#### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 28988 **Return of Organization Exempt From Income Tax**

990 Form

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.



Department of the Treasury Internal Revenue Service Go to ww			Go to www.irs.gov/Form990 for instructions and t		nformation.	Inspection	
Α	For th	the 2022 calendar year, or tax year beginning and ending					
B	Check if applicab	le: C Name o	ne of organization D Employer identification				
	Addre		OND CIMY DADMNEDCUID INC				
F	Chang Name Chang		OND CITY PARTNERSHIP, INC.		23-3094874		
F							
Initial returnNumber and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone numberFinal Final Final4PUBLIC SQUARE570-208-9570-208-9						27	
	return termin ated	ő-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	679,754.	
	Amen	ded TATTIK	ES-BARRE, PA 18701		H(a) Is this a group retur		
	return		nd address of principal officer:MICHAEL WOOD				
L	pendi		AS C ABOVE		H(b) Are all subordinates include		
<u> </u>	Tax-ex	empt status:		or 527			
	Websi		P.ORG		H(c) Group exemption n		
			X Corporation Trust Association Other	L Year	of formation: 2001 M S		
_	art I	Summary					
۵	1	Briefly describ	be the organization's mission or most significant activities: DIAM	OND CI	TY PARTNERSHI	P, INC.	
Governance		IS WILK	ES-BARRE'S DOWNTOWN REVITALIZATION	N ORGA	NIZATION: THE	]	
ŝrnê	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	e than 25% of its net asse		
No.	3	Number of vo	ting members of the governing body (Part VI, line 1a)			27	
ي م	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			27	
es	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)			4	
Activities &	6	Total number	of volunteers (estimate if necessary)			0	
Act			d business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.	
					Prior Year	Current Year	
e	8		and grants (Part VIII, line 1h)		215,554.	364,701.	
Revenue	9		ce revenue (Part VIII, line 2g)		326,332.	315,053.	
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		541,886.	679,754.	
	13		milar amounts paid (Part IX, column (A), lines 1-3)		71,473.	19,764.	
	14		to or for members (Part IX, column (A), line 4)		103,706.	177,002.	
Expenses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 52,99		0.	0.	
)en	16a	Protessional f	undraising tees (Part IX, column (A), line 11e)	56	0.	0.	
Ă					344,621.	379,634.	
			es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)		519,800.	576,400.	
	18		expenses. Subtract line 18 from line 12		22,086.	103,354.	
or es				Be	ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		158,852.	245,379.	
Ass Bal	20		(Part X, line 16)		65,314.	48,487.	
Net	22		fund balances. Subtract line 21 from line 20		93,538.	196,892.	
	art II	Signature			- ,	/	

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

Sign	Signature of off	icer			Date
	MICHAEL	-			
	Type or print na	me and title			
	Print/Type prepa	arer's name	Preparer's signature	Date	Check PTIN
Paid	DEAN M.	CABLE			self-employed P00542998
Preparer	Firm's name		ND COMPANY, LLP		Firm's EIN 23-3029410
Use Only	Firm's address	106 SOUTH MAIN ST	REET		
		WILKES-BARRE, PA	18701		Phone no. ( 570 ) 825 – 0001
May the IF	RS discuss this	return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA F	or Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		3094874	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: DIAMOND CITY PARTNERSHIP, INC. IS WILKES-BARRE'S DOWNTOWN		_
	REVITALIZATION ORGANIZATION: THE CARETAKER OF THE COMMUNITY		
	FOR DOWNTOWN WILKES-BARRE. THE ORGANIZATION'S DEFINED MISS		0
	FORM AN ALLIANCE OF ORGANIZATIONS, BUSINESSES, AND INDIVIDUA	ALS IN	
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ?	Yes	
~	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ad by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	•	
	revenue, if any, for each program service reported.		
4a		315,	053.)
	TO ADMINISTER PROGRAMS AND SERVICES THAT FOCUSES ON CREATING	<b>J NEW</b>	,
	MARKETING AND BUSINESS DEVELOPMENT INITIATIVES THAT WOULD BUSINESS	JILD ON	
	DIAMOND CITY PARTNERSHIP INC.'S EXISTING FOUNDATION OF "CLEAR	AN AND S.	AFE"
	ACTIVITIES AND PROMOTE DOWNTOWN WILKES-BARRE CITY TO NEW AU	DIENCES.	ТО
	PROVIDE ASSISTANCE TO THE CITY OF WILKES-BARRE, PA, IN CLEAN	NING CIT	Y
		ROGRAM I	
	BEING ACCOMPLISHED BY ADMINISTERING THE CITY'S BUSINESS IMP	ROVEMENT	
	DISTRICT PROGRAM.		
4b	(Code: ) (Expenses \$ 264 · including grants of \$ 0 · ) (Revenue \$		0.)
	RESIDENTIAL IMPROVEMENT PROGRAM.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 427,715.		
		<b>Fauna Q</b>	

Form	990	(2022)

 Form 990 (2022)
 DIAMOND CITY PARTNERSHIP, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	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,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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?			
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

			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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
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		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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%			
	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
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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	Х	
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	
	(gambling) winnings to prize winners?	1c	Х	

Form 990	(2022)
Part V	Sta

022) DIAMOND CITY PARTNERSHIP, INC. 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,					
	filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribut		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7.		x
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
d			<u> </u>	7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization.			7e 7f		X
f g	If the organization received a contribution of qualified intellectual property, did the organization file Fi			7g		
9 h	If the organization received a contribution of qualined intellectual property, did the organization metric of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes,			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
Ū				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
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	1	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		11-		X
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b		<u> </u>
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or		ļ	
10	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	me?	16		х
	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	ctivitie	6			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

	990 (2022) DIAMOND CITY PARTNERSHIP, INC.		23-309
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	•	,
	Check if Schedule O contains a response or note to any line in this Part VI		
Sec	tion A. Governing Body and Management		
		1 1	~
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	2
	If there are material differences in voting rights among members of the governing body, or if the governing		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		2
	Enter the number of voting members included on line 1a, above, who are independent	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?		
3	Did the organization delegate control over management duties customarily performed by or under t		
	of officers, directors, trustees, or key employees to a management company or other person?	•	
4	Did the organization make any significant changes to its governing documents since the prior Form		
5	Did the organization become aware during the year of a significant diversion of the organization's a		
6	Did the organization have members or stockholders?		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		
	persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		
а	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
-			

9

Own website

232006 12-13-22

Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
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 only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			

X Upon request 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name, address, and	telephone number of the	person who possesses the organ	ization's books and records
	LARRY NEWMAN -	570-208-9737	· · · ·	

Another's website

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

27

27

2

3

4

5

6

7a

7b

8a

8b

9

Х

Х

Х

Х

Other (explain on Schedule O)

X

No

х

х

Х

Х

Х

Х

Yes

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 VI

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 employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

• 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not o	Pos	ition	l than	000	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	d ual t	In stitutional trustee	-	Key employee	Highest compensated employee	er	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			-
(1) LARRY NEWMAN	40.00									
EXECUTIVE DIRECTOR		1		X				107,552.	0.	0.
(2) CHARLES BARBER	1.00									
TREASURER		X		Х				0.	0.	0.
(3) GREG BARROUK	1.00									
DIRECTOR		X						0.	0.	0.
(4) STEPHEN M. BARROUK	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JIM BELL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) RUTH BORLAND	1.00									
DIRECTOR		X						0.	0.	0.
(7) ROBERT BORWICK	1.00									
VICE CHAIR		X		Х				0.	0.	0.
(8) TONY BROOKS	1.00									
DIRECTOR		X						0.	0.	0.
(9) GEORGE BROWN	1.00									
DIRECTOR		X						0.	0.	0.
(10) JAMES CASEY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(11) BRIAN DOUGHTON	1.00									
DIRECTOR		X						0.	0.	0.
(12) GUS GENETTI	1.00								_	
DIRECTOR		X						0.	0.	0.
(13) BETH GILBERT-MCBRIDE	1.00								_	
DIRECTOR		Х						0.	0.	0.
(14) LINDSAY GRIFFIN	1.00									_
DIRECTOR		Х						0.	0.	0.
(15) DAVID JOLLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(16) WILLIAM JONES	1.00									<u> </u>
DIRECTOR		Х						0.	0.	0.
(17) JANET KOBYLSKI	1.00								•	•
DIRECTOR		X						0.	0.	0.

Form 990 (	2022)
Dort VII	

23-3094874 Page 8

Part VII Section A. Officers, Directors, Trus	(B)	pioy	ees			igne	stu				/E)
	(D) Average			Pos	<b>C)</b> itior	n		(D)	(E)		(F)
Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation		imated ount of
	week					or/trus		from	from related		ther
	(list any	ctor						the	organizations		ensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	fro	m the
	related	stee c	rustee			oen sa		(W-2/1099-MISC/	1099-NEC)		nization
	organizations	al tru:	onal ti		loyee	se mp		1099-NEC)			related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			orgar	nizations
(18) JOHN MADAY	1.00	드	드	8	Ke	Ξu	2				
DIRECTOR		x						0.	0.		0.
(19) JOHN MALTA	1.00										
DIRECTOR		Х						0.	0.		0.
(20) KENNETH MARQUIS	1.00										
DIRECTOR	1 00	X						0.	0.		0.
(21) JACK MCNULTY	1.00							0	0		0
DIRECTOR	1.00	X						0.	0.		0.
(22) KERRY MISCAVAGE DIRECTOR	1.00	x						0.	0.		0.
(23) TERI OOMS	1.00								0.		
DIRECTOR		x						0.	0.		0.
(24) PATRICIA PARKS	1.00										
DIRECTOR		X						0.	0.		0.
(25) ZUBEEN SAEED	1.00										
DIRECTOR	1 00	X						0.	0.		0.
(26) MICHAEL WOOD	1.00	x		x				ο.	0.		0.
CHAIR the Subsector						<b>–</b>		107,552.	0.		0.
1b Subtotal c Total from continuation sheets to Part V	II. Soction A		·····					0.	0.		0.
d Total (add lines 1b and 1c)								107,552.	0.		0.
2 Total number of individuals (including but r		-						-			
compensation from the organization			note	Julu		c, m	10 1				1
				7							Yes No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emp	loye	e, o	<sup>,</sup> hig	ghest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	such individual									3	X
4 For any individual listed on line 1a, is the su									the organization		
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or										_	x
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Schedul	eJī	or si	ucn	pers	son .				5	A
1 Complete this table for your five highest co	mpensated in	dene	ende	ent c	ont	racto	ors	that received more than	\$100,000 of compens	sation fr	
the organization. Report compensation for										bation	
(A)	-							(B)		(C)	
Name and business	address							Description of s	ervices (	Compen	sation
BLOCK BY BLOCK				<b>5</b> A	2	07'	,			107	170
P.O. BOX 643873, CINCINN	ATI, UH	4:	520	54-	- 3 (	07.	>	SIDEWALK CLE	ANING	10/	,179.
							_				
2 Total number of independent contractors (	including but a	ot li	mitc	d to	the		at a		oro than		
2 Total number of independent contractors ( \$100,000 of compensation from the organi			mie	<b>U</b> 10		,se ii: 1	5180	a above, who received II			

Form 990 DIAMOND C									23-309	4874
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	<b>(B)</b> Average hours			( Pos	<b>C)</b> ition	1		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ROBERT ZANICKY DIRECTOR	1.00	x						0.	0.	0.
(28) JOEL ZITOFSKY	1.00	^						0.	0.	0.
DIRECTOR		x						0.	0.	0.
						4				
Total to Part VII, Section A, line 1c						<u></u>	<u></u>			

Form 990 (20	
Part VIII	Statement of Revenue

			Check if Schedule O contains a respons	se or note to any	line in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue		( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts t	1 :	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b		-			
۲ G			Fundraising events		-			
ar A			Related organizations		-			
S, G			Government grants (contributions) 1e	100,000				
ŝ			All other contributions, gifts, grants, and	,	-			
ihel		•	similar amounts not included above <b>1f</b>	264,701				
<u>i</u> đ		a	Noncash contributions included in lines 1a-1f		-			
and			Total. Add lines 1a-1f		364,701.			
				Business Cod				
ø	2 :	а	BID PROGRAM	900099	315,053.	315,053.		
βŽ	I	b		-				
s si		с		-				
eve		d						
Program Service Revenue		е						
۲ ۲	t	f	All other program service revenue					
			Total. Add lines 2a-2f		315,053.			
	3		Investment income (including dividends, inte	erest, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bond	d proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	I	b	Less: rental expenses 6b		_			
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7 :	а	Gross amount from sales of (i) Securities	s (ii) Other	-			
			assets other than inventory <b>7a</b>		4			
a		b	Less: cost or other basis					
ň			and sales expenses 7b		4			
Revenue			Gain or (loss)					
r B			Net gain or (loss)	<u></u>				
other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		h	ź	Ba Bb	-			
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See	; 				
	5	u		)a				
	1	h		)b	-			
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 1	0a				
	I	b		0b	-			
			Net income or (loss) from sales of inventory	<b>_</b>				
s			<b>`</b> `	Business Code				
e e	11 ;	а						
ane	I	b						
Sel Sel		с						
Miscellaneous Revenue			All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		679,754.	315,053.	0.	0.

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

Do	not include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	11 010			
	and domestic governments. See Part IV, line 21	11,948.	11,948.		
2	Grants and other assistance to domestic	<b>7</b> 01 C	7 01 0		
	individuals. See Part IV, line 22	7,816.	7,816.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	107,552.	53,776.	37,643.	16,133
~	trustees, and key employees	107,332.	55,170.	57,045.	10,135
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	51,470.	51,470.		
7 8	Pension plan accruals and contributions (include	51,110	51,170		
0	section 401(k) and 403(b) employer contributions)	5,432.	3,550.	1,317.	565
9	Other employee benefits		2,333.	_, , •	
10	Payroll taxes	12,548.	8,354.	2,936.	1,258
11	Fees for services (nonemployees):	,			_,
 a					
b		1,242.		1,242.	
	Accounting	15,465.		15,465.	
d					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	56,458.	21,458.		35,000
12	Advertising and promotion	27,125.	27,125.		
13	Office expenses	8,701.	750.	7,951.	
14	Information technology				
15	Royalties				
16	Occupancy	13,522.	2,696.	10,826.	
17	Travel	6,791.		6,791.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	0 000			
20	Interest	2,202.		2,202.	
21	Payments to affiliates	000		898.	
22	Depreciation, depletion, and amortization	898. 4,036.		4,036.	
23		4,030.		4,030.	
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.) CLEANING, MAINTENANCE &	212,219.	212,128.	91.	
a b	SUPPLIES	12,756.	10,865.	1,891.	
d C	SECURITY	8,846.	8,846.		
c d	ENTERTAINMENT	6,933.	6,933.		
	All other expenses	2,440.	0,555.	2,440.	
25	Total functional expenses. Add lines 1 through 24e	576,400.	427,715.	95,729.	52,956
25 26	<b>Joint costs.</b> Complete this line only if the organization		,,		22,550
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

DIAMOND CITY PARTNERSHIP, INC
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23-3094874 Page 11

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			58,852.	1	165,713.
	2	Savings and temporary cash investments			8,843.	2	8,580.
	3	Pledges and grants receivable, net				3	287.
	4	Accounts receivable, net			86,429.	4	65,988.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sea	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,259.			
	b	Less: accumulated depreciation		5,448.	4,728.	10c	4,811.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			158,852.	16	245,379.
	17	Accounts payable and accrued expenses			22,135.	17	42,927.
	18	Grants payable			100	18	100
	19	Deferred revenue			120.	19	120.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
jit		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela			43,059.	23	5,440.
	24	Unsecured notes and loans payable to unrelated			45,059.	24	5,440.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24	. Complete Part X		25	
	06	of Schedule D			65,314.	25 26	48,487.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			05,514.	20	
es		and complete lines 27, 28, 32, and 33.	CK Her	e <u>11</u>			
anc	27				77,000.	27	61,184.
Bal	28	Net assets with donor restrictions			16,538.	28	135,708.
pu	20	Organizations that do not follow FASB ASC 9				20	
Ъц		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			93,538.	32	196,892.
-	33	Total liabilities and net assets/fund balances			158,852.	33	245,379.
					-		

Form **990** (2022)

# Form 990 (2022) Part X Balance Sheet

Form	990	(202)
1 01111	550	(2024

	Check if Schedule O contains a response or note to any line in this Part XI				
			<b>C</b> 7	0 7	E 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{9,7}{6}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{6}{2}, \frac{4}{2}$	
3	Revenue less expenses. Subtract line 2 from line 1	3			54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	3,5	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19	6,8	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

DIAMOND CIT	Y PARTNERSHIP,	INC.
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		s
90 (202	DIAMOND	С
		90 (2022) DIAMOND XI Reconciliation of Net Asset

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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
2022
Open to Public Inspection

Nam	e of t	he organization							identification number	
				ARTNERSHIP,					3-3094874	
Pa	τı	Reason for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	see instruction	ıs.		
The c	organ	ization is not a private found		•		,				
1		A church, convention of ch				on 170(b)(*	1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental (	unit descrik	bed in	
- 1		section 170(b)(1)(A)(iv). (C								
6	v	A federal, state, or local go								
7	X	An organization that norma		ntial part of its support i	from a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
9			-					-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	r the colleg	e or	
10		university:		then 00 1/00/ of its own	and furner	a a va divila e uti a		his face of	ad average variate from	
10		An organization that norma								
		activities related to its exen income and unrelated busin								
		See section 509(a)(2). (Col		(iess section of reak) if		sses acqu		ganization		
11		An organization organized a		ively to test for public sa	afety. See	section 50	)9(a)(4)			
12		An organization organized a	•					arry out the	purposes of one or	
		more publicly supported or								
		lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga							aivina	
		the supported organization								
b					tion with it	s support	ed organizatio	on(s), by ha	ving	
	organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported									
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		_ requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
		er the number of supported of	•							
g		vide the following information		<u> </u>	(iv) is the orga	nization listed	(a) Amount of	f management and a	(ui) Amount of other	
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of support (see ir		(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				
Tota										

#### Schedule A (Form 990) 2022

DIAMOND CITY PARTNERSHIP, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25,553.	29,753.	135,817.	215,554.	364,701.	771,378.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	195,931.	214,766.	206,046.	231,932.	220,353.	1069028.
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	221,484.	244,519.	341,863.	447,486.	585,054.	1840406.
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.						1840406.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	221,484.	244,519.	341,863.	447,486.	585,054.	1840406.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1.	1.	1.			3.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1840409.
12	Gross receipts from related activities,	, etc. (see instruction	ons)		•	12	461,892.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	b here			-		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (	line 6, column (f), c	livided by line 11,	column (f))			100.00 %
15	Public support percentage from 2021	I Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2022. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pi	ublicly supported of	organization	-	
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a <u>, 16b, 17a, or </u> 17t	o, check this box a		
_							(Farma 000) 0000

Schedule A (Form 990) 2022

DIAMOND	CITY	PARTNERSHIP,	INC.

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				×		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	L ne organization's f	I irst second third	fourth or fifth tax	Vear as a section	1 501(c)(3) orac	nization
	-	•		•			
800	check this box and stop here	io Support Do	roontago			<u></u>	
-	-						
	Public support percentage for 2022 (					15	%
16	Public support percentage from 2021					16	%
-	ction D. Computation of Investion					· · ·	
17	Investment income percentage for 20					17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than (	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	-					
b	<b>33 1/3% support tests - 2021.</b> If the						/3%, and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		•	
20		dia not offect a					

232024 12-09-22

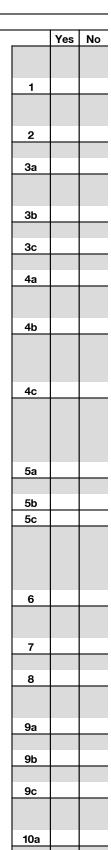
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#### Part IV Supporting Organizations

(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

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



<u>Schedule A (Form 990) 2022</u>

Schedule A	(Form 990) 2022	DIAMOND	CITY	PARTNERSHIP,	INC.	23-30
Part IV	Supporting Organ	izations <sub>(contin</sub>	ued)			
		•				

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

supervised	d, or controlled the supporting organization.	
Section C. T	vpe II Supporting Organizations	

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

			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 P	Part Test during the veafsee instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 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.*

2a

2b

3a

Yes No

A	(Form 990	) 2022 (	DIAMO

Schedule

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

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

ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	Recoveries of prior-year distributions         Other gross income (see instructions)         Add lines 1 through 3.         Depreciation and depletion         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)         Other expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         tion B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).         Net value of non-exempt-use assets (subtract line 4 from line 3).         Multiply line 5 by 0.035.         Recoveries of prior-year distributions         Minimum Asset Amount (add line 7 to line 6)         tion C - Distributable Amount         Adjusted net income for prior year (from Section A, line 8, column A	Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         tion B - Minimum Asset Amount       7         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors (explain in detail in Part VI):       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7	Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ion B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1, 1b, and 1c)       1d         Discount claimed for blockage or other factors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from lin

instructions).

Schedule A (Form 990) 2022

# OND CITY PARTNERSHIP, INC.

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# Schedule A (Form 990) 2022 DIAMOND CITY PARTNERSHIP, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Par	iv ppe in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on 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 exemption				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	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				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	DIAMOND					23-3094874 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 40 lines 2 and 3; Pa	c, 5a, 6, 9a rt IV, Sect	a, 9b, 9c, 11a, ion E, lines 1c	11b, and 11 , 2a, 2b, 3a,	c; Part IV, Section I and 3b; Part V, line	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Se	ection E, III	100 2, 5, and 0	. Also comp	nete this part for any	y additional information.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2022

Depa	rtment of the Treasury
Interi	al Revenue Service

(Form 990)

Schedule B

N	lame	ot	the	orgar	nization
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Organization type (check one)

DTA

MOND	CITY	PARTNERSHIP,	INC.	23-3094874
:				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is charitable, etc., contributions totaling \$5,000 or more during the year for the year for an *exclusively* religious.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	I space is needed.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contri
1		
		\$6
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contri
2		
		\$
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contri

		\$     60,000.       Payroll     Noncash       (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	_
2		\$7,500.       Person X         Payroll I       Noncash I         (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
3		\$	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
4		\$ 10,000.         Person       X         Payroll       Noncash         (Complete Part II for noncash contributions.)	
(a) No.	(b)		_
	Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5			
5 (a) No.		Total contributions     Type of contribution       \$	
(a)	Name, address, and ZIP + 4	Total contributions     Type of contribution       \$	

Schedule B (Form 990) (2022)

23 - 3094874

Person

(c) **Total contributions** 

Employer identification number

(d)

Type of contribution

X

(Complete Part II for noncash contributions.)

(a)

No.

	3 (Form 990) (2022) rganization			Emplo	Page yer identification number
IAMOI	ND CITY PARTNERSHIP, INC.			23	-3094874
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additionate copies of Par	ıl spa	.ce is needed.		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ıs	(d) Type of contribution
7		\$_	50,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ıs	(d) Type of contribution
8		\$_	100,0	00.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ıs	(d) Type of contribution
		\$_			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	าร	(d) Type of contribution
		\$_			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ns	(d) Type of contribution
		\$_			Person Payroll Noncash (Complete Part II for

(b)

Name, address, and ZIP + 4

Person Payroll Noncash (Complete Part II for noncash contributions.)

> Person Payroll Noncash

(c)

**Total contributions** 

\$

(d)

Type of contribution

Page 2

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization

23-3094874

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page 4
Name of o	organization		Employer identification number
DTAMO	ND CITY PARTNERSHIP, IN	NC .	23-3094874
	Exclusively religious, charitable, etc., contribu	tions to organizations described in section	501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	<ul> <li>through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for</li> </ul>	organizations the year. (Enter this info, once.)
	Use duplicate copies of Part III if additiona	I space is needed.	· · · · ·
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
		(0)	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
`fŕom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and <b>ZID</b> + 4	Relationship of transferor to transferee
·			
(a) No.			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(~,	(0) 000 01 9.11	
		<u> </u>	
		(e) Transfer of gift	1
ļ	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
		1	

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
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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

DIAMOND CITY PARTNERSHIP, INC. Jonor Advised [

Employer identification number 23-3094874

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can I	be used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes 🗌 No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
с	Number of conservation easements on a certified historic str	ructure included in (a)	
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation ea		_
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	onservation easements during the year
7			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conser	vation easements during the year
0	Does each conservation easement reported on line 2(d) above	ve estisfy the requirements of eastion 1	
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
3	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o	of Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statemer	t and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		- · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Beduction Act Notice see the Instruction		Schedule D (Form 990) 2022

	dule D (Form 990) 2022 DIAMOND	CITY PART				3094874 Page 2
3	Using the organization's acquisition, access					
•	collection items (check all that apply):		io, one of any of an	e telletting that h		
а	Public exhibition	c	Loan or ex	change program		
b	Scholarly research	e				
с	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explai	in how they further	the organization'	s exempt purpose in	Part XIII.
5	During the year, did the organization solicit of					
	to be sold to raise funds rather than to be m					Yes No
Par	t IV Escrow and Custodial Arran					t IV, line 9, or
	reported an amount on Form 990, Pa		C C			
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ons or other asset	ts not included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
с	Beginning balance				1c	
	Additions during the year					
	Distributions during the year					
f	Ending balance				1f	
2a	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII					
Par	<b>t V</b> Endowment Funds. Complete					· I - · · ·
		(a) Current year	(b) Prior year	(c) I wo years b	ack (d) Three years b	ack (e) Four years back
1a	Beginning of year balance					
b	Contributions			-		
	Net investment earnings, gains, and losses			_		
d	Grants or scholarships			_		
е	Other expenditures for facilities					
	and programs					
	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end balanc		(a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
С		%				
-	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered	d for the	Yes No
	organization by:					
	(i) Unrelated organizations					
	(ii) Related organizations					3a(ii)
	If "Yes" on line 3a(ii), are the related organiza					3b
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		owment funds.			
Fai	Complete if the organization answere		0 Part IV line 11a	See Form 990 F	Part X line 10	
	· •					
	Description of property	(a) Cost or o basis (investr		st or other s (other)	(c) Accumulated depreciation	(d) Book value
10	Land	· · · · ·				
	Land					
	Buildings Leasehold improvements			3,739.	849.	2,890.
	Equipment			6,520.	4,599.	1,921.
	Other			-,	_,	
	Add lines 1a through 1e. (Column (d) must e		X column (R) line	10c)		4,811.
			,			=,-==•

Schedule D (Form 990) 2022

	Y PARTNERSHIP	, INC.	23-3094874 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on 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		n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment			, line 13. n: Cost or end-of-year market value
	(b) Book value	(c) Method of Valuatio	II. Cost of end-or-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.)			
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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)(0)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X Other Liabilities.			
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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financia	al 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...

#### 23-3094874 2

# DIAMOND CITY PARTNERSHIP INC

	t XI Reconciliation of Revenue per Audited Financial St	atomonts With Rover	ue per Peturn	
Fai			iue per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			679,754.
1	Total revenue, gains, and other support per audited financial statements			019,134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			679,754.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			679,754.
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	576,400.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			576,400.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			576,400.
Pa	t XIII Supplemental Information.			

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

Schedule D (Form 990) 2022 DIAMOND CITY PARTNERSHIP, INC.

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organization	nd Individua	ls in the Un " on Form 990, Pa	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	.gov/Form990 for		ation.		Inspection
Name of the organization DIAMOND C	CITY PARTN	ERSHIP, INC	•				Employer identification number 23-3094874
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> <li>Part II Grants and Other Assistance to recipient that received more than</li> </ol>	stance? ocedures for monit Domestic Organiz	oring the use of grant zations and Domestic	funds in the Unite c Governments. (	d States. Complete if the org			X Yes No
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY OF WILKES-BARRE 40 EAST MARKET STREET WILKES-BARRE, PA 18712	24-6000718		0.	11,948.	COST	PROFESSIONAL FEES PAID BY DCP FOR NEW BANDSHELL	NEW BANDSHELL FOR PUBLIC SQUARE
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

23-3094874

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	C	R		
	(b) Number of recipients	(b) Number of recipients       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant       (c) Amount of cash grant         (c) Amount of cash grant	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance         Image: Control of the second seco	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance       (e) Method of valuation (book, FMV, appraisal, other)         Image:

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF WILKES-BARRE

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW BANDSHELL FOR PUBLIC SQUARE

NEW BANDSHELL FOR CITY OF WILKES-BARRE'S PUBLIC SQUARE

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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
Name of the organization			identification number 094874
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:	
CARETAKER OF	THE COMMUNITY'S VISION FOR DOWNTOWN WILKES-BA	ARRE.	THE
ORGANIZATION	'S DEFINED MISSION IS TO FORM AN ALLIANCE OF (	ORGANI	ZATIONS,
BUSINESSES,	AND INDIVIDUALS IN ORDER TO PLAN AND IMPLEMENT	г	
REVITALIZATI	ON STRATEGIES FOR AREAS LOCATED WITHIN THE CI	FY OF	
WILKES-BARRE	, PENNSYLVANIA.		
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION	:
ORDER TO PLA	N AND IMPLEMENT REVITALIZATION STRATEGIES FOR	AREAS	LOCATED
WITHIN THE C	ITY OF WILKES-BARRE, PENNSYLVANIA.		
FORM 990, PA	RT VI, SECTION A, LINE 6:		
ANY PERSON O	R ENTITY WHO MAKES OR COMMITS TO MAKE A SIGNI	FICANT	COMMITMENT
TO THE FURTH	ERANCE OF THE GOALS OF THE ORGANIZATION IS EL	IGIBLE	FOR
MEMBERSHIP I	F APPROVED BY A MAJORITY OF THE MEMBERS OF THE	E BOAR	D OF
DIRECTORS.			
FORM 990, PA	RT VI, SECTION A, LINE 7A:		
FOUR MEMBERS	ARE APPOINTED TO THE BOARD BY THE CHAIR, FIVE	E BY T	HE PRESIDENT
OF THE GREAT	ER WILKES-BARRE CHAMBER OF BUSINESS AND INDUS	TRY AN	D THE
REMAINING ME	MBERS ARE APPOINTED BY VARIOUS CHIEF EXECUTIV	E OFFI	CERS OF
VARIOUS GOVE	RNMENT, NONPROFITS, AND BUSINESSES OF THE WILL	KES-BA	RRE AREA.

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

THE FINANCE COMMITTEE REVIEWS FORM 990 AND HIGHLIGHTS OF THE FORM 990 ARE

Name of the organizatio	า		Employer identification number
	DIAMOND	CITY PARTNERSHIP, INC.	23-3094874
RECEIVE A CO	PY OF THE	990.	

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

THE ORGANIZATION'S BOARD OF DIRECTORS UTILIZES COMPARABILITY DATA PUBLISHED BY SIMILAR ORGANIZATIONS IN THE WILKES-BARRE, PENNSYLVANIA, AREA ON BOTH A NATIONAL AND STATEWIDE BASIS. THE BOARD'S DECISIONS ARE DEVELOPED AFTER A REVIEW OF COMPENSATION FOR POSITIONS THAT ARE SIMILAR IN RESPONSIBILITIES AND DUTIES IN ORGANIZATIONS THAT ARE SIMILAR IN SIZE, REVENUE, AND/OR NUMBER OF EMPLOYEES. SUCH STUDIES USED INCLUDE THE INTERNATIONAL DOWNTOWN ASSOCIATION'S STAFFING AND SALARY SURVEY REPORT. THIS REPORT IS PREPARED BIENNIALLY BY IDA AND PROVIDES NATIONAL AND REGIONAL COMPENSATION BENCHMARKING FOR THE URBAN PLACE MANAGEMENT INDUSTRY BASED ON A SURVEY OF 691 NONPROFIT DOWNTOWN MANAGEMENT EXECUTIVES. THE REPORT INCLUDES DOCUMENTATION OF SALARY PERCENTILES FOR A VARIETY OF CONTEXTUAL FACTORS AFFECTING SURVEY RESPONSES, INCLUDING REGION, TOTAL OPERATING BUDGET, TYPE OF DISTRICT, EDUCATION, TENURE, AND CITY/MARKETPLACE POPULATION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCH	EDULE	R

#### (Form 990)

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

23-3094874

Name of the exception

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

Name of the organization

DIAMOND CITY PARTNERSHIP, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
			ĥ		

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DC PARTNERSHIP, INC 20-0544691							
2 PUBLIC SQUARE	PROMOTE COMMON BUSINESS						
WILKES-BARRE, PA 18701	INTERESTS	PENNSYLVANIA	501(C)(6)		N/A		x
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

### Schedule R (Form 990) 2022 DIAMOND CITY PARTNERSHIP, INC.

23-3094874 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(	e)	(	f)	(g)		()	ו)	(i)		(j)	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomin (related, excluded fr	ant income unrelated, om tax under 512-514)	Share inc	of total ome	Share end-of- asse	year ts	Dispropo allocat	tions?	Code V-UE amount in b 20 of Sched	ox <sup>n</sup> ule F	eneral or nanaging partner?	owne
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) <b>Y</b>	′es No	
					4										
IV Identification of Related Orgorganizations treated as a co	ganizations Taxable a	as a Corpo	oration or Trust. Co	omplete if th	ne organizat	ion answ	ered "Yes'	on Form	i 990, Pa	ırt IV,	line 34	4, because it h	ad on	ne or m	ore rel
0		iy ine lax	,								-				
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i Sec
Name, address, and E of related organizatio		Prim	ary activity	Legal domicile (state or	Direct cont entity		Type of e (C corp, S		Share of incon			Share of end-of-year	Perce	entage ership	512(b contr
or related organizatio				foreign country)	Criticy	<i>y</i>	or trus		11001		`	assets		oromp	enti
				oound y)											Yes

					1	
					1	

# Schedule R (Form 990) 2022 DIAMOND CITY PARTNERSHIP, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
с	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х	
	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		Х	
h	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
o	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
q	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
S	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(3)			
_(6)			

## Schedule R (Form 990) 2022 DIAMOND CITY PARTNERSHIP, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disprop tionat allocatio Yes I	or- amount in box 2 ns? of Schedule K-1	(j) General managir partner Yes N	or Percentage ownership o
			5							

Schedule R (Form 990) 2022

	20 0001071 Fa
art VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120 See <u>www.dos.pa.gov/charities</u> for more information	Charitable Organization Registration Statement BCO-10 (rev. 2/2022) Fee: See instructions
Certificate number: $\frac{28988}{(N/A \text{ if initial registration})}$ Fiscal year ended: $\frac{12/31/2022}{MM DD YYYY}$ FEIN: $\frac{23-3094874}{DD YYYY}$	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:           Organization is exempt from registration because           Organization does not solicit contributions in Pennsylvania
<ol> <li>Legal name of organization: <u>DIAMOND CITY PAR</u></li> <li>Check if name change and give previous name</li> <li>All other names used to solicit contributions:</li> </ol>	TNERSHIP, INC.
<ul> <li>3. Contact person: LARRY NEWMAN</li> <li>4. Principal address of organization:</li> </ul>	Contact's E-mail: LARRY@WBDCP.ORG Mailing address: (if different than principal address):
4 PUBLIC SQUARE WILKES-BARRE PA 18701 County: LUZERNE	Phone number: 570-208-9737
800 number: Email (if different than Contact's email): Website: WBDCP.ORG	Fax number:
5. Type of organization (e.g. non-profit corporation, unincorpo <u>NON-PROFIT</u> CORPORATION Where established: <u>PENNSYLVANIA</u> *Initial registrants must submit copies of organizational documents	Date established:* 09/12/2001

constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

#### MAIN OFFICE

## 4 PUBLIC SQUARE, WILKES-BARRE, PA 18701

570-208-9737

7. Short form registration applicability - Specified types of charitable organizations described in 1/462.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

\$162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

# X Not Applicable

Charitable organizations which check boxes 162.7(a)(1) - 162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Date organization first solicited contributions from Pennsylvania residents:				
	MM	DD	YYYY	
Other				
If organization colligited Deprevilyania regidents and received groces contribut	tions to	talina	moro than	
If organization solicited Pennsylvania residents and received gross* contribut \$25,000 in any given fiscal year, provide the date the organization first receive than \$25,000.		0		
\$25,000 in any given fiscal year, provide the date the organization first received		0		

	23-3094874
10.	DIAMOND CITY PARTNERSHIP, INC. Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: <u>501(C)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? X Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	DIRECT MAIL AND TELEPHONE.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	CARETAKER OF THE COMMUNITY'S VISION FOR DOWNTOWN WILKES-BARRE. THE ORGANIZATION IS INCORPORATED TO FORM AN ALLIANCE OF ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS IN ORDER TO PLAN AND IMPLEMENT
	REVITALIZATION STRATEGIES FOR AREAS LOCATED WITHIN THE CITY OF WILKES-BARRE, PENNSYLVANIA.
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes X No
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
	Month Day Year
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

-	
-	
	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)
]	NONE
-	
I	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable
(	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
-	
-	
	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable
(	If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
Ī	Legal name of parent organization Pennsylvania certificate number
	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
	SEE STATEMENT 3

- 22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)
  - A. Are in charge of solicitation activities:

#### SEE STATEMENT 4

B. Have final responsibility for the custody of contributions:

		_
SEE	STATEMENT	-5

C. Have final responsibility for final distribution of contributions:

#### SEE STATEMENT 6

D. Are responsible for custody of financial records:

- 23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:
  - A. Any other officer, director, trustee, or employee?
  - B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* Yes X No
  - C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

# Yes X No

\*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
  - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No
  - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
  - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date
CHARLES BARBER, TREASURER	
Type or print name and title of Chief Fiscal Officer	
Signature of Other Authorized Officer	Date
MICHAEL WOOD, CHAIR	
Type or print name and title of Other Authorized Officer	
Chaeldist for registration:	
Checklist for registration:	
Completed registration statement properly signed and dated.	
X A copy of the IRS 990/990EZ/990PF/990N Return and required signed and dated by an authorized officer	schedules,
Public Disclosure Form BCO-23 (if required)	
Applicable Financial Statements (audited, reviewed, compiled or	r internally prepared)
X Registration fee and any late filing fees	
Initial Registrants Only: IRS determination letter, articles of incor by-laws.	poration or charter and
See Instructions for more information on completing this form and atta	achments.

\_\_\_\_\_

FORM BCO-10

NAME AND ADDRESS

NONE

CONTRACT BEGIN DATE CONTRACT END DATE SOLICIT DATE

ALL PROFESSIONAL SOLICITORS

23-3094874

STATEMENT 1

PHONE NUMBER

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-

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-

FORM BCO-10	PRO	FESSIONAL F	UNDRAISIN	G COU	JNSELS	STATEMENT	2
NAME AND ADDRESS						PHONE NUMB	ER
NONE							
CONTRACT BEGIN DA	TE CONT	RACT END DA	TE SER' 	VICE	DATE		
FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	3
NAME AND ADDRESS				TITI	ĿE		
LARRY NEWMAN 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		0	EXEC	 CUTIVE DIRECT	FOR	
NAME AND ADDRESS				TITI	υE		
CHARLES BARBER 4 PUBLIC SQUARE WILKES-BARRE, PA	18701			TRE	ASURER		
NAME AND ADDRESS				TITI	υE		
GREG BARROUK 4 PUBLIC SQUARE WILKES-BARRE, PA	18701			DIRI	ECTOR		
NAME AND ADDRESS				TITI	ΞE		
STEPHEN M. BARROU 4 PUBLIC SQUARE WILKES-BARRE, PA				DIRI	 SCTOR		
NAME AND ADDRESS				TITI	ĿΕ		
JIM BELL 4 PUBLIC SQUARE WILKES-BARRE, PA	18701			DIRI	ECTOR		
NAME AND ADDRESS				TITI	ĿΕ		
RUTH BORLAND 4 PUBLIC SQUARE WILKES-BARRE, PA	18701			DIRI	 SCTOR		

		—	
NAME AND ADDRESS			TITLE
ROBERT BORWICK 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		VICE CHAIR
NAME AND ADDRESS			TITLE
TONY BROOKS 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
GEORGE BROWN 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
JAMES CASEY 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		SECRETARY
NAME AND ADDRESS			TITLE
BRIAN DOUGHTON 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
GUS GENETTI 4 PUBLIC SQUARE WILKES-BARRE, PA	18701	<b>O</b>	DIRECTOR
NAME AND ADDRESS			TITLE
BETH GILBERT-MCBR	IDE		DIRECTOR
4 PUBLIC SQUARE WILKES-BARRE, PA	18701		
NAME AND ADDRESS			TITLE
LINDSAY GRIFFIN 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
DAVID JOLLEY 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR

NAME AND ADDRESS			TITLE
WILLIAM JONES 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
JANET KOBYLSKI 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
JOHN MADAY 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
JOHN MALTA 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
KENNETH MARQUIS 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
JACK MCNULTY 4 PUBLIC SQUARE WILKES-BARRE, PA	18701	<b>O</b>	DIRECTOR
NAME AND ADDRESS			TITLE
KERRY MISCAVAGE 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
TERI OOMS 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR
NAME AND ADDRESS			TITLE
PATRICIA PARKS 4 PUBLIC SQUARE WILKES-BARRE, PA	18701		DIRECTOR

NAME AND ADDRESS		TITLE		
ZUBEEN SAEED 4 PUBLIC SQUARE WILKES-BARRE, PA	18701	DIRECTOR		
NAME AND ADDRESS		TITLE		
MICHAEL WOOD 4 PUBLIC SQUARE WILKES-BARRE, PA	18701	CHAIR		
NAME AND ADDRESS		TITLE		
ROBERT ZANICKY 4 PUBLIC SQUARE WILKES-BARRE, PA	18701	DIRECTOR		
NAME AND ADDRESS		TITLE		
JOEL ZITOFSKY 4 PUBLIC SQUARE WILKES-BARRE, PA	18701	DIRECTOR		
FORM BCO-10	IN CHARGE C	F SOLICITATION ACTIVITIES	STATEMENT	4

NAME AND ADDRESS

MIKE WOOD

4 PUBLIC SQUARE WILKES-BARRE, PA 18701

NAME AND ADDRESS

LARRY NEWMAN

4 PUBLIC SQUARE WILKES-BARRE, PA 18701

FORM BCO-10 FINAL RESPONSIBILITY CUSTODY OF CONTRIBUTIONS STATEMENT 5

NAME AND ADDRESS

MIKE WOOD 4 PUBLIC SQUARE WILKES-BARRE, PA 18701

NAME AND ADDRESS

CHARLES BARBER 4 PUBLIC SQUARE WILKES-BARRE, PA 18701

FORM BCO-10

FINAL DISTRIBUTION OF CONTRIBUTIONS

STATEMENT 6

NAME AND ADDRESS

MIKE WOOD 4 PUBLIC SQUARE WILKES-BARRE, PA 18701

NAME AND ADDRESS

CHARLES BARBER 4 PUBLIC SQUARE WILKES-BARRE, PA 18701

STATEMENT 7

NAME AND ADDRESS

MIKE WOOD 4 PUBLIC SQUARE WILKES-BARRE, PA 18701

NAME AND ADDRESS

LARRY NEWMAN 4 PUBLIC SQUARE WILKES-BARRE, PA 18701