#### DELAWARE PROSPERITY PARTNERSHIP, INC.

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

2023

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

MAY 12, 2024

DELAWARE PROSPERITY PARTNERSHIP, INC. 1007 NORTH ORANGE STREET SUITE 317 WILMINGTON, DE 19801

DEAR KURT FOREMAN

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

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

VERY TRULY YOURS,

KATHLEEN CORCORAN, CPA

## TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

DECEMBER 31, 2023

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Prepared for	DELAWARE PROSPERITY PARTNERSHIP, INC. 1007 NORTH ORANGE STREET SUITE 317 WILMINGTON, DE 19801
Prepared by	WHEELER, WOLFENDEN & DWARES, P.A. 4550 LINDEN HILL ROAD, STE 201 WILMINGTON, DE 19808
Amount due or refund	NOT APPLICABLE
Make check bayable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2024.

#### Form 8879-TE

#### IRS E-file Signature Authorization for a Tax Exempt Entity

, 2023, and ending For calendar year 2023, or fiscal year beginning

DMB No. 1545-0047

Department of the Treasury

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

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN DELAWARE PROSPERITY PARTNERSHIP, INC. 82-2881997 WILLIAM KURT FOREMAN Name and title of officer or person subject to tax Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2,860,513. 1a Form 990 check here Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) 2b 2a b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here ... 4a Form 8868 check here b Balance due (Form 8868, line 3c) 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_6b Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 7a b FMV of assets at end of tax year (Form 5227, Item D) Form 5227 check here 8a b Tax due (Form 5330, Part II, line 19) Form 5330 check here ..... 9a 9b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) are acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 71997 X | authorize WHEELER, WOLFENDEN & DWARES, P.A. to enter my PIN Enter five numbers, but ERO firm name as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 51147580493 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form 8879-TE (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

# Form **990**

### 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.

2023

Open to Public Inspection

Department of the Treasury

A For the 2023 calendar year, or tax year beginning and ending	ng	
B Check it applicable: C Name of organization	D Employer ident	tification number
Address change DELAWARE PROSPERITY PARTNERSHIP, INC.  Name Change Change Doing business as	82-2881	.997
Initial return Number and street (or P.O. box if mail is not delivered to street address)  Final return 1007 NORTH ORANGE STREET SUITE 317	/suite E Telephone num 302-477	
terminated City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,860,513.
Amended WILMINGTON, DE 19801	H(a) Is this a group	
Application pending F Name and address of principal officer:WILLIAM KURT FOREMAN SAME AS C ABOVE  1 Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or J Website: WWW.CHOOSEDELAWARE.COM	for subordinate  H(b) Are all subordinate	tes? Yes X No se included? Yes No n a list, See instructions
		M State of legal domicile: DE
Part I Summary		
1 Briefly describe the organization's mission or most significant activities: THE DEL.	AWARE PROSPER	ITY
PARTNERSHIP (DPP) WAS CREATED AS A PRIVATE		
E 2 Check this box if the organization discontinued its operations or disposed of	f more than 25% of its net	assets.
3 Number of voting members of the governing body (Part VI, line 1a)	;	3 19
4 Number of independent voting members of the governing body (Part VI, line 1b)		4 19
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5 14
6 Total number of volunteers (estimate if necessary)		6 0
PARTNERSHIP (DPP) WAS CREATED AS A PRIVATE  Check this box if the organization discontinued its operations or disposed of  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2023 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12	7	a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7	b 0.
	Prior Year	Current Year
g 8 Contributions and grants (Part VIII, line 1h)	3,096,900	. 2,791,834.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,121,078	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	
g 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  163,989.	0	. 0.
b Total fundraising expenses (Part IX, column (D), line 25) 163,989.		
17 Other expenses (Part IX, Column (A), lines 1 (a-11d, 111-24e)		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
19 Revenue less expenses. Subtract line 18 from line 12	69,054	
500	Beginning of Current Yea	
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20		
21 Total liabilities (Part X, line 26)		
	3,201,857	2,635,060.
Part II Signature Block		
Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and s		my knowledge and belief, it is
rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowledge.	
Signature of officer	Date	
ngii	Date	
Here WILLIAM KURT FOREMAN, CEO Type or print name and title		
Print/Type preparer's name Preparer's signature	Date Check if	PTIN
aid KATHLEEN CORCORAN, CPA	self-emp	
Preparer Firm's name WHEELER, WOLFENDEN & DWARES, P.A.	Firm's EIN	51-0380493
Ise Only Firm's address 4550 LINDEN HILL ROAD, STE 201 WILMINGTON, DE 19808	Phone no. (	302) 254-8240
May the IRS discuss this return with the preparer shown above? See instructions		X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	
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 public office? If "Yes," complete Schedule C, Part I	3		х
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			25
3	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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	1	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?	9		x
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Δ
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	10		-2.
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1000	37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		X
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		Δ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	-
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	7	1	
	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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
7.2	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	_	X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
3.	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		**
10	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) DELAWARE PROSPERITY PARTNERSHIP,
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	100		**
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1	M	124
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	11	x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.00		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		-22
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	250		
	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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 "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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		х
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	1		
	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
35a	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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			100
00	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?	20	X	
Par	Note: All Form 990 filers are required to complete Schedule 0  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
- 341	Check if Schedule O contains a response or note to any line in this Part V			
	A TORREST AND A	THE PERSON	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		1
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b (	7		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		(2023)

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	V			17				
	filed for the calendar year ending with or within the year covered by this return	2a	14	L					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X				
За	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	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	auth	ority over, a			1.7			
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X			
b	If "Yes," enter the name of the foreign country					1			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accor	ints (FBAR).						
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	17	5b		X			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		mercent more market to the	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			-					
	any contributions that were not tax deductible as charitable contributions?	enistrio	1001111001111111100000	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu								
	were not tax deductible?		100 Craft rendered	6b					
7	Organizations that may receive deductible contributions under section 170(c).			4					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	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 w	as re	quired						
	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 of	contra	act?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	***************************************	7f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h		-			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by t	he						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.			-					
a	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	1	Y		**				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	K .						
11	Section 501(c)(12) organizations. Enter:	T.	1						
а	Gross income from members or shareholders	11a		-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		-			
	경식하다 사람이 가장 한다면 하다는 이 사람이 가고 있다. 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			14.7		-			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		_			
	Note: See the instructions for additional information the organization must report on Schedule O.								
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1-20	Ť						
	organization is licensed to issue qualified health plans	13b			- 1	-			
200	Enter the amount of reserves on hand	13c							
14a	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 Schedu			14b		-			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1		**			
	excess parachute payment(s) during the year?	111111111111111111111111111111111111111		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.			1425		**			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	ome?	16		X			
	If "Yes." complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		-			
	If "Yes," complete Form 6069.								

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI	I the thirth is a	Pinele	X
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing	7		1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			1
b	Enter the number of voting members included on line 1a, above, who are independent	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	10.7		
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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			
	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			
	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:	1	-	-
a	The governing body?	8a	X	
b	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			
	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.)			
		C.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100	1	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	1111
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a	X	
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			1
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	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		10
Sect	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filled NONE			
	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 only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply	o)s only	) avan	aoic
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
10	statements available to the public during the tax year.	in inidi	wial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
LU	BREAKWATER ACCOUNTING - 302-543-4564			

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
  Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	ndividual trustee or director nstitutional trustee		Key emplayee	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	x		X				278,232.	0.	9,502.	
(2) REBECCA HARRINGTON DIRECTOR OF BUSINESS DEVEL	40.00					х		172,122.	0.	1,749.	
(3) CHARLES MADDEN DIRECTOR OF TALENT SERVICE	40.00					x		157,807.	0.	3,793.	
(4) NOAH OLSEN DIRECTOR OF INNOVATION	40.00					x		127,720.	0.	5,410.	
(5) JOSEPH LEWIS III DIRECTOR OF MARKETING & EX	40.00					x		119,709.	0.	4,576.	
(6) DESMOND BAKER SECRETARY	1.00	x		x				0.	0.	0.	
(7) GREGG MOORE BOARD MEMBER	1.00	x	L	Ц		Ш		0.	0.	0.	
(8) WILLIAM BUSH BOARD MEMBER (9) ROB RIDER	1.00	x						0.	0.	0.	
TREASURER (10) JACK WALSH	1.00	X		X				0.	0.	0.	
BOARD MEMBER (11) BRIAN PETTYJOHN	1.00	X					-	0.	0.	0.	
BOARD MEMBER (12) ROBERT HERRERA	1.00	Х				11/	Н	0.	0.	0.	
BOARD MEMBER (13) LYNDON YEARICK	1.00	X				H	-	0.	0.	0.	
BOARD MEMBER (14) JOHN CARNEY JR	1.00	X		H	-	-		0.	0.	0.	
CO CHAIRMAN (15) RODMAN WARD III	1.00	X		X				0.	0.	0.	
CO-CHAIRMAN (16) FAYETTA BLAKE	1.00	X		X			H	0.	0.	0.	
BOARD MEMBER (17) RODGER LEVENSON	1.00	X	h					0.	0.	0.	
BOARD MEMBER		X					_	0.	0.	0 . Form <b>990</b> (2022)	

332007 12-21-23

Form 990 (2023)

Part VII Section A. Officers, Directo (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		Estim amou oth	ated nt 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)		from from organia and re organiz	the zation lated
(18) BETH BRAND BOARD MEMBER	1.00	x						0.	Ó			0.
(19) TONY EDWARDS	1.00									1		
BOARD MEMBER		X						0.	0			0.
(20) CHERESE WINSTEAD	1.00							- 51				
BOARD MEMBER		X						0.	0			0.
(21) PATRICK CALLAHAN	1.00									1		2
BOARD MEMBER	4.00	X			-			0.	0	•		0.
(22) ERIK CHEEK	1.00	77								1		
BOARD MEMBER	1.00	X	-			-		0.	.0	+		0.
(23) DONEENE DAMON	1.00	x	118					0.	0			0.
BOARD MEMBER (24) TRAVIS HASTINGS	1.00	Λ						0.		+		0.
BOARD MEMBER	1.00	x						0.	0	۵.		0.
(25) NICK LAMBROW	1.00									1		
BOARD MEMBER		X						0.	0			0.
				П						1		
				Щ	Ш		Щ			+		
1b Subtotal	ea-(III)Erwich (III)		001110			110+44+		855,590.	0		25,	030.
c Total from continuation sheets to								855,590.	0	_	25,030.	
d Total (add lines 1b and 1c)  2 Total number of individuals (including										•1	43,	030.
compensation from the organization	The second secon	1036	nate	u a	DUV	6) WI	10 16	ceived more than \$100,	ood of reportable			5
	7							and the second second		_	Ye	s No
3 Did the organization list any former line 1a? If "Yes," complete Schedule											3	x
4 For any individual listed on line 1a, i	is the sum of reportab	le co	ompe	ensa	ation	and	oth	er compensation from th	ne organization			
and related organizations greater th  Did any person listed on line 1a received.										+	4 X	+
rendered to the organization? If "Ye	s," complete Schedul	e J f	or su	ich	pers	son					5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five hig the organization. Report compensa:</li> </ol>									The state of the s	sati	on from	1.
	(A)		T.		etti i	OI W		(B)		_	(C)	400
Name and bi	usiness address	N	ONE				+	Description of se	rvices	Cor	npensa	tion
						_	+					
							-					
Total number of independent contra \$100,000 of compensation from the		ot lir	mited	d to		se lis	ted a	above) who received mo	re than			

Form 990 (2023)

	ert VIII	Statement of Re Check if Schedule O		respons	e or note to any lin	ne in this Part VIII			
		5,000,000,000				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 a b c d		ibutions) grants, and above lines 1a-1f	1b 1c 1d 1e 2 1f 1g \$	Business Code	2,791,834.			
	3 4	Total. Add lines 2a·2f Investment income (include other similar amounts) Income from investment of	ding divide	ends, inte	proceeds	66,382.			66,382.
nue	6 a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	6a 6b 6c 7a	(i) Real	(ii) Personal				
Other Reven	b c 9 a b c 10 a b	Net gain or (loss) Gross income from fundraising including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from the Gross income from gaming Part IV, line 19 Less: direct expenses Net income or (loss) from the Gross sales of inventory, line and allowances Less: cost of goods sold Net income or (loss) from the Gross sales of inventory, line and allowances	line 1c). S fundraising gactivitie gaming ac	not of See 8 8 8 9 9 9 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	a b				
nue		MISCELLANEOUS			Business Code 900099	2,297.			2,297.

C

0.

2,297. 2,860,513.

d All other revenue ......

e Total. Add lines 11a-11d

12 Total revenue. See instructions

0.

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

757.00	Check if Schedule O contains a respons			(6)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
. 20	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	270 222	04 500	111 202	70 740
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)	278,232.	94,599.	111,293.	72,340.
7	Other salaries and wages	1,249,936.	1,144,472.	51,681.	53,783.
8	Pension plan accruals and contributions (include				227.00.
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,643.	47,307.	12,945.	1,391.
10	Payroll taxes	107,456.	79,517.	22,566.	5,373.
11	Fees for services (nonemployees):		13/44/	22/5001	270,00
а					
b	Legal				
c					
d					
e	그들이다. 시하는 이 10 등에 20 8 유리를 하게 되었다고 하고 이끌는 11.11 유럽이다고 12.11~				
f	Investment management fees				
g	Control of the Contro				
9	column (A), amount, list line 11g expenses on Sch O.)	64,829.		64,829.	
12	Advertising and promotion	341,720.	341,720.	01,025.	
13	Office expenses	15,119.	311//201	15,119.	
14	Information technology	20/225		15/115	
15	Royalties				
16	Occupancy	95,920.		95,920.	
17	Travel	1,275.		1,275.	
18	Payments of travel or entertainment expenses	1,213.		1,415.	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,563.	3,563.		
21	Payments to affiliates		Y-10		
22	Depreciation, depletion, and amortization	2,342.		2,342.	
23	Insurance	188,548.	141,411.	39,595.	7,542.
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 O.)				
а	CONSULTING AND TEMPORAR	275,954.	275,954.		
b	BUSINESS DEVELOPMENT	206,700.	206,700.		
C	INNOVATION	170,775.	170,775.		
d	TALENT	133,893.	133,893.		
е	All other expenses	229,405.	118,944.	86,901.	23,560.
25	Total functional expenses. Add lines 1 through 24e	3,427,310.	2,758,855.	504,466.	163,989.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 058-720)				

	Check if Schedule O contains a response or no	te to any line	in this Part Y			
	Officer if ochequie o contains a response of the	ne to any line	s in this Part A	177	/s,01001	(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing		229,656.	1	375,735	
2	Savings and temporary cash investments			2,692,638.	2	2,072,144
3	Pledges and grants receivable, net	******************************		3		
4	Accounts receivable, net		334,161.	4	217,422	
5						
				5		
6				7-11		
				6		
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				56,271.	9	90,521
10a			42.00			
			21,873.	33 624	, -1	3 20 3
b				12,156.	10c	9,814
11					11	
12					12	
13					13	
				-		
					516,028	
				3,281,664		
				60,659.		64,205
-	Tax-exempt bond liabilities					
					21	
22					111	
	그 그의 사람이 있다면 그렇게 되는 사람들이 적고 있다. 그리고 있는 그 그 사람들은 그 사람들이 되었다면 되었다.		Annual Control of the		الكيفا	
2.2						
					24	
25	그 이렇게 살아왔다. 생님들이 아이를 가게 하는데 이번 생각이 되었다. 그리고 있다면 나를 다 되었다.					
	of Cohodula D			240 221	05	E02 200
ne	***************************************	*************				582,399
26		ante basis	v	309,300.	26	646,604
		eck nere	لما			
07		3 195 760	07	2,626,018		
						9,042
20		10,037.	20	3,042		
		ere				
20	아이들은 아이들은 얼마를 하는데 얼마를 하면 하는데 아이들은 사람들이 아이들은 사람들이 되었다.			20		
32	Total net assets or fund balances			3,201,857.	32	2,635,060
	i otal fiel doorld of fully balafices			J / MUL , UJ / 6	OZ.	2,000,000
	2 3 4 5 6 7 8 9 10a b 11 12	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current of trustee, key employee, creator or founder, subscontrolled entity or family member of any of the 6 Loans and other receivables from other disqual under section 4958(f)(1)), and persons describe 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equipment) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete 22 Loans and other payables to any current or for trustee, key employee, creator or founder, subscontrolled entity or family member of any of the 23 Secured mortgages and notes payable to unrelate 24 Unsecured notes and loans payable to unrelate 25 Other liabilities (including federal income tax, payarties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.  28 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or ea 31 Retained earnings, endowment, accumulated in	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former office trustee, key employee, creator or founder, substantial controcontrolled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons under section 4958(f)(1)), and persons described in section 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Sc. 22 Loans and other payables to any current or former officer, detrustee, key employee, creator or founder, substantial controcontrolled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third particulates, and other liabilities not included on lines 17:24). Cor of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check had complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fur 31 Retained earnings, endowment, accumulated income, or other liabilities in the current funds	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 21,873. b Less: accumulated depreciation 10b 12,059. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds 31 Retained earnings, endowment, accumulated income, o	1 Cash - non-interest-bearing 229,656. 2 Savings and temporary cash investments 2,692,638. 3 Piedges and grants receivable, net 334,161. 4 Accounts receivable in the 1 Cash and a controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of schedule D controlled entity beasis. Complete Part Vi of Schedule D controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family member of any of these persons controlled entity of family m	1

Form 990 (2023)

Both consolidated and separate basis

Form 990 (2023)

X

2c X

consolidated basis, or both:

X Separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DELAWARE PROSPERITY PARTNERSHIP, INC.

Employer identification number

	DEL	AWARE PROS	SPERITY PARTNE	ERSHIE	, INC	3.	82-2881997
Part I	Reason for Public	Charity Statu	S. (All organizations must	complete t	his part.)	See instructions.	
The organ	nization is not a private fou	ndation because it	is: (For lines 1 through 12,	check only	one box.	)	
1	A church, convention of	churches, or associ	ation of churches describe	d in section	on 170(b)(	1)(A)(i).	
2	A school described in se	ction 170(b)(1)(A)(i	i), (Attach Schedule E (For	m 990).)			
3			organization described in s		and the second second		
4	A medical research organ city, and state:	nization operated in	conjunction with a hospital	al describe	d in section	on 170(b)(1)(A)(iii). Ente	r the hospital's name,
5	An organization operated section 170(b)(1)(A)(iv).		college or university owner	d or opera	ated by a g	governmental unit descr	ibed in
6	A federal, state, or local of	government or gove	mmental unit described in	section 1	70(b)(1)(A	)(v).	
7 X	An organization that norm section 170(b)(1)(A)(vi).		stantial part of its support	from a gov	vernmenta	l unit or from the genera	al public described in
8			(b)(1)(A)(vi). (Complete Pa	rt II.)			
9 🗌			ped in section 170(b)(1)(A) griculture (see instructions)				
10 🗔	An organization that nom activities related to its ex- income and unrelated bu	empt functions, sub siness taxable inco	ore than 33 1/3% of its sup oject to certain exceptions; me (less section 511 tax) for	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
44	See section 509(a)(2). (C		lucivaly to toot for public s	ofatu Caa	continu E	00(a)(4)	
12			lusively to test for public salusively for the benefit of, t				ie numoses of one or
	more publicly supported	organizations descr	ribed in section 509(a)(1) or se of supporting organization	or section	509(a)(2).	See section 509(a)(3).	
a [	Type I. A supporting or	ganization operated	d, supervised, or controlled	by its sup	ported or	ganization(s), typically b	
			regularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting
. 1	organization. You must			eran come s		and accompanies of A. Evek	J. 30
Ь		of the supporting of	sed or controlled in connector organization vested in the s				
c [			ting organization operated	in connec	ction with,	and functionally integra	ted with,
	its supported organizat	ion(s) (see instruction	ons). You must complete	Part IV, Se	ections A	D, and E.	
d L		1540 H.S. (10040) (1004)	upporting organization ope anization generally must sa			[2] [1] 오늘 [4] [4] [4] [4] [4] [4] [4]	
	requirement (see instru	ctions). You must d	complete Part IV, Section	s A and D	, and Part	V.	
е	Check this box if the or	ganization received	a written determination fro	om the IRS	that it is	a Type I, Type II, Type II	f.
		The state of the s	tionally integrated support				
f Ente	er the number of supported	organizations				***************************************	
	vide the following informati			I fool is the oro:	anization Retail	T 64 American of management	(vi) Amount of other
	ii) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount of monetary support (see instructions)	
	organization	-	above (see instructions))	Yes	No	dapport (des motrastans)	copport (see menderions)
_		-	+				
Total							

#### 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> </ol>	3 626 070	2 620 500	2 169 000	3,091,000.	2,788,500.	1E 212 070
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3,626,079,	2,639,500,	3,168,000.	3,091,000.	2,788,500.	15,313,079.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,626,079.	2,639,500.	3,168,000.	3,091,000.	2,788,500.	15,313,079.
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)						72 We 200
6 Public support. Subtract line 5 from line 4. Section B. Total Support		1				15,313,079,
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3,626,079.	2,639,500.	3,168,000.	3,091,000.	2.788.500.	15,313,079.
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,328.	10,951.	461.	24,770.		143,892.
Net income from unrelated business activities, whether or not the business is regularly carried on	#1,520.	10,731.	401.	24,770.	00,302.	143,032.
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		4				15,456,971.
12 Gross receipts from related activities,	etc. (see instructio	ns)			12	
13 First 5 years. If the Form 990 is for th organization, check this box and stop Section C. Computation of Publi	here				01(c)(3)	
14 Public support percentage for 2023 (li			dumo (fi)		14	99.07 %
					15	99.50 %
16a 33 1/3% support test - 2023. If the o stop here. The organization qualifies a	rganization did not as a publicly suppo	check the box on orted organization	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
b 33 1/3% support test - 2022. If the o	rganization did not	check a box on lin	e 13 or 16a, and li	ine 15 is 33 1/3%	or more, check th	is box
and stop here. The organization quali	fies as a publicly su	upported organizat	ion			,
17a 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances te	s-and-circumstance	s test, check this l	oox and stop here	e, Explain in Part \		
b 10% -facts-and-circumstances test more, and if the organization meets th	- 2022. If the orga	nization did not ch stances test, chec	eck a box on line k this box and <b>sto</b>	13, 16a, 16b, or 1 p here. Explain in	Part VI how the	
organization meets the facts-and-circu						
18 Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box a	nd see instructions	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		(e) 2023	(f) Total
1 Gifts, grants, contributions, and				7 32			
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions,							
merchandise sold or services per- formed, or facilities furnished in							
any activity that is related to the					1		
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					1		
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
and a call 그리스 이번 경기에 되었습니다. 이번 경기 및 기계 및					-		
6 Total. Add lines 1 through 5					-		
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons					-		
Amounts included on lines 2 and 3 received from other than disqualified persons that							
exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	1	e) 2023	(f) Total
9 Amounts from line 6		7					
10a Gross income from interest,							
dividends, payments received on					\		
securities loans, rents, royalties, and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business					1		
activities not included on line 10b,							
whether or not the business is							
regularly carried on		-			-		
or loss from the sale of capital							
assets (Explain in Part VI.)					+	_	
13 Total support. (Add lines 9, 10c, 11, and 12.)		Laborator I was a second				20.5	
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)	(3) organizat	ion,
check this box and stop here						neus comme	
Section C. Computation of Public					1 -1		
15 Public support percentage for 2023 (lin			column (f))		15		9
16 Public support percentage from 2022 S				mosamonumens.	16		9
Section D. Computation of Invest					,		
17 Investment income percentage for 202	3 (line 10c, colur	mn (f), divided by lin	ne 13, column (f))	***************************************	17		9
8 Investment income percentage from 20	022 Schedule A,	Part III, line 17			18		9
19a 33 1/3% support tests - 2023. If the o					33 1/3	%, and line	7 is not
more than 33 1/3%, check this box and							
b 33 1/3% support tests - 2022. If the o						in 33 1/3%.	and
line 18 is not more than 33 1/3%, chec							
20 Private foundation. If the organization					A 1 1 1 1 1 1 1		
The state of the s						THE RESERVE TO SHARE STORY	

#### Part IV Supporting Organizations

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

	Yes	No
1		
2 3a		
		Ī
3b		
3c		
4a		
4b		
4c		
5а		
5b 5c		L
6		
7		
8		
9a		
9b		
9c		
10a		
10b	n 990)	200

3 Parent of Supported Organizations. Answer lines 3a and 3b below.
a Did the organization have the power to regularly appoint or elect a management.

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. 2b 3a 3b

Sec	tion C - Distributable Amount	Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-function	nally integrated Type III supp	porting organization (see

7

8

Schedule A (Form 990) 2023

7

instructions).

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Section	on D - Distributions			Current Year
1 /	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3 /	Administrative expenses paid to accomplish exempt purpo	3		
4 Amounts paid to acquire exempt-use assets			4	
5 (	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
6 (	6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			8	
9 Distributable amount for 2023 from Section C, line 6			9	
10 1	Line 8 amount divided by line 9 amount		10	
		(6)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DELAWARE PROSPERITY PARTNERSHIP

Employer identification number 82-2881997

_	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	1	(b) Funds and other accounts	
	Tatal and the sat and of head	(a) Donor advised funds	-	(b) Funds and other accounts	
1	Total number at end of year		-		
2	Aggregate value of contributions to (during year)		-		
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year	de la production de la constantina del constantina del constantina de la constantina	4.1.1.1	V)	
5	Did the organization inform all donors and donor advisors in wr are the organization's property, subject to the organization's ex	clusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor add for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose confe	rring	
Pa	impermissible private benefit?  rt II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 9		/ line 7	
1	Purpose(s) of conservation easements held by the organization	Part of the Control o	SU, Fait IV	, me /.	
	Preservation of land for public use (for example, recreation	10 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n of a hiet	orically important land area	
	Protection of natural habitat			ified historic structure	
	Preservation of open space	Fleservatic	il di a cert	med historic structure	
2	Complete lines 2a through 2d if the organization held a qualified	d consequation contribution in the f	orm of a co	onconvotion agreement on the last	
2	day of the tax year.	d conservation contribution in the i	Offit of a co	Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
h	Total acreage restricted by conservation easements			2b	
0	Number of conservation easements on a certified historic struc			2c	
d	Number of conservation easements included on line 2c acquire			20	
-	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, relea				
5	Number of states where property subject to conservation ease.  Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it has been expected.	dic monitoring, inspection, handling		Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing	conservati	on easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing cons	ervation ea	asements during the year	
8	Does each conservation easement reported on line 2d above sand section 170(h)(4)(B)(ii)?	atisfy the requirements of section 1			
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial sta	tements th	nat describes the	
	organization's accounting for conservation easements.				
Pa	ct III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 9th	그 성 마른지 아름 마다 소장님이 되었다면 그리고 하는데 모든데 모든데 그래요? 그 점하다.	r Other	Similar Assets.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue stateme	ent and ba	lance sheet works	
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furthera	nce of public	
	service, provide in Part XIII the text of the footnote to its financi	al statements that describes these	items.		
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement a	and balanc	e sheet works of	
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in	furtheranc	e of public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
2	If the organization received or held works of art, historical treasi				
	the following amounts required to be reported under FASB ASC	958 relating to these items:			
a	Revenue included on Form 990, Part VIII, line 1		19/21/10/14/17	\$	
b	Assets included in Form 990, Part X		\$		
HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 2023	

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	t III Organizations Maintaining (	E PROSPERI					-28819 Assets/cor		
3	Using the organization's acquisition, access								
	collection items (check all that apply).		_						
а	Public exhibition	C	Loan or ex	change program					
b	Scholarly research	e	Other	A . V. V. V. V.					
C	Preservation for future generations								
4	Provide a description of the organization's of	ollections and explai	n how they further	the organization	's exemp	ot purpose	in Part XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	asures, or other	similar a	ssets			
	to be sold to raise funds rather than to be m				************		Yes	2)5	No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organization	on answered "Ye	s" on Fo	rm 990, Pa	rt IV, line 9,	or	
1a	Is the organization an agent, trustee, custoo on Form 990, Part X?				ets not in	ncluded	Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				4-1		
							Amo	unt	
C	Beginning balance			DETERMINED TO SERVICE OF THE PARTY OF THE PA		1c			
	A 4464								
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial accoun	t liability	?	Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has bee	n provided in Par	t XIII				
Par									
		(a) Current year	(b) Prior year	(c) Two years b	(c) Two years back (d) Three years bac				s back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships			1					
	Other expenditures for facilities				-1		_		_
				1	1111				
	and programs		/	1	-				
	Administrative expenses			-	-		_	_	_
	End of year balance			i marking a				_	
	Provide the estimated percentage of the cur	rent year end balanc		(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	<u>%</u>							
C	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered	for the				,
	organization by:						-	Yes	No
	(i) Unrelated organizations?						3a(	)	
	(ii) Related organizations?						3a(i		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R	?			3b		
	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or other (b) Cost or other (c) Acct		imulated ciation	(d) Bo	ok valu	ie		
4.0	Land		Dasis	(Striet)	debie	olation (	+		
	Land						-		_
	Buildings			11 072	- 1	2 050	-	0 0	11 4
	Leasehold improvements			21,873.	1	2,059	•	9,8	14.
	Equipment						1		
40.0	Other								

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Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	DELAWARE	PROSPERITY	PARTNERSHIP,	INC.	82-2881997	Page
Part VII	Investments -	<ul> <li>Other Securities</li> </ul>		37			

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (h) must equal Form 990 Part X line 12 col (R))		, , , , , , , , , , , , , , , , , , , ,

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
tel (Col /h) must equal Form 990 Part X line 13 col (R))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT TO USE ASSET	516,028.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
tal. (Column (b) must equal Form 990, Part X, line 15, col. (B))	516,028.

Other Liabilities Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	49,000.
(3) ACCRUED PAYROLL	17,371.
(4) LEASE LIABILITY	516,028.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	582,399.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE

Schedule D (Form 990) 2023

332054 09-28-23

#### SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DELAWARE PROSPERITY PARTNERSHIP, INC.

Employer identification number 82-2881997

-	art I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 95	10.	Tes	NO
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	~~		
	First-class or charter travel Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal resid			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	2135		
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1	-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation com-	mittee	8.1	
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			140
a	Receive a severance payment or change-of-control payment?	4a	100	X
2	Participate in or receive payment from a supplemental nonqualified retirement plan?	100000000000000000000000000000000000000	1	X X
¢	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
3	The organization?	5a		X
9	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
9	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	SISTERAL TITLE		-21
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		1	X
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8.		Λ
	Regulations section 53.4958-6(c)?			
	DEVENOUS SECURIT AS 97 JOSH AS			

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			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	WILLIAM KURT FOREMAN (i)	278,232.	0.	0.	0.	9,502.	287,734.	0.
(ii)	0.	0.	0.	0.	0.		0.	
(2) REBECCA HARRINGTON	(i)	172,122.	0.	0.	0.	1,749.	173,871.	0.
DIRECTOR OF BUSINESS DEVEL	(ii)	0.	0.	0.	0.	0.		
(3) CHARLES MADDEN	(i)	157,807.	0.	0.	0.	3,793.	161,600.	0.
DIRECTOR OF TALENT SERVICE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)						\=	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### SCHEDULE O (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

DELAWARE PROSPERITY PARTNERSHIP INC Employer identification number 82-2881997

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF DELAWARE'S ECONOMIC DEVELOPMENT EFFORTS. ESTABLISHMENT OF THIS PRIVATE ENTITY WAS A CRITICAL STEP TO ENHANCE THE STATE'S ABILITY TO ATTRACT, GROW AND RETAIN COMPANIES; TO BUILD STRONGER ENTREPRENEURIAL AND INNOVATION ECOSYSTEM; AND TO SUPPORT PRIVATE EMPLOYERS IN IDENTIFYING, RECRUITING, AND DEVELOPING TALENT.

FORM 990, PART VI, SECTION A, LINE 7A:

THE GOVERNOR HAS THE RIGHT TO APPOINT DIRECTORS TO THE BOARD

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

THE 990 IS REVIEWED, ALONG WITH THE DRAFT FINANCIAL STATEMENTS. DURING THE AUDIT COMMITTEE MEETING. THE 990 AND FINANCIAL STATEMENTS ARE PRESENTED BY THE AUDIT COMMITTEE TO THE 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

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

LHA 332211 11-14-23 Schedule O (Form 990) 2023