03041 DELAWARE PROSPERITY PARTNER 12776_1

Form 990 (2021)

Form 990 (2021)	DELAWARE PROSP	ERITY	PARTNERSHIP,	INC.	82-2881997	Page 7
	sation of Officers, Directors, es, and Independent Contra	the second se	s, Key Employees,	Highest Com		
Check if Sc	hedule O contains a response or note	e to any line	in this Part VII			
Section A. Officers, I	Directors, Trustees, Key Employees	, and Highe	est Compensated Emplo	oyees		
1a Complete this table	for all persons required to be listed. F	Report comp	pensation for the calenda	r year ending with	or within the organization	's tax year.
· · · · · · · · · · · · · · · · · · ·	nization's current officers, directors, , (E), and (F) if no compensation was p		hether individuals or orga	inizations), regardl	ess of amount of compension	sation.
 List all of the orga 	anization's current key employees, if a	any. See the	instructions for definitio	n of "key employe	э."	
			The second se	An advertant of the second second second second	and the second sec	and the second second second

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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) Name and title	(B) Average hours per week	bo)	not c , unie	Pos heck ss pe	more	than is bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual trustes or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) WILLIAM KURT FOREMAN	40.00			-1				075 104		
CEO	10.00	X	-	X			1 - 1	277,124.	0.	7,876.
(2) MICHELE SCHIAVONI DIRECTOR OF MARKETING & EXTERNAL REL	40.00				Ľ,	x		152,164.	0.	3,219.
(3) CHARLES MADDEN DIRECTOR OF TALENT SERVICES	40.00					x		147,676.	0.	3,934.
(4) REBECCA HARRINGTON DIRECTOR OF BUSINESS DEVELOPMENT	40.00					x		144,361.	0.	720.
(5) JOHN TAYLOR DIRECTOR OF ECONOMIC RESEARCH	40.00					x		112,298.	0.	720.
(6) DESMOND BAKER	1.00									
SECRETARY		X		x				0.	0.	0.
(7) TONY ALLEN	1.00			1.1	111					
BOARD MEMBER		x						0.	0.	0.
(8) PATRICK CALLAHAN	1.00									
BOARD MEMBER	1	X		-	-	-	-	0.	0.	0.
(9) GREGG MOORE	1.00							0		0
BOARD MEMBER	1 00	X	-	-	-	-		0.	0.	0.
(10) WILLIAM BUSH	1.00	x						ο.	0	0
BOARD MEMBER	1.00	A	-	-	-	-	-	0.	0.	0.
(11) ROB RIDER BOARD MEMBER	1.00	x						0.	0.	ο.
(12) ERIC A. CHEEK, PH.D	1.00	1			1					
BOARD MEMBER		x						0.	0.	0.
(13) DONEENE DAMON	1.00		1							1
BOARD MEMBER		X						0.	0.	0.
(14) ROBIN MORGAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(15) JACK WALSH	1.00									
BOARD MEMBER		X			-			0.	0.	0.
(16) BRIAN PETTYJOHN	1.00									
BOARD MEMBER		X	-					0.	0.	0.
(17) ROBERT HERRERA	1.00	-								
BOARD MEMBER		X						0.	0.	0 . Form 990 (2021)

8

13480518 758407 12776

	AWARE PROSPE								82-288	199	7 F	age 8
Part VII Section A. Officers, Dire		ploy	/ees			ighe	st C			1	(=)	_
(A) Name and title	(B) Average hours per week	bo	not c	Pos check	erson	n is bol or/trus	lh an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	oi	mpensi from th rganiza nd rela ganizat	tion ted
(18) NICK LAMBROW BOARD MEMBER	1.00	x						0.	0			0.
(19) LYNDON YEARICK	1.00	1								-		-
BOARD MEMBER (20) JOHN CARNEY JR	1.00	X	-	-	-	-	-	0.	0	•	_	0.
CO CHAIR		X		x				0.	0		1.1	0.
(21) RODMAN WARD III	1.00	x		x				0.	0	11		0
CO-CHAIRMAN (22) JEANMARIE DESMOND	1.00	1		1				0.	0	•		0.
TREASURER		X	_	X	-			0.	0			0.
(23) TRAVIS HASTINGS BOARD MEMBER	1.00	x						0.	0			0.
(24) FAYETTA BLAKE	1.00											
BOARD MEMBER		X			T	T		0.	0	1	-	0.
	-				1	h						
1b Subtotal							•	833,623.	0		16,4	69.
c Total from continuation sheet							S. 10	0.	0		1	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (incl compensation from the organiza 	uding but not limited to th							833,623. eceived more than \$100		•	16,4	5
		-								_	Yes	No
3 Did the organization list any form line 1a? If "Yes," complete Sche										3		x
 For any individual listed on line and related organizations greated 	1a, is the sum of reportab	le c	omp	ens	ation	n and	d oth	ner compensation from t	he organization		x	<u>A</u>
 5 Did any person listed on line 1a rendered to the organization? If 	receive or accrue compe	nsat	ion f	from	any	y unr	elate	and the second sec	dual for services	5	A	x
Section B. Independent Contractor				a cont	por						1	
1 Complete this table for your five										sation	from	
the organization. Report compe	(A) d business address		ONE		WIT	orw		(B) Description of s			(C) ensatic	'n
		TAI	UIVI	4								
		-					+		-	-	-	
												-
					_							
2 Total number of independent co	ntractors (including but n	ot li	mite	d to	tho	se lis	sted	above) who received m	ore than			
\$100,000 of compensation from		-				0		The second of the			000	
132008 12-09-21										Form	n 990 (2021)
						9						

13480518 758407 12776

	-	-	Check if Schedule O contains a res	por lac	or note to any im	(A)	(B)	(C)	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
nts	1	a	Federated campaigns1a						
Gra			Membership dues 11	-					
An An			Fundraising events 10						
Gif	1.1			_					
Sim,			Government grants (contributions)	2,	000,000.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, grants, and similar amounts not included above		168,000.				
pue		-	Noncash contributions included in lines 1a-1f			3,168,000.			
0.0	-	n	Total, Add lines Ta-11		Business Code	5,100,000.			
Ð	2	a							
Program Service Revenue	-			-					
Sei					1		· · · · · · · · · · · · · · · · · · ·		
eve	1.1	d			1		1		
Bog	10	e							
à	1.5	f	All other program service revenue		5 million (1971)				
_	-	g	Total. Add lines 2a-2f						
	3		Investment income (including dividends						
	1		other similar amounts)			461.			461
	4		Income from investment of tax-exempt		A CONTRACT OF A				
	5		Royalties		(ii) Personal				
				ai	(ii) Fersonal				
. 1	0	a b	Gross rents 6a Less: rental expenses 6b						
			Rental income or (loss) 6c						
- 1			Alexander I to assess and (mark)				1		
1			Gross amount from sales of (i) Secu		(ii) Other				
	1		assets other than inventory 7a						
-	10	b	Less: cost or other basis						
anc	1		and sales expenses						
evenue			Gain or (loss)						
			Net gain or (loss)					11	
Other R	8	а	Gross income from fundraising events (not including \$ of						
			contributions reported on line 1c). See		4 9				
			Part IV, line 18						
			Less: direct expenses		•				
			Gross income from gaming activities. S						
			Part IV, line 19						
	11	b	Less: direct expenses						
			Net income or (loss) from gaming activity						
			Gross sales of inventory, less returns						
			and allowances	10a	a				
		b	Less: cost of goods sold	101					
_		C	Net income or (loss) from sales of inven	tory	····· >				
sn					Business Code				
neo	11				-				
ven									
Miscellaneous Revenue		0	All other revenue						
Σ			All other revenue						
_	-		Total. Add lines 11a-11d Total revenue. See instructions			3,168,461.	0.	0.	461.

13480518 758407 12776

Form 990 (2021)

DELAWARE PROSPERITY PARTNERSHIP Part IX Statement of Functional Expenses

82-2881997 Page 10

INC.

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

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	expenses	general expenses	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				
4 5	Compensation of current officers, directors,	205 000	114 000	00.750	71 250
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	285,000.	114,000.	99,750.	71,250
7	Other salaries and wages	1,060,050.	965,913.	46,464.	47,673
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,000,0001	50075201	10/1011	211010
9	Other employee benefits	54,563.	44,009.	5,975.	4,579
10	Payroll taxes	93,268.	78,664.	7,943.	6,661
11	Fees for services (nonemployees):			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a		2 5 6 0		2 5 6 0	
b		2,560.		2,560.	
C	o	38,000.		38,000.	
d					
e f	Investment management fees			-	
9	Other. (If line 11g amount exceeds 10% of line 25,	20.015	1	20.015	
	column (A), amount, list line 11g expenses on Sch 0.)	39,815.	F40.000	39,815.	
12	Advertising and promotion	542,230.	542,230.	4 500	
13	Office expenses	4,589.		4,589.	
14	Information technology				
15	Royalties	04.000		04.000	
16	Occupancy	94,006.		94,006.	
17	Travel	117.	-	117.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,090.		9,090.	
20	Interest	· · · · · · · · · · · · · · · · · · ·		A CONTRACT OF A CONTRACT OF	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,834.		3,834.	
23	Insurance	126,849.	105,717.	11,650.	9,482.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		189,353.	189,353.		
b	TALENT	157,064.	157,064.		
c	INNOVATION	114,621.	114,621.		
d	CONSULTING AND TEMPORAR	101,383.	101,383.	in the second second	
e	All other expenses	181,514.	103,094.	78,420.	
25	Total functional expenses. Add lines 1 through 24e	3,097,906.	2,516,048.	442,213.	139,645.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	educational campaign and fundraising solicitation. Check here Check here Che				Form 990 (2

13480518 758407 12776

Form 990 (2021)	
Part X	Ba	ance	Sheet

DELAWARE PROSPERITY PARTNERSHIP, INC.

82-2881997 Page 11

				(A) Beginning of year		(B) End of year
T	Cost and branch and a			236,451.		323,002
1				2,719,365.	1	
2				4,119,303.	2	2,619,661
3	5			170 000	3	071 050
4				170,000.	4	271,250
5						
1.1	trustee, key employee, creator or founder, substa					
1.12	controlled entity or family member of any of these				5	
6	and the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1940 - C.P.C. A.			
1	under section 4958(f)(1)), and persons described				6	
7					7	
8					8	CO 000
9				4,750.	9	69,722
10	Da Land, buildings, and equipment: cost or other	dal	07 470			
	basis. Complete Part VI of Schedule D	10a	27,478.	10.050		
1.12	A LINE TO A DECIDENT OF A DECI	10b	11,362.	19,950.		16,116
11					11	
12					12	
13			to the second		13	
14	•				14	
15					15	
16				3,150,516.	16	3,299,751
17		88,267.	17	99,918		
18					18	
19					19	
20					20	
21			the second se		21	
22			the strength of the strength of the			
1.	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of these		Charles and a second		22	
23					23	
24			the second se		24	
25			and there is a second of the second		1.1	
12	parties, and other liabilities not included on lines	17-24). Con	nplete Part X		1.5	CT 000
					25	67,030
26			Protocology .	88,267.	26	166,948
	Organizations that follow FASB ASC 958, chec	k here 🕨	LAJ			
	and complete lines 27, 28, 32, and 33.			0 000 440		2 0 00 001
27	10 CONTRACTOR INCOMENDATION			2,992,449.		3,069,091
28				69,800.	28	63,712
	Organizations that do not follow FASB ASC 95	8, check h	ere 🕨 🛄			
	and complete lines 29 through 33.					
29					29	
30					30	
31	전 이 것은 것은 것 같은 것은 것은 것을 하는 것은 것을 많이 있다. 것은 것은 것을 것을 가지 않는 것을 가지 않는 것을 했다.			2 000 240	31	2 120 002
32		*****		3,062,249.	32	3,132,803
33	3 Total liabilities and net assets/fund balances			3,150,516.	33	3,299,751 Form 990 (202

132011 12-09-21

-	n 990 (2021) DELAWARE PROSPERITY PARTNERSHIP, INC.	82-28	81997	Pa	ge 1
Pa	art XI Reconciliation of Net Assets				_
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,16	8 4	61
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	3,09		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,06		
5	Net unrealized gains (losses) on investments	5	-1	-1-	-
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	3,13	2 8	
Pa	Int XII Financial Statements and Reporting	101		213	
-					1.00
	Check if Schedule O contains a response or note to any line in this Part XII			11111	X
-	Grieck in Schedule O contains a response of note to any line in this Part An	************		Yes	-
1					-
1			-		-
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other	0.			No
1 2a	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 on Schedule	0.			No
1 2a	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 on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	0.			No
1 2a	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 on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	0.			No
	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 on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	O. on a	2a		No
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	O. on a	2a	Yes	X
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	O. on a	2a	Yes	No
b	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	O. on a e basis,	2a	Yes	No
b	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate separate basis, or both: Separate basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	O. on a basis, audit,	2a	Yes	No
b	Accounting method used to prepare the Form 990: Cash X Accnual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," check a basis Consolidated basis Both consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selectio	O. on a e basis, e audit,	2a	Yes	No
b	Accounting method used to prepare the Form 990: Cash X Accnual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sche <td>O. on a e basis, e audit, edule O.</td> <td>2a</td> <td>Yes</td> <td>No</td>	O. on a e basis, e audit, edule O.	2a	Yes	No
b	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate separate basis, consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	O. on a e basis, e audit, edule O.	2a 2b 2c	Yes	X
b c 3a	Accounting method used to prepare the Form 990: Cash X Accnual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sche <td>O. on a basis, audit, edule O. gle Audit</td> <td>2a</td> <td>Yes</td> <td>No</td>	O. on a basis, audit, edule O. gle Audit	2a	Yes	No

Form 990 (2021)

132012 12-09-21

SCHEDULE	ΞA
----------	----

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	
Open to Public Inspection	

Name of the organization

Employer identification number

Part I	Posson for I			SPERITY PARTNE				32-2881997
				S. (All organizations must o				
				s: (For lines 1 through 12, o				
1 -				ation of churches describe		on 170(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
4		h organization ope	erated in	conjunction with a hospita	describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:					ted by a a	والمحملة بالمتلا المتحمية	
5				college or university owne	d or opera	ited by a g	overnmental unit descrit	bed in
	section 170(b)(1)	The second second second second		and a state of the state of the state of the		TOO VAVAN		
				mmental unit described in				CONTRACTOR 24 NO
7 X	이 같은 것이 같은 것이 없는 것이 없다.			stantial part of its support i	rom a gov	ennenta	funit or from the general	i public described in
• □	section 170(b)(1)			WAVAVAN Complete Des	• 11 >			
	그는 아이에 가지 않는 것이야?		1111 A.	(b)(1)(A)(vi). (Complete Par		od in conk	unation with a land arout	collega
9	Charles and the second second second			ed in section 170(b)(1)(A)				
		ion-iano-grant com	ege of ag	riculture (see instructions).	Enter the	name, cit	y, and state of the coneg	je or
10	university:	at normally receiv	oc /1) mo	re than 33 1/3% of its sup	nort from	contributio	one membership foos a	nd arges receipts from
			유니카 가 가 가?	ject to certain exceptions;				
				me (less section 511 tax) fr				
	See section 509(a			ne liess section and taxy in	on busin	oooo aoqe	and by the organization	alter build build build.
11				usively to test for public sa	fety See	section 50	09(a)(4)	
12				usively for the benefit of, to				e purposes of one or
				ibed in section 509(a)(1) o	Contraction of the			
				e of supporting organizatio		1		
a			100.00	l, supervised, or controlled				v aivina
				regularly appoint or elect a				
	 South Control and All South Control 	The state of the state of the	Contraction of the later	Sections A and B.				
b [ed or controlled in connec	tion with i	ts support	ed organization(s), by ha	aving
				organization vested in the s		10.000		
	organization(s).	You must comple	te Part I	V, Sections A and C.	1000		A COLORED AND AND A COLORED AND A	
c [ting organization operated	in connec	tion with,	and functionally integrat	ed with,
	the second s			ons). You must complete l				
d 🗌	Type III non-fur	ctionally integra	ted. A su	pporting organization oper	ated in co	nnection v	with its supported organ	ization(s)
	that is not functi	onally integrated.	The orga	inization generally must sa	tisfy a dist	ribution re	quirement and an attent	liveness
	requirement (see	e instructions). Yo	u must c	complete Part IV, Sections	A and D	, and Part	٧.	
e 🗌	Check this box i	f the organization	received	a written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
	functionally inter	grated, or Type III	non-func	tionally integrated support	ing organi	zation.		
f Ente	er the number of su	pported organizat	ions					
g Prov	vide the following in	formation about th	ne suppo	rted organization(s).				
(i) Name of supported	(11)) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
						1		
					-			
						-		

Schedule A (Form 990) 2021

DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
 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.	3 168 000.	13,798,704.
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	1,007,000,	5,007,025	5,020,075.	2,005,000	5,100,000,	10,000,000,
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,307,300.	3,057,825,	3,626,079.	2,639,500.	3,168,000.	13,798,704.
5 The portion of total contributions						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support, Subtract line 5 from line 4.						13 798 704.
Section B. Total Support						13,150,1021
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,307,300.	3.057.825.	3,626,079.	2,639,500.	3,168,000.	13,798,704.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		397.	41,328.	10,951.	461.	53,137.
 9 Net income from unrelated business activities, whether or not the business is regularly carried on 			41,520.	_10,951.	401.	55,157.
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						13,851,841.
12 Gross receipts from related activities, e	tc. (see instruction	ns)		-	12	
13 First 5 years. If the Form 990 is for the organization, check this box and stop I	nere	oannenenenen	Contraction of the second s			
Section C. Computation of Public			100			
14 Public support percentage for 2021 (lin					14	%
 15 Public support percentage from 2020 \$ 16a 33 1/3% support test - 2021. If the org stop here. The organization qualifies as 	ganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or n		x and
b 33 1/3% support test - 2020. If the org and stop here. The organization qualifi	ganization did not	check a box on lin	e 13 or 16a, and li	ine 15 is 33 1/3%	or more, check thi	is box
17a 10% -facts-and-circumstances test -						or more
and if the organization meets the facts- meets the facts-and-circumstances test	and-circumstance	s test, check this t	box and stop here	. Explain in Part		ation
b 10% -facts-and-circumstances test - more, and if the organization meets the	2020, If the organ facts-and-circums	nization did not ch stances test, chec	eck a box on line k this box and sto	13, 16a, 16b, or p here. Explain in	17a, and line 15 is 1 Part VI how the	
organization meets the facts-and-circun 18 Private foundation. If the organization						

Schedule A (Form 990) 2021

132022 01-04-22

13480518 758407 12776

Schedule A (Form 990) 2021 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) Schedule (Comparison of the section for the sect

(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.)

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not				11.00		
include any "unusual grants.")	-					
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	-					
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	(-) 0017	1-1-2019	1-1 2010	(4) 2020	(-) 0001	10 Tatal
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income		11		1111		
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		1.			1	1
11 Net income from unrelated business activities not included on 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.)		1				
13 Total support. (Add lines 9, 10c, 11, and 12.)					1	
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here	C		311410-00200-00-00-00-00-00-00-00-00-00-00-00		and the second s	
Section C. Computation of Public					La.L	
15 Public support percentage for 2021 (lin			column (f))		15	
16 Public support percentage from 2020 S Section D. Computation of Invest			and a second	nituri unituri da articita da artic	16	
17 Investment income percentage for 202			ne 13. column (A)		17	
18 Investment income percentage from 202					18	
19a 33 1/3% support tests - 2021. If the o					Law of the	
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2020. If the o line 18 is not more than 33 1/3%, check	rganization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	
						nimmi 🖓 🚞
20 Private foundation. If the organization		hov on line 14 10	a or tob check H	nic how ned and in	otructione	Sec. 1

Schedule A (Form 990) 2021

DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 4

4

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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) DUrboses.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

132024 01-04-21

17 2021.03041 DELAWARE PROSPERITY PARTNER 12776_1

10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1111	1 - 7	1.0
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1.1		
	11c below, the governing body of a supported organization?	11a	1.000	
b	A family member of a person described on line 11a above?	11b	1.1	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1111		
-	detail in Part VI.	11c		

	_	Yes	No
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.	1		
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	10		
이는 것에 들었는 것에서 해외에서 전쟁에 가지 않는 것에서 전쟁에서 가지 않는 것이다. 이는 것에서 전쟁에서 이렇게 이렇게 가지 않는 것에서 가지 않는 것에서 가지 않는 것에서 가지 않는 것에서 가지 가지 않는 것이다. 이는 것이 것이 가지 않는 것이다. 이는 것이 같이 있는 것이 없는 것이다. 이는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 이는 것이 없는 것이다. 가지 않는 것이 없는 것이 같이 같이 없는 것이 있	2		
			_
	_	Yes	No
	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.	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. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations

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).	

Section D. All Type III Supporting Organizations

		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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	/eatsee 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.
---	--	---------------------	--------------------	------------------	----------------	------------------------

	一般 ほうえ しょうろう しゅうしき えいき さし かだいし とうかい しぞうじょうがく たいきえい とうしょう ぼうしん やしかか かいしん だいしつ いかい	
	 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	the second se
C	 — The organization supported a dovernmental entity. Describe in Part VI now you supported a d	overnmental entity (see instructions).

18

- 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 on 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.
132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes

No

13480518 758407 12776

2월 17월 11월 20일 전 20일			Part VI). See instruction
e III non-functionally integrated supporting organizations mu			
et Income		(A) Prior Year	(B) Current Year (optional)
ital gain	1		
-year distributions	2		
e (see instructions)	3		
h 3.	4		
tepletion	5		
g expenses paid or incurred for production or			
income or for management, conservation, or	10.00		
operty held for production of income (see instructions)	6		
ee instructions)	7		
ome (subtract lines 5, 6, and 7 from line 4)	8		
sset Amount		(A) Prior Year	(B) Current Year (optional)
ket value of all non-exempt-use assets (see			
ort tax year or assets held for part of year):			
alue of securities	1a		
ash balances	1b		
of other non-exempt-use assets	1c		
, 1b, and 1c)	1d		
for blockage or other factors			
Part VI):			
edness applicable to non-exempt-use assets	2		
n line 1d.	3		
for exempt use. Enter 0.015 of line 3 (for greater amount,			
Cherry and the French reprint here	4		
xempt-use assets (subtract line 4 from line 3)	5		
.035.	6		
r-year distributions	7		
mount (add line 7 to line 6)	8		
le Amount			Current Year
ne for prior year (from Section A, line 8, column A)	1		
· · · · · · · · · · · · · · · · · · ·	2		
nount for prior year (from Section B, line 8, column A)	3		
e 2 or line 3.	4		
ed in prior year	5		
ount. Subtract line 5 from line 4, unless subject to			
rary reduction (see instructions).	6		
ed in prior year ount. Subtract rary reduction (line 5 from line 4, unless subject to (see instructions).	line 5 from line 4, unless subject to (see instructions).	line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

132026 01-04-22

_	dule A (Form 990) 2021 DELAWARE PROS t V Type III Non-Functionally Integrated 509	PERITY PARTNER (a)(3) Supporting Orga			2-2881997 Page 7
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
1	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	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 the	he organization is responsive	3		
_	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount	-			
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
_	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018	· ·			
c	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

132027 01-04-22

e Excess from 2021

	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
_	
_	
_	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

- 11	DELAWARE PROSPERITY P	and an Other Circuit of Fred		
a	rt I Organizations Maintaining Donor Advised Fu organization answered "Yes" on Form 990, Part IV, line 6.	inds or Other Similar Funds	or Acco	unts. Complete if the
		(a) Donor advised funds	(b) Fu	nds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's exclusion			Yes N
	Did the organization inform all grantees, donors, and donor advisor			
	for charitable purposes and not for the benefit of the donor or don	10 C. C. C. M. C.		
	impermissible private benefit?			Yes N
a	rt II Conservation Easements. Complete if the organiza			7.
i,	Purpose(s) of conservation easements held by the organization (ch	neck all that apply).		
	Preservation of land for public use (for example, recreation o	r education) Preservation of a	historical	y important land area
	Protection of natural habitat	Preservation of a		and the second
	Preservation of open space			
1	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form c	f a conserv	vation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
a	Total number of conservation easements		2a	
b			and the second se	
c	Number of conservation easements on a certified historic structure			
d			A REAL PROPERTY AND A REAL	
	listed in the National Register		2d	
	Number of conservation easements modified, transferred, released			the second data of the second
>	the most of benedit and the most of the most of the states	, extinguished, or terminated by the	organizatio	in during the tax
,	year >	f, extinguished, or terminated by the	organizatio	on during the tax
	승규는 무엇이 가지 않아? 아이지 아이지 않아요? 그 아이지 않는 것이 아이지 않는 것이 아이지 않는 것이 가지?		organizatio	n during the tax
ļ	year 🕨	nt is located ►	organizatio	n during the tax
	year >	nt is located monitoring, inspection, handling of		
1	year >	nt is located monitoring, inspection, handling of s?		Yes N
1	year >	nt is located monitoring, inspection, handling of s?		Yes N
5	year >	nt is located monitoring, inspection, handling of s? ing of violations, and enforcing const	ervation ea	Yes N sements during the year
5	year Vumber of states where property subject to conservation easement Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handle	nt is located monitoring, inspection, handling of s? ing of violations, and enforcing const	ervation ea	Yes N sements during the year
1 5	year ►	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservations, and enforcing conservations	ervation ea	Yes N sements during the year
L F	year ►	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservati f violations, and enforcing conservati sfy the requirements of section 170(h	ervation ea on easeme 1)(4)(B)(i)	Yes No. sements during the year ents during the year
	year ▶	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservati f violations, and enforcing conservati sfy the requirements of section 170(h	ervation ea on easeme 1)(4)(B)(i)	Yes No. sements during the year ents during the year
1 5 7	year ►	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservati f violations, and enforcing conservati sfy the requirements of section 170(f sements in its revenue and expense	ervation ea on easeme n)(4)(B)(i) statement	Yes No sements during the year ents during the year O Yes No and
3	year ►	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservati f violations, and enforcing conservati sfy the requirements of section 170(f sements in its revenue and expense o the organization's financial stateme	ervation ea on easeme n)(4)(B)(i) statement nts that de	Yes No. sements during the year ents during the year PYes No. and scribes the
1 5 3	year ► Number of states where property subject to conservation easemer Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handle ► Amount of expenses incurred in monitoring, inspecting, handling of ► Does each conservation easement reported on line 2(d) above sati and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservati f violations, and enforcing conservati sfy the requirements of section 170(f sements in its revenue and expense o the organization's financial stateme	ervation ea on easeme n)(4)(B)(i) statement nts that de	Yes No. sements during the year ents during the year PYes No. and scribes the
1 5 ,	year ►	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservations f violations, and enforcing conservations sfy the requirements of section 170(h sements in its revenue and expense to the organization's financial stateme , Historical Treasures, or Ot	ervation ea on easeme n)(4)(B)(i) statement nts that de	Yes No. sements during the year ents during the year PYes No. and scribes the
	year ► Number of states where property subject to conservation easement Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handle Amount of expenses incurred in monitoring, inspecting, handling o S Amount of expenses incurred in monitoring, inspecting, handling o S Does each conservation easement reported on line 2(d) above sati and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservations f violations, and enforcing conservations sfy the requirements of section 170(the sements in its revenue and expense to the organization's financial statemes of the organization's financial statemes Historical Treasures, or Ot al Part IV, line 8.	ervation ea on easeme n)(4)(B)(i) statement nts that de her Simi	Yes No. sements during the year ents during the year Yes No. and scribes the Iar Assets.
a	year ► Number of states where property subject to conservation easemer Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handle Amount of expenses incurred in monitoring, inspecting, handling o S Mount of expenses incurred in monitoring, inspecting, handling o S Does each conservation easement reported on line 2(d) above sati and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on Form 990,	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservations, and enforcing conservations, and enforcing conservations, and enforcing conservations by the requirements of section 170(find the	ervation ea on easeme n)(4)(B)(i) statement nts that de her Simi	Yes No. sements during the year ents during the year Yes No. and scribes the Iar Assets. sheet works
a	year ► Number of states where property subject to conservation easemer Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handle Amount of expenses incurred in monitoring, inspecting, handling o \$ Does each conservation easement reported on line 2(d) above sati and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements. ft III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on Form 990, If the organization elected, as permitted under FASB ASC 958, not	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservations f violations, and enforcing conservations sfy the requirements of section 170(f sements in its revenue and expense to the organization's financial statement to the organization's financial statement , Historical Treasures, or Ot Part IV, line 8.	ervation ea on easeme n)(4)(B)(i) statement nts that de her Simi ther Simi therance o	Yes N sements during the year ents during the year Yes N and scribes the Iar Assets.
a	year ► Number of states where property subject to conservation easemer Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handli Amount of expenses incurred in monitoring, inspecting, handling of \$ Does each conservation easement reported on line 2(d) above sati and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art. Complete if the organization answered "Yes" on Form 990, If the organization elected, as permitted under FASB ASC 958, not of art, historical treasures, or other similar assets held for public ex-	nt is located monitoring, inspection, handling of s? ling of violations, and enforcing conservations f violations, and enforcing conservations fy the requirements of section 170(h sements in its revenue and expense to the organization's financial statement , Historical Treasures, or Ot Part IV, line 8. to report in its revenue statement ar hibition, education, or research in fur tatements that describes these items	ervation ea on easeme n)(4)(B)(i) statement nts that de her Simi d balance therance o s.	Yes N sements during the year ents during the year Yes N and scribes the Iar Assets. sheet works f public
a	year ► Number of states where property subject to conservation easemer Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handle Amount of expenses incurred in monitoring, inspecting, handling o \$ Does each conservation easement reported on line 2(d) above sati and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements. T III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on Form 990, If the organization elected, as permitted under FASB ASC 958, not of art, historical treasures, or other similar assets held for public ex service, provide in Part XIII the text of the footnote to its financial s	the is located monitoring, inspection, handling of s? ing of violations, and enforcing conservations f violations, and enforcing conservations sfy the requirements of section 170(f sements in its revenue and expense of the organization's financial statement , Historical Treasures, or Ot Part IV, line 8. to report in its revenue statement arr hibition, education, or research in fur tatements that describes these items report in its revenue statement and b	ervation ea on easeme n)(4)(B)(i) statement in her Simi her Simi d balance therance o s. alance she	Yes N sements during the year ents during the year Yes N and scribes the Iar Assets. sheet works f public et works of
a	year ►	the is located monitoring, inspection, handling of s? ing of violations, and enforcing conservations f violations, and enforcing conservations sfy the requirements of section 170(f sements in its revenue and expense of the organization's financial statement , Historical Treasures, or Ot Part IV, line 8. to report in its revenue statement arr hibition, education, or research in fur tatements that describes these items report in its revenue statement and b	ervation ea on easeme n)(4)(B)(i) statement in her Simi her Simi d balance therance o s. alance she	Yes N sements during the year ents during the year Yes N and scribes the Iar Assets. sheet works f public et works of
a	year ►	the is located ► monitoring, inspection, handling of s? ling of violations, and enforcing conservations f violations, and enforcing conservations fy the requirements of section 170(f sements in its revenue and expenses to the organization's financial statement of the organization's financial statement Historical Treasures, or Ot Part IV, line 8. It to report in its revenue statement are hibition, education, or research in fur tatements that describes these items report in its revenue statement and b pointon, education, or research in further	ervation ea on easeme n)(4)(B)(i) statement nts that de her Simi her Simi herance o s. alance she erance of p	Yes N sements during the year ents during the year Yes N and scribes the Iar Assets. sheet works f public et works of
a	year ► Number of states where property subject to conservation easement Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handle Amount of expenses incurred in monitoring, inspecting, handling o \$ Does each conservation easement reported on line 2(d) above sati and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements. The Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on Form 990, If the organization elected, as permitted under FASB ASC 958, not of art, historical treasures, or other similar assets held for public exist service, provide in Part XIII the text of the footnote to its financial s If the organization elected, as permitted under FASB ASC 958, to art, historical treasures, or other similar assets held for public exist provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	the is located ► monitoring, inspection, handling of s? ling of violations, and enforcing conservations f violations, and enforcing conservations fy the requirements of section 170(the sements in its revenue and expense is to the organization's financial statement of the organization's financial statement Historical Treasures, or Ot Part IV, line 8. It to report in its revenue statement are hibition, education, or research in fur tatements that describes these items report in its revenue statement and b bition, education, or research in further	ervation ea on easeme n)(4)(B)(i) statement ints that de her Simi d balance therance of alance she erance of p	Yes N sements during the year ents during the year Yes N and scribes the lar Assets. sheet works f public et works of ublic service,
2 3 3 1 3 1 3	year ►	the is located ► monitoring, inspection, handling of s? ling of violations, and enforcing conservations f violations, and enforcing conservations f violations, and enforcing conservations fy the requirements of section 170(the sements in its revenue and expense is the organization's financial statement the organization's financial statement Historical Treasures, or Ot Part IV, line 8. It to report in its revenue statement are hibition, education, or research in further report in its revenue statement and b potion, education, or research in further	ervation ea on easeme n)(4)(B)(i) statement ints that de her Simi ind balance therance of alance she erance of p	Yes N sements during the year ents during the year Yes N and scribes the lar Assets. sheet works f public et works of ublic service, \$\$
1 5 7 3 9 7 3 9	year ▶ Number of states where property subject to conservation easemer Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handling or ▶ Amount of expenses incurred in monitoring, inspecting, handling or ▶ Does each conservation easement reported on line 2(d) above satis and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements. tt III Organizations Maintaining Collections of Art. Complete if the organization answered "Yes" on Form 990, If the organization elected, as permitted under FASB ASC 958, not of art, historical treasures, or other similar assets held for public existence, provide in Part XIII the text of the footnote to its financial s If the organization elected, as permitted under FASB ASC 958, to r art, historical treasures, or other similar assets held for public existence, provide in Part XIII the text of the footnote to its financial s If the organization elected, as permitted under FASB ASC 958, to r art, historical treasures, or other similar assets held for public existencical treasures, or other similar assets held for public	the is located ► monitoring, inspection, handling of s? ing of violations, and enforcing conservations f violations, and enforcing conservations f violations, and enforcing conservations fy the requirements of section 170(f sements in its revenue and expense to the organization's financial statement of the organization's financial statement , Historical Treasures, or Ot Part IV, line 8. It or report in its revenue statement are hibition, education, or research in fur tatements that describes these items report in its revenue statement and b bition, education, or research in further s, or other similar assets for financial	ervation ea on easeme n)(4)(B)(i) statement ints that de her Simi ind balance therance of alance she erance of p	Yes No. sements during the year ents during the year Yes No. and scribes the lar Assets. sheet works f public et works of ublic service, \$\$
1 5 7 3 9	year ▶ Number of states where property subject to conservation easemer Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handling or Number of expenses incurred in monitoring, inspecting, handling or Armount of expenses incurred in monitoring, inspecting, handling or > \$ Does each conservation easement reported on line 2(d) above satis and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art. Complete if the organization answered "Yes" on Form 990, If the organization elected, as permitted under FASB ASC 958, not of art, historical treasures, or other similar assets held for public exists service, provide in Part XIII the text of the footnote to its financial service, provide in Part XIII the text of the footnote to its financial set if the organization elected, as permitted under FASB ASC 958, to r art, historical treasures, or other similar assets held for public exhibt provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X If the organization received or held works of art, h	the is located monitoring, inspection, handling of s? ing of violations, and enforcing conservations f violations, and enforcing conservations isty the requirements of section 170(the sements in its revenue and expense is to the organization's financial statements Historical Treasures, or Ot Part IV, line 8. to report in its revenue statement are hibition, education, or research in fur- tatements that describes these items report in its revenue statement and bo bition, education, or research in fur- tatements that describes these items report in its revenue statement and bo bition, education, or research in further s, or other similar assets for financial is relating to these items:	ervation ea on easeme n)(4)(B)(i) statement i nts that de her Simi d balance therance of alance she erance of p	Yes No. sements during the year ents during the year Yes No. and scribes the lar Assets. sheet works f public et works of ublic service, \$\$

13480518 758407 12776

	dule D (Form 990) 2021 DELAWAR	E PROSPERI							Scontin		e 2
3	Using the organization's acquisition, access								Geoman	icaj	_
	collection items (check all that apply):										
а	Public exhibition	c	1 🗆 L	oan or exc	change progra	m					
b	Scholarly research	e		ther				-		_	
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how the	y further t	the organizatio	on's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	asures, or othe	er similar :	assets				
-	to be sold to raise funds rather than to be m	aintained as part of	the organ	zation's c	ollection?	Construction and and and and and and and and and an			Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	the second s	ete if the d	organizatio	on answered "	Yes" on F	Form 990, P	art IV, li	ine 9, or		
1a	Is the organization an agent, trustee, custod on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:							
									Amount		
c	Beginning balance						1c				
d	Additions during the year										
e	Distributions during the year										
f								_			
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation	has been	n provided on	Part XIII		anuuu			
Par	t V Endowment Funds. Complete	if the organization ar	nswered "	Yes" on Fe	orm 990, Part	IV, line 10	D.	-			
		(a) Current year	(b) Pri	or year	(c) Two years	s back (d) Three year	s back	(e) Four	years b	ack
1a	Beginning of year balance	1		-				-			_
b	Contributions										_
c	Net investment earnings, gains, and losses				. H						
d	Grants or scholarships										-
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end baland	e (line 1g	column (a)) held as:						
а	Board designated or quasi-endowment		%								
ь	Permanent endowment	%	_								
c	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse		ation that	are held a	and administer	red for the	e organizatio	on			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	1.1	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sc	hedule R?	}				3b		
4	Describe in Part XIII the intended uses of the							coopies A			
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a.	See Form 990	, Part X, li	ine 10.	-	_	_	
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation		(d) Book	value	
1a	Land										
	Buildings				1.00						
	Leasehold improvements			2	27,478.		11,362		16	,11	6.
	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line	10c.)			-	16	,11	6.
		and the second second					Sch	nedule	D (Form		

Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	Form 990. Part IV line	11b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
1) Financial derivatives	(H)	(0)	Tel Tele commence cenere
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		the second s	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	n Form 990, Part IV, line 1 escription	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4) (5)			-
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	Þ	
Part X Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) AGENCY FUND			45,000
(3) ACCRUED PAYROLL			22,030
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line :			67,030
 Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under F 	ne text of the footnote to	the organization's financial statements t re if the text of the footnote has been pro	hat reports the

132053 10-28-21

34 2021.03041 DELAWARE PROSPERITY PARTNER 12776_1

Par	t XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin		Revenue per R	eturn	
1				1	3,174,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		6,000.		
c	Recoveries of prior year grants		-16 1.3		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	6,000.
3	Subtract line 2e from line 1			3	3,168,461.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				12 M C P 12 M 12
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
1.5				1.0	0
C	Add lines 4a and 4b		deres and the second second second	4c	0.
-	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St) atements With	Expenses per		
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line	.) t atements With ne 12a.	Expenses per	5 Retu	<u>3,168,461</u> . rn.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	.) t atements With ne 12a.	Expenses per		
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With ne 12a.	Expenses per	5 Retu	<u>3,168,461</u> . rn.
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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) tatements With ne 12a.	Expenses per	5 Retu	<u>3,168,461</u> . rn.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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) tatements With ne 12a. 2a 2b	Expenses per	5 Retu	<u>3,168,461</u> . rn.
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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) tatements With ne 12a. 2a 2b 2c	Expenses per	5 Retu	<u>3,168,461</u> . rn.
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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.)) tatements With ne 12a. 2a 2b 2c 2c 2d	Expenses per 6,000.	5 Retu	3,168,461. m. 3,103,906.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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 losses Other (Describe in Part XIII.) Add lines 2a through 2d) tatements With ne 12a. 2a 2b 2c 2d	Expenses per	5 Retu 1 2e	3,168,461. m. 3,103,906. 6,000.
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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) tatements With ne 12a. 2a 2b 2c 2d	Expenses per	5 Retu	3,168,461. m. 3,103,906.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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:) tatements With ne 12a. 2a 2b 2c 2d	Expenses per	5 Retu 1 2e	3,168,461. m. 3,103,906. 6,000.
5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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) tatements With ne 12a. 2a 2b 2c 2d 2d	Expenses per	5 Retu 1 2e	3,168,461. m. 3,103,906. 6,000.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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.)) tatements With ne 12a. 2a 2b 2c 2d 2d 2d	Expenses per	5 Retu 1 2e 3	3,168,461. m. 3,103,906. 6,000. 3,097,906.
5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 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) tatements With ne 12a. 2a 2b 2c 2d 2d	Expenses per 6,000.	5 Retu 1 2e	3,168,461. m. 3,103,906. 6,000.

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

PART X, LINE 2:

THE CORPORATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM
INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND,
THEREFORE, HAS MADE NO PROVISIONS FOR FEDERAL INCOME TAXES IN THE
ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE CORPORATION HAS BEEN
DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION
WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE.

THE CORPORATION ADOPTED ASC 740-10, INCOME TAXES, AS IT RELATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST FEDERAL INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND

UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE Schedule D (Form 990) 2021 132054 10-28-21 35

13480518 758407 12776

Schedule D (Form 990) 2021 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 2018, 2019 AND 2020 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) 2021

132055 10-28-21

SCHEDULE J	Com	pensation Information	0	MB No.	1545-00	47
(Form 990)	For certain Officers,	Directors, Trustees, Key Employees, and Highest		20	21	
	Complete if the organi	Compensated Employees zation answered "Yes" on Form 990, Part IV, line 23	3.			
Department of the Treasury		Attach to Form 990.	0	pen to Inspe		
Internal Revenue Service	Go to www.irs.gov/	Form990 for instructions and the latest information	Employer ident			
Name of the organization	DELAWARE PROOF	THE THE PADENIED CUTD THE				mber
Part I Questions F	Regarding Compensation	PERITY PARTNERSHIP, INC.	82-288	199	1	_
Fart Questions r	regarding compensation	a desay.				
	and a second second second			-	Yes	No
		ded any of the following to or for a person listed on Fo	rm 990,		100	
		any relevant information regarding these items.				
First-class or char		Housing allowance or residence for per				
Travel for compar		Payments for business use of personal				
	on and gross-up payments	Health or social club dues or initiation fe				
Discretionary spe	nding account	Personal services (such as maid, chauf	feur, chef)			<u> </u>
		inization follow a written policy regarding payment or				
		ribed above? If "No," complete Part III to explain		1b	-	
2 Did the organization re	quire substantiation prior to rein	bursing or allowing expenses incurred by all directors	i			
trustees, and officers,	including the CEO/Executive Dire	ector, regarding the items checked on line 1a?		2		
3 Indicate which, if any,	of the following the organization	used to establish the compensation of the organizatio	n's			
CEO/Executive Directo	or. Check all that apply. Do not c	heck any boxes for methods used by a related organiz	ation to			
establish compensatio	on of the CEO/Executive Director	, but explain in Part III.				
Compensation co	ommittee	Written employment contract				
	pensation consultant	Compensation survey or study				
Form 990 of other		X Approval by the board or compensation	n committee			
4 During the year, did an	v person listed on Form 990, Pa	rt VII, Section A, line 1a, with respect to the filing				
organization or a relate						
		ment?		4a		X
the second se	e payment from a supplemental			4b		X
	e payment from an equity-based	the second se		40		X
		e the applicable amounts for each item in Part III.		40		
in res to any or lines	Hard, list the persons and provid	e the applicable amounts for each term in Fart III.				
Only section 501/o)/2)	501(a)(4) and 501(a)(29) area	nizations must complete lines 5-9.				
이 것이 같아요. 아이는 것이 같아요. 아이는 것이 같아요.		a 1a, did the organization pay or accrue any compensation	ation			
contingent on the reve		a ra, did the organization pay of accide any compensa	tuon			
				5a		x
					-	X
			Antesta a la seconda da casa d	5b	-	A
If "Yes" on line 5a or 5						
		e 1a, did the organization pay or accrue any compensa	ition			
contingent on the net e				3.1		
				6a		X
				6b	-	X
If "Yes" on line 6a or 6		The second s				
		a 1a, did the organization provide any nonfixed payment				
		art		7	_	X
		d or accrued pursuant to a contract that was subject to				1
initial contract exception	on described in Regulations sect	ion 53.4958-4(a)(3)? If "Yes," describe in Part III		8	_	X
9 If "Yes" on line 8, did th	he organization also follow the re	buttable presumption procedure described in			11	1
Regulations section 53	1.4958-6(c)?		numa number server	9		-
LHA For Paperwork Redu	uction Act Notice, see the Instr	uctions for Form 990.	Schedule .	(Forn	n 990)	202

13480518 758407 12776

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS(compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM KURT FOREMAN	(i)	277,124.	0.	0.	0.	7,876.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELE SCHIAVONI	(i)	152,164.	0.	0.	0.	3,219.		0.
DIRECTOR OF MARKETING & EXTERNAL REL	(ii)	0.	0.	0.	0.	0.		0.
(3) CHARLES MADDEN	(i)	147,676.	0.	0.	0.	3,934.	151,610.	0.
	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				0			
	(ii)							
	(i)				1	1		
	(ii)							
	(i)			1	1			
	(ii)				2			
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 -			
	(i)							
	(ii)							
	(i)	1						1
	(ii)		1		/			
	(i)				1			
	(ii)				1		1	
	(i)							
	(ii)							· · · · · · · · · · · · · · · · · · ·
	(i)							
	(ii)			100 million (100 million)	-	1 1 1		

Schedule J	(Form 990)	2021
------------	------------	------

Page 3

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) 2021

SCHEDULE O (Form 990)

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

Open to Public Inspection

OMB No. 1545-0047

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 BOARD OF DIRECTORS FOR APPROVAL 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.

FORM 990, PART XII, LINE 2C LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21 40 13480518 758407 12776

Interest Schedule O (Form 990) 2021 Iame of the organization DELAWARE PROSPERITY PARTNERSHIP, INC.	Pa Employer identification num 82-2881997
THE PROCESS FOR THE OVERSIGHT OF THE AUDIT AND SELECTION	I OF AN
INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YE	AR.
12212 11-11-21	Schedule O (Form 990) 2

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity			OMB No. 1545-0047
Form OOI 3-1L	For calendar year 2021, or fiscal year beginning, 20		20	0004
	► Do not send to the IRS. Keep f		20	2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for	•		
Name of filer			EIN or SSN	
DELAWA	RE PROSPERITY PARTNERSHIP, IN	C.	82-2881	997
	rson subject to tax WILLIAM KURT FOREMA		02 2002	
	CEO			
Part I Type of	Return and Return Information			
Form 5330 filers may enter or 10a below, and the arm whichever is applicable, b than one line in Part I.	rn for which you are using this Form 8879-TE and enter the r dollars and cents. For all other forms, enter whole dollars bunt on that line for the return being filed with this form was lank (do not enter -0-). But, if you entered -0- on the return, the mere b Total revenue, if any (Form 990, P	only. If you check the box on s blank, then leave line 1b, 2b , then enter -0- on the applicabl art VIII, column (A), line 12)	line 1a, 2a, 3a, , 3b, 4b, 5b, 6b, e line below. Do 1b	4a, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b, not complete more 3, 168, 461.
2a Form 990-EZ che	ck here 🕨 🔲 🛛 b Total revenue, if any (Form 990-E2			
3a Form 1120-POL			3b	
4a Form 990-PF che		e (Form 990-PF, Part V, line 5)		
5a Form 8868 check	here b Balance due (Form 8868, line 3c)			
6a Form 990-T chec				
7a Form 4720 check				
8a Form 5227 check				
9a Form 5330 check	here b Tax due (Form 5330, Part II, line 1)	9)		
10a Form 8038-CP ch		-		2
Part II Declara	tion and Signature Authorization of Officer o	r Person Subject to Ta	X	
Under penalties of perjury	, I declare that 🔀 I am an officer of the above entity or 🗌	I am a person subject to t	ax with respect	to (name
of entity)	, (Ell	N) and	I that I have exa	mined a copy of the
financial institution to deb later than 2 business days payment of taxes to receiv	ution account indicated in the tax preparation software for t the entry to this account. To revoke a payment, I must co prior to the payment (settlement) date. I also authorize the re confidential information necessary to answer inquiries ar nber (PIN) as my signature for the electronic return and, if a	ntact the U.S. Treasury Finan financial institutions involved nd resolve issues related to the	cial Agent at 1-8 I in the processi e payment. I ha	388-353-4537 no ng of the electronic ve selected a
	EELER, WOLFENDEN & DWARES, P.	Δ. to	enter my PIN	71997
				nter five numbers, but
				lo not enter all zeros
with a state age on the return's o As an officer or return. If I have	on the tax year 2021 electronically filed return. If I have ind ncy(ies) regulating charities as part of the IRS Fed/State pr disclosure consent screen. person subject to tax with respect to the entity, I will enter indicated within this return that a copy of the return is being rogram, I will enter my PIN on the return's disclosure conse	ogram, I also authorize the afo my PIN as my signature on th g filed with a state agency(ies)	prementioned El e tax year 2021	RO to enter my PIN electronically filed
			Date 🕨	
Signature of officer or person subjection Part III Certification	ition and Authentication		Date	
	pur six-digit electronic filing identification			
	your five-digit self-selected PIN.	51147580493 Do not enter all zeros		
submitting this return in a Business Returns.	meric entry is my PIN, which is my signature on the 2021 el coordance with the requirements of Pub. 4163, Modernized	-		
ERO's signature 🕨 🔐	Iliam Kurt Foreman	Date 🕨 5/31/	/2022	
ERO Must Retain This Form - See Instructions				
Do Not Submit This Form to the IRS Unless Requested To Do So				
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.			rm 8879-TE (2021)
102521 01-11-22				