EXTENDED TO NOVEMBER 15, 2019

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

-	\ F	or the	2018 calendar year, or tax year beginning and endir	ng			
E	3 CI	neck if oplicable	C Name of organization		D Employer	ıdentificat	ion number
		Addres: change	DIAMOND CITY PARTNERSHIP, INC.				
		Name change				<u> 23-309</u>	4874
j		initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone		
		Final return/	4 PUBLIC SQUARE		<u> 570-20</u>)8- <u>9737</u>	
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	324,641.
		Amende	WILKES-BARRE, PA 18/01		H(a) Is this a	group retur	
ļ		Applica tion pending	Finance and address of principal officer STEVE BARROOK	1	for subor		Yes X No
_			SAME AS C ABOVE	\	H(b) Are all subc		
<u>_l</u>			mpt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527			(see instructions)
			e: ► WBDCP • ORG		H(c) Group ex		
			organization: X Corporation	_ Year o	or formation. 2	DOTIM 2	tate of legal domicile: PA
L	Га		Briefly describe the organization's mission or most significant activities DIAMOND	CT	יייע סאַ	THEST	P, INC.
	<u>8</u>	1 E	IS WILKES-BARRE'S DOWNTOWN REVITALIZATION O	RCAI	NTZATTO	4 THE	E .
	lag		Check this box Fig. if the organization discontinued its operations or disposed of				
	Governance		Number of voting members of the governing body (Part VI, line 1a)	1111010		3	_ 39
	පු		Number of independent voting members of the governing body (Part VI, line 1b)			4	39
	କ୍ଷ୍ଟ		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			5	3
	≝		otal number of volunteers (estimate if necessary)			6	47
	Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	_	bΛ	Net unrelated business taxable income from Form 990-T, line 38			7b	0.
79			RECEIVI		Prior Year		Current Year
2020	<u>.</u>	8 (Contributions and grants (Part VIII, line 1h)			008.	25,553.
4	ا <u>و</u>	9 F	Program service revenue (Part VIII, line 2g) NOV 1 9 2	<u> 1019</u>	Q313,		299,087.
9	Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 70)		<u> 구류 </u>	$\frac{1}{2}$	1.
FEB	_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) OGDEN,	UT	240	0.	0.
エ	-			_	340,	0.	324,641. 9,750.
Ω			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-		0.	3,730.
Z	.		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		127,		133,171.
SCANNED	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.	0.
\ddot{c}			Fotal fundraising expenses (Part IX, column (D), line 25)				
S	ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	236,	915.	225,721.
	- 1		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		364,		368,642.
			Revenue less expenses Subtract line 18 from line 12		-23,	534.	-44,001.
5	Ses			Beg	unning of Curre	4	End of Year
cete	aga	20 1	Total assets (Part X, line 16)	<u> </u>	181,		145,943.
A	Fund Balances	21 7	Total liabilities (Part X, line 26)	ļ		596.	23,165.
			Net assets or fund balances Subtract line 21 from line 20		166,	779.	122,778.
			Signature Block				
			ties of perjury, I declare that I have examined this return, including accompanying schedules and				towledge and belief, it is
<u>tı</u>	rue,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	nas any knowlet	<u>4.19</u>	
	·:		Signature of officer		Date	7:11	
	Sign	- 1	STEVE BARROUK, CHAIR Luck				
	lere	•	Type or print name and title				
-			<u> </u>	D	ate	Check	PTIN
P	aid	- 1	Print/Type preparer's name DEAN M. CABLE Preparer's symature	1	1-13-29	rf self-employed	P00542998
			Firm's name LAWRENCE, CABLE AND COMPANY, LLP	<u>-</u> -	Fırm's		23-3029410
			Firm's address 106 SOUTH MAIN STREET			-	
			WILKES-BARRE, PA 18701		Phone	no. (570	0)825-0001
<u> </u>	Лау	the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No
_		1 12-31					Form 990 (2018)

		PARTNERSHIP,	INC.	<u>23-3094874</u>	. <u>Page 2</u>
,Pa	rt:III Statement of Program Service Ac	complishments			
	Check if Schedule O contains a response or	note to any line in this Par	t III		\mathbf{x}
1	Briefly describe the organization's mission				
•	DIAMOND CITY PARTNERSHIP,	TNC TS WILK	ES-BARRE'S DOW	NTOWN	
	REVITALIZATION ORGANIZATI				ON
	FOR DOWNTOWN WILKES-BARRE			ED MISSION IS	<u>TO</u>
	FORM AN ALLIANCE OF ORGAN	IZATIONS, BUS	INESSES, AND I	NDIVIDUALS IN	
2	Did the organization undertake any significant prog	gram services during the ye	ear which were not listed on		
	prior Form 990 or 990-EZ?				s X No
	If "Yes," describe these new services on Schedule	0			
3	Did the organization cease conducting, or make significant		conducts any program cor	7/10002	es X No
3		grillicant changes in now it	conducts, any program ser	vices.	S LALINO
	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accord	nplishments for each of its	three largest program servi	ces, as measured by expens	ses
	Section 501(c)(3) and 501(c)(4) organizations are re	equired to report the amoui	nt of grants and allocations	to others, the total expense	s, and
	_revenue, if any, for each program service reported				
4a	(Code) (Expenses \$ 290,9	24. including grants of \$	4,500.)	(Revenue \$ 299	,087.)
	TO PROVIDE ASSISTANCE TO				
	STREETS AND SIDEWALKS AND			THIS PROGRAM	
	BEING ACCOMPLISHED BY ADM	INISTERING THE	E CITY'S BUSIN	ESS IMPROVEMEN	T
	DISTRICT PROGRAM.				
					
	15.7%				
4b	(Code) (Expenses \$ 10,3	23. including grants of \$	5.250.)	(Revenue \$	0.)
	RESIDENTIAL IMPROVEMENT P			(1000100 4	
	REDITERNITE THE ROYALINE I	ROGIUMI:	· · · · · · · · · · · · · · · · · · ·		
					
					
					
					
4c	(Code) (Expenses \$	including grants of \$)	(Revenue \$)
		_			
					
					
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ including gra	nts of \$	(Revenue \$)	
4e	Total program service expenses	301,247.	7 1-4-0100 W		
70	i osar program service expenses	2212E		F	990 (2018)
				Form	JJU (2018)

	•	٠	3.	١
Form	990	(201	8)	

Form 990 (2018) 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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_	ļ <u>.</u>	<u> X</u>
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	ļ	X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	-	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7,7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	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?	_		х
	If "Yes," complete Schedule D, Part IV	9	-	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	1 at 1524	
•	as applicable			p_{C}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	~277	r littlih	24. ₹. ≇
a	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	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			ı
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	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,		ļ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
6	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		X
7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
,		47		X
8	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	
J	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
3	complete Schedule G, Part III	19		X
na Oa	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IV column (A) line 12 if "Vec " complete Schedule I. Parts Land II.	04		v

Form **990** (2018)

Form 990 (2018) DIAMOND CITY PARTNERSHIP, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			••
	Schedule J .	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		v
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		X
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	97		Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1 1 2 2	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			امر مجرستان المراجعة
	Instructions for applicable filing thresholds, conditions, and exceptions)	ئىتىرىك 28a	به میلایا اولای	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_=_
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٥.	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_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
	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		<u>X</u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	1 1 -	lusse" -	Yes	No
1a			議録	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		(1000)	i giri
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Willer	£
	(gambling) winnings to prize winners?	_1c	X	

				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 3		_	-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0	ס	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country		_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transa	ction?	5b		_X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	_		•
	any contributions that were not tax deductible as charitable contributions?		6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and express statement that such contributions are such as the contribution of	ons or gifts	-		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	was provided to the power?	~		~
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	an roquirod	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	is required	7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e	• • •	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	·	8		
9	Sponsoring organizations maintaining donor advised funds.		·		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b_		
10	Section 501(c)(7) organizations. Enter	1			
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	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				١,
	amounts due or received from them.)	11b	on linearles		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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.		120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans	13b			
_	Enter the amount of reserves on hand	13c			
_	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	: O	14b		 _
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
-	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N	•			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O				
			Form	agn	(2018

Form 990 (2018) DIAMOND CITY PARTNERSHIP, INC. 23-3094874 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	_			,	
	Check if Schedule O contains a response or note to any line in this Part VI					\mathbf{x}
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	39]		
	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 in Schedule 0.			,		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			~
	officer, director, trustee, or key employee?			2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or	7-	х	
	more members of the governing body?	tookh	oldoro or	7a	_^_	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s persons other than the governing body?	LOCKII	olders, or	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	er hv th	e following:			
а	The governing body?		o tollowing.	8a	X	,
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990					v
	Did the organization have a written conflict of interest policy? If "No," go to line 13	** ***	flioto	12a	-	_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo			12b		
C	in Schedule O how this was done	53, U	SSCIIDE	12c		
13	Did the organization have a written whistleblower policy?			13		X
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 approva	ıl by ır	dependent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	·	"		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			*		:
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					,
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's	401		~~ 1T P
500	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed ▶PA					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990	-T (Section 501(c)(3)	s only	availa	able
.5	for public inspection. Indicate how you made these available. Check all that apply	_ 500	(···y)		
	Own website Another's website X Upon request Other (explain	ın Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coi			finan	cıal	
	statements available to the public during the tax year		. ,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks ar	nd records 🕨			
	LARRY NEWMAN - 570-208-9737					
	4 PUBLIC SQUARE, WILKES-BARRE, PA 18701					

Form	aan	/201	Ω١	

DIAMOND CITY PARTNERSHIP, INC.

23-3094874 Page

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title					ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated and compensated compen	tee)	from the organization (W-2/1099 MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STEVE BARROUK	1.00							_		
CHAIR		X		X		_		0.	0.	0.
(2) JAMES CASEY	1.00	ļ								•
SECRETARY		X		X				0.	0.	0
(3) PATRICE PERSICO	1.00	ļ								•
TREASURER		X		X		<u> </u>		0.	0.	0
(4) RICHARD ADAMS	1.00									0
DIRECTOR	1 00	X				 		0.	0.	0
(5) CHARLES BARBER	1.00	٠,								0
DIRECTOR	1 00	X						0.	0.	0
(6) WILL BEEKMAN	1.00	x						0.	0.	0
DIRECTOR	1.00	^	\vdash			 		· ·	<u> </u>	
(7) JAMES BELL	1.00	X				Ì		0.	0.	0
DIRECTOR	1.00	^				 		·	<u>~</u>	
(8) RUTH BORLAND	1.00	X						0.	0.	0
DIRECTOR (9) REBECCA BROMINSKI	1.00									
DIRECTOR		x						0.	0.	0
(10) TONY BROOKS	1.00					<u> </u>				
DIRECTOR		X						0.	0.	0
(11) JEROME CAMPBELL	1.00									
DIRECTOR	<u> </u>	X						0.	0.	0
(12) STEVE DANILOFF	1.00									
DIRECTOR		X		L.				0.	0.	0
(13) GUS GENETTI	1.00									
DIRECTOR		X					<u> </u>	0.	0.	0
(14) BETH GILBERT	1.00									
DIRECTOR		X					L	0.	0.	0
(15) MARK GROCHOCKI	1.00									_
DIRECTOR		X			_	_	ļ	0.	0.	0
(16) FRANCIS HOEGEN	1.00	 						_		_
DIRECTOR		X	-			ļ <u>.</u>	<u> </u>	0.	0.	0
(17) LARRY HOLEVA	1.00	ļ						_		_
DIRECTOR	<u> </u>	X			L	<u> </u>		0.	0.	O Form 990 (201

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)				C)			(D)	(E)		(F)		
Name and title	Average	, ا		Pos				Reportable	Reportable		Estimate	ed
	hours per	box,	, unle	ss pe	rson	than is bot	h an	compensation	compensation		amount	of
	week	<u> </u>	cer an	d a d	irecto	r/trus	stee)	from	from related		other	
	(list any	recto						the	organizations		ompensa	
	hours for related	p zo	8			ated		organization	(W-2/1099-MISC	•	from th	
	organizations	ustee	trust		, 83	Suadu		(W-2/1099-MISC)			organızat and relat	
	below	ual tr	tonal		ploye	ost con					rganizati	
	line)	individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Рог тег			"	gamzan	
(18) ANGEL JIRAU	1.00											
DIRECTOR		X						0.		0.		<u>0.</u>
(19) DAVID JOLLEY	1.00											
DIRECTOR		X						0.		0.		0.
(20) WILLIAM JONES	1.00											
DIRECTOR		X						0.		0.		0.
(21) DALE JONES	1.00											
DIRECTOR		X						0.		0.		0.
(22) LARRY KAPLAN	1.00											
DIRECTOR		X						0.		0.		0.
(23) JOHN MADAY	1.00											
DIRECTOR		Х						0.		0.		0.
(24) JOHN MALTA	1.00											
DIRECTOR		X						0.		0.		0.
(25) KENNETH MARQUIS	1.00											
DIRECTOR		X						0.		0.		0.
(26) JOSEPH MATTEO	1.00											_
DIRECTOR		X						0.		0.		0.
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Part V	II, Section A							88,177.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	88,177.		0.		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wł	no re	eceived more than \$100	,000 of reportable			_
compensation from the organization												0
										[J.	Yes	No
3 Did the organization list any former officer,	director, or tru	ıstee	e, ke	у ег	nplo	yee	, or h	nighest compensated e	mployee on	7i.		- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su									the organization	ي د	10 1 10 1 10 1 10 1 10 1 10 1 1 1 1 1 1	
and related organizations greater than \$15										- -4	28 2	X
5 Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services	1.15		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	on						X
Section B. Independent Contractors												
1 Complete this table for your five highest co										ensatio	n from	
the organization Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	<u>ıthın</u>		year			
(A)								(B) Description of s	100,000	C	(C) pensatio	20
Name and business	address						\dashv	Description of s	el AICE2		Perioalic	<i>/</i> 11
BLOCK BY BLOCK		- ۾	- ~ -	- 4	~ -	~ -	,			4	40 3	
P.O. BOX 643873, CINCINN	ATI, OH	45	26	<u>4 -</u>	<u>- 38</u>	<u>37.</u>	<u> 5</u>	SIDEWALK CLE	ANING	1	<u>.49,3</u>	16.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



Form 990 DIAMOI	ND CITY PA	<u>K.T.1</u>	<u>111</u>	<u> RSE</u>	<u>1 T F</u>	<u>. </u>	<u>1</u>	NC	23-309	48/4	
Part: VII Section A. Officers, Director	s, Trustees, Key E	mple	yee	s, ar	nd F	ligh	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours			(C Posi) tion			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee		Key employee Highest compensated employee Former		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) SUSAN MCHUGH	1.00										
DIRECTOR		X						0.	0.	0.	
(28) JACK MCNULTY	1.00								0	^	
DIRECTOR	1 00	X			_			0.	0.	0.	
(29) ROBERT MORGAN	1.00	:							0		
DIRECTOR		X		_				0.	0.	0.	
(30) MICHAEL MURRAY	1.00				- {				_		
DIRECTOR		Х						0.	0.	0.	
(31) TERI OOMS	1.00				1					•	
DIRECTOR	1 00	X						0.	0.	0	
(32) PATRICIA PARKS	1.00	 								0	
DIRECTOR	1 00	X			\dashv	-		0.	0.	0	
(33) BRIAN RINKER	1.00								0	0	
DIRECTOR	1 00	Х						0.	0.	0	
(34) WICO VAN GENDEREN	1.00	7.						0.	0.	0 .	
DIRECTOR	1.00	X			_				<u> </u>	<u> </u>	
(35) RICHARD WILLIAMS DIRECTOR	1.00	X				-		0.	0.	0 .	
(36) MICHAEL WOOD	1.00	<u> </u>		_	\dashv	-					
DIRECTOR	1.00	x						0.	0.	0 .	
(37) ROBERT ZANICKY	1.00	1		\dashv		\exists		- 0.			
DIRECTOR	1.00	x						0.	0.	0	
(38) JOEL ZITOFSKY	1.00	-	\neg	\dashv	\neg						
DIRECTOR		x						0.	0.	0	
(39) TED WAMPOLE	1.00										
VICE CHAIR		x		X				0.	0.	0	
(40) LARRY NEWMAN	40.00										
EXECUTIVE DIRECTOR_				Х		_		88,177.	0.	0	
					ĺ						
								<u> </u>	·		
				\dashv							
				_							
				_	+		-				
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				1_							
Total to Part VII, Section A, line 1c								88,177.			
Total to Part VII, Section A, line 10								00,171			

		Check if Schedule O cont	ains a respon	se or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts.	1	a Federated campaigns	1a		學出版了了社會	12. 微型,然可能		
Grants ncurts		b Mombership dues	1b			自己的文化,1985年,第2章 自己的文化,1985年,第2章		
S, E		c Fundraising events	16		And the integral of the shame			
a it	} ,	d Related organizations	1d					
S, C	l	e Government grants (contribut				The standard of the standard o		
ĒÑ	,	f All other contributions, gifts, gran	· —	· · · · · · · · · · · · · · · · · · ·				的發行其基則
ber in		similar amounts not included abo		25,553.			[李宏][[[李]]	
ĘĞ.	١.,	Noncash contributions included in lines	المستنسا	20,000				
Contributions, Gifts, Greand Other Similar Amou	!	h Total. Add lines 1a-1f		▶	25,553.			
				Business Code			2-7-1-1 de 18-18-18-18-18-18-18-18-18-18-18-18-18-1	3.50 sek 35 2 A
ą.	9	BID PROGRAM		900099	299,087.	299,087.	7771.47 Ten TompleT	Land Carles of the control of
ž .	i .	b		- 300033	233,0076	2337007.		
Program Service Revenue		 					-	
E S		4 		-				<u> </u>
Reg		d			,			
Pro		All other program service reve	ADUA .					
			ilue	I	299 087	A The Property of the Park of	4.2.10 (a) (a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	- 15 Com 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3	Investment income (including	dividends int		233,007.	5-3 2425 77 47 54 5 W 2 68 C	41 1 121 1MG 2 72	
		other similar amounts)	dividends, int	erest, and	1.			1.
	4	Income from investment of tax	v.evemnt hone	-		 		
	5	Royalties	cxempt bond	proceeds -				
Ì	3	rioyarties	(ı) Real	(II) Personal	Patender いるようでのある。	The state of the s	भू भूभागम् । । । । । । । । । । । । । । । । । । ।	417 (6.30, 122) (14
	6 a	Gross rents	l) Near	(ii) I ersonal				
			<u> </u>					
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	(L	b		[[25] [[2]]	THE PARTIES OF LANDING	Chillian Med Jan 1772
		d Net rental income or (loss) a 'Gross amount from sales of	(i) Securities			·显然是可能可以的事。	Libin filling Finer att	これを記るない。 あいれ
	' / '	assets other than inventory	(I) Securities	c (ii) Other	Ingrandition of the Property o	A Committee of the Comm		
		Less cost or other basis	<u> </u>					gi geleggelen siehen mit] +2
ĺ		and sales expenses	1					
	_	0 0						
	•		<u> </u>	>	n projective services	Transfer Bloth Filth Co.		CINTERNATE OF AND A
		. Gross income from fundráising	a avente (not		graphy and projections	THE TAIL THE PROPERTY OF THE PARTY.	Bartlag States	A CHICAGO CONTRACTOR
ے ا	0 6	including \$	of		The state of the s	a the first of the control of the first		
Ę		contributions reported on line						
œ.		Part IV, line 18	,	a	Tangaine Autra Burines	Pending and the final and the final	विवेद्यांका देशकार्य विकेश	
Other Reven	ŀ	Less direct expenses		ь	The state of the s			
Ö		Net income or (loss) from fund	Iraising events	·	and and the second of second		a a Charles with a shall be a second to the second	Total mail and the section of the se
	9 =	Gross income from gaming ac	_			STATE OF STATE OF THE STATE OF	はは正をでは渡り	Mar Charles
		Part IV, line 19		а	學的學家			
	t			ь				
		** * * * * * * * * * * * * * * * * * * *	ing activities	B	A and faireing "Arthology will be Took in	Tallah (Atraft 20.2 _ 23 rest _ Jest) Th	anchi a min qualità in Considia in	Bill minister Co. Indiana Silveria
		Gross sales of inventory, less			The control of the co	ALL THE COLUMN TO THE PROPERTY OF THE PARTY	A President Manager 1 to 1	(1)中国的1000 (1000 1000 1000 1000 1000 1000 100
		and allowances		а			A Toll Signature Bridge	
J	ŀ	Less cost of goods sold		ь				
l		Net income or (loss) from sales	s of inventory	.		1.53055.1		71, 21, 17 - 124, 124, 124, 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17
Ì		Miscellaneous Revenue		Business Code	The second secon	ではない。 「気がではして、これがほと、いっ	The same of the same of the	
Ì	11 a		-		Parrier of Contralemental Mark	i west interest completely the the	the sac Flackbook of all of The late	wan ban i Leen 1807 i 199
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	,	·		-				
		All other revenue		- 		,		<u> </u>
l	e			▶	· · · · · · · · · · · · · · · · · · ·	经银行 医指令神经	8 . at 425 125 127	
	12	Total revenue See instructions		▶	324,641.		0.	1 .
								

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 9,750 9,750 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 55,907. 32,613. 4,659. 93,179. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 36,882. 36,882 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 3,110. 3,110. Payroll taxes 10 11 Fees for services (non-employees) Management Legal 7,653 7,653 Accounting Lobbying **表影词话语[这样题] 经任何的通过证据** Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 2,382 2,382 column (A) amount, list line 11g expenses on Sch O.) 8,231 8,231. Advertising and promotion 12 7,215. 7,215 13 Office expenses 14 Information technology Royalties 15 6,204 9,838. 3,634. 16 Occupancy 1,904 1,904. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,458. 1,458 19 Conferences, conventions, and meetings 1,220. 1,220 Interest 20 21 Payments to affiliates 715 715 22 Depreciation, depletion, and amortization 245 3,066 3,311 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 159,327. CLEANING AND MAINTENANC 159,327. 16,100. 16,100. **b** SECURITY 6,267. 5,579. 688 c SUPPLIES **EVENTS** 100. 100. All other expenses 368,642 301. 247. 62,736. 4,659. Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

Ļį	rt X	Balance Sheet						
_		Check if Schedule O contains a response or no	e to a	ny line in this Part X				
			•		(A) Beginning of y	ear ear		(B) End of year
	1	Cash - non-interest-bearing			50,	688.	1	58,315.
	2	Savings and temporary cash investments			11,	185.	2	10,393.
	3	Pledges and grants receivable, net			8,	950.	3	
	4	Accounts receivable, net			105,		4	70,855.
	5	Loans and other receivables from current and fo	ormer o	officers, directors,	THE REPORT OF THE PARTY OF THE	The same of	J	
		trustees, key employees, and highest compensations					浸点	
		Part II of Schedule L		, ,	(1) I serial of the series series		5	a right of the same of the sam
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under	· 是是是是		A.C.	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B) and contributing			The standard of the standard o		17 A 7	
	.	employers and sponsoring organizations of section 501(c)(9) voluntary						
g	ł	employees' beneficiary organizations (see instr))		6			
Assets	7	Notes and loans receivable, net			7			
As	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges					9	
		Land, buildings, and equipment cost or other			學的是可能可能	(16 - 3' - 1 ' C		
		basis Complete Part VI of Schedule D	10a	8,060		37 'W . 41 84 T	1	
	ь	Less accumulated depreciation	10b	1,680		274.	10c	6,380.
	11	Investments - publicly traded securities					11	
	12	Investments - other securities See Part IV, line	11				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 equ	al line	34)	181,	375.	16	145,943.
	17	Accounts payable and accrued expenses			14,	596.	17	3,165.
	18	Grants payable					18	
	19	Deferred revenue				_	19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete	art IV	of Schedule D			21	
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			18.5	
Ĕ	İ	key employees, highest compensated employee	s, and	disqualified persons	The state of the s		i gui ji	
Liabilities		Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties			23	
	24	Unsecured notes and loans payable to unrelate	d third	parties			24	20,000.
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	17-24) Complete Part X of				
		Schedule D				<u> </u>	25	22.165
	26	Total liabilities. Add lines 17 through 25		. [==]	14,	<u>596.</u>	26	23,165.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🐰 and	是 是可引 "			
ses		complete lines 27 through 29, and lines 33 an	d 34.					
au	27	Unrestricted net assets			111,		27	66,499.
Bal	28	Temporarily restricted net assets			54,	<u>869.</u>	28	56,279.
п	29	Permanently restricted net assets	00.0-	ov	F0257, 3414 "C'H144	7	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 95	s), cneck nere 🄛 📖			12 Miles	
S		and complete lines 30 through 34.			Morth Alle Co. 2	" "" ENTER	1 St. 3	
set	30	Capital stock or trust principal, or current funds					30	
As	31	Paid-in or capital surplus, or land, building, or ed				-	31	
Net	32	Retained earnings, endowment, accumulated in	come,	or other funds	166,	770	32	122,778.
_	33	Total net assets or fund balances			181,			145,943.
	34	Total liabilities and net assets/fund balances			TOT	<u>. / J •</u>	34	Form 990 (2018)

<u>Forn</u>	1990 (2018) DIAMOND CITY PARTNERSHIP, INC.	23-30	<u>094874 </u>	Page 12
	rt:XI' Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	324	,641.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,642.
3	Revenue less expenses Subtract line 2 from line 1	3	-44	,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	166	,779.
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 in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	122	<u>,778.</u>
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			Ļ_
			N N	res No
1	Accounting method used to prepare the Form 990 L Cash X Accrual Cother			iden jirk kin. Kalandari
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1944	
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		المالية المالي	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both		15.75	
	Separate basis Consolidated basis Both consolidated and separate basis		73. Jes	
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 in Sch	edule O	£1.51%	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		
	Act and OMB Circular A-133?		3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

2018

Open to Public

Employer identification number Name of the organization 23-3094874 DIAMOND CITY PARTNERSHIP, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. 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 must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (III) Type of organization (described on lines 1-10 support (see instructions) organization support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2018 DIAMOND CITY PARTNERSHIP, INC. 23-3094874 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support		<u>-</u> -			747	
Cale	ndar year (or fiscal year beginning in) 🔊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		[
	ınclude any "unusual grants ")	27,758.	6,053.	12,300.	27,008.	25,553.	98,672.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	218,005.	217,441.	218,481.	220,372.	195,931.	1070230.
3	The value of services or facilities						_·
	furnished by a governmental unit to						
	the organization without charge		:			1	
4	Total. Add lines 1 through 3	245,763.	223,494.	230,781.	247,380.	221,484.	1168902.
	The portion of total contributions	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Fr. Fr. It. W. Tield	Secretary Secretary		"是是我们会这	
	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,	19 19 19 19 19 19 19 19 19 19 19 19 19 1					
	column (f)						
6	Public support. Subtract line 5 from line 4	1000 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37839512				1168902.
	ction B. Total Support	1	2 2 2 2				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	245,763.	223,494.	230,781.	247,380.	221,484.	1168902.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2.	1.	1.	1.	1.	6.
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		The state of the state of	是的特殊的数			1168908.
	Gross receipts from related activities,	etc (see instruction	ons)		<u> </u>	12	473,805.
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop				<u>.</u>		\triangleright
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶ 🗀
17a	10% -facts-and-circumstances test	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a j	publicly supported	organization	_	▶ □
b	10% -facts-and-circumstances test	•			-	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization						<u> </u>

Schedule A (Form 990 or 990 EZ) 2018 DIAMOND CITY PARTNERSHIP, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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	(Complete only if you checked			organization failed	to qualify under	Part II If the organi	zation fails to
Se	qualify under the tests listed to ction A. Public Support	elow, please com	plete Part II)				/
_	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(5) 2013	(0) 2010	(d) Zo II	(6) 2010	/ III TOLL
•	membership fees received (Do not						1
	include any "unusual grants ")	[[[
_	• • •		 		 	 	
2	Gross receipts from admissions, merchandise sold or services performed, 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	<u></u>			/		
3	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		/				
		र्केट होते । सुबद्धाः	25.秦夏年后次	- Just a little Ages a	Think Think - IT I	· 400 - 12 11 6 44	
	Public support. (Subtract line 7c from line 6)	क्षे १६ । १ चे उपन्ता	12 - 4 - 12 - 1 - 4 - 10	11. 12 12 12 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 Transfer & Company	1 22 11 22	ł
		4) 0014	(1) 0015	() 0010	() 0017	() 0010	(0 T-+-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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 in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI)				 	-	
	Total support. (Add lines 9, 10c, 11, and 12)			d fourth or fifth	N. 1400 f. o. =	n = = = = = = = = = = = = = = = = = = =	
14	First five years. If the Form 990 is for	trie organization's	s arst, second, thir	a, rourin, or firth to	ax year as a section	on ou i(c)(a) organiz	alion,
<u></u>	check this box and stop here	:- Commant Da					
	ction C. Computation of Publ						
	Public support percentage for 2018 (I			column (f))		15	%
	Public support percentage from 2017				_ 	16	<u> %</u>
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	1 18 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))	•	17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2018. If the			on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qualif	ies as a publicly s	upported organiz	ation	ightharpoons
a	33 //3% support tests - 2017. If the	_					and
20.4	line 18 is not more than 33 1/3%, che						

Part V Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
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	edule, A (Form 990 or 990-EZ) 2018 DIAMOND CITY PARTNERSHI			23-3094874 Page 6
Pa	ft Ve Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	· · · · · · · · · · · · · · · · · · ·
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	12 14 pg pg	STATE OF THE PROPERTY OF THE P	
	instructions for short tay year or assets held for part of year)		The state of the s	
a	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	fall Buini	CHANGER AND	Magel of good line species periodic Freding some
	factors (explain in detail in Part VI)	(a) () () () () () () () () ()	Party State Decree and a	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		*
4	Cash deemed held for exempt use Enter 1·1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	阿爾斯斯斯斯斯斯斯斯斯斯斯斯	
_ 	Minimum asset amount for prior year (from Section B, line 8, Column A)	3.	いは発生されている。とは	P
4	Enter greater of line 2 or line 3	4	· · · · · · · · · · · · · · · · · · ·	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		"我们,不要不是我们,这是那	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra		anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

	dule A (Form 990 or 990-EZ) 2018 DIAMOND CITY VIEW Type III Non-Functionally Integrated 509			3-3094874 Page 7
****	Type III Non-Functionally Integrated 509	(a)(a) Supporting Orga	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emot nurooses		1
2	Amounts paid to perform activity that directly furthers exem			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets		,	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2018	(ıii) Distrıbutable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-	为为"不多"。		
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			35.2016.25.14.15.25.16.16.16.16.16.16.16.16.16.16.16.16.16.
	From 2013	建市流流流流流流流流	THE TOTAL THE	古"我是是我们的"我们"。 1
	From 2014	ก็หลา และเกิดเลืองที่ที่การสารที่สุดที่ ให้ก็ที่สิ่นสถิสส และเกา	กับจันกับได้ ที่มีสีเลเน็กนี้ ให้เปลี่น ที่วู ได้ เป็นเล็กมูลเน้น เมตนีเดียก เวิ่มที่เกิมเป็นเป็นเป็นเป็นเลี้น	ที่นัก สิทธิบารีเกล ได้เป็น ก็สหัน กล่อนการีเล่นนี้ได้เรื่อง เป็นสีล้อยเปลาเกล เพื่อเล่นสาวาร์เกลียนสารีเก็บสีล้อยเก็บ
	From 2015	Land of the control o	A CONTRACTOR OF THE PROPERTY O	the set have the second of the second
d	From 2016	a Altermite and another modern and a second of	property and the conduction and the first and the conduction	The first the state of the stat
	From 2017	当你看得我们是我们到过	。斯斯斯爾拉拉斯里斯亞斯	以前的点流和影响。2015年
f	Total of lines 3a through e		国际的一种公司的	配验基础证据的工作的
	Applied to underdistributions of prior years	京小子子 经工作工工		には はいない はいままだい
h	Applied to 2018 distributable amount		·高速區/拉拉斯斯(2)	
i	Carryover from 2013 not applied (see instructions)		に関いるがある。これはおりませい。	是由出口学。中学的自由
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			经工作特工学等证的
4	Distributions for 2018 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years		-	
	Applied to 2018 distributable amount	计1957 2016 代的原则	是想到这个人的。 1000年11月1日 - 1000年11日	
c	Remainder Subtract lines 4a and 4b from 4		· 是一种 是是一种 在	是是是是是是
5	Remaining underdistributions for years prior to 2018, if			三年では、神経の神経の
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions	17年2年1月1日日	E 16 - 2 - 6	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	至的自然的是一个"是不是是一个		was false a series of the series of the series of
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7	The state of the s		TO WILL THE STATE OF THE PARTY AND THE
	Excess from 2014	High rate registration principalities and the	A STATE OF THE PARTY OF THE PAR	医线电影影响的影响
b	Excess from 2015		中國共和共和共和共和共和共和共和共和共和共和共和共和共和共和共和共和共和共和共和	
	Excess from 2016		mail a serve trap the serve to	and the property of the proper
	Excess from 2017		THE THE STATE OF T	THE PROPERTY OF THE PARTY OF TH
	Excess from 2018		(पूर्व के में में सिक्स में क्रिकी के के हैं है हैं	Transfer of the state of the st

Schedule A (Form 990 or 990-EZ) 2018

υ Excess from 2018

Schedule A	(Form 990 or 990-EZ) 20	18 DIAMOND	CITY PAR	TNERSHIP,	INC.	23-30948/4 Page 8
Part VI	Part IV, Section A, lines line 1, Part IV, Section I Section D, lines 5, 6, ar	: 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3, Pa	ic, 5a, 6, 9a, 9b, 9d art IV, Section E, lii	c, 11a, 11b, and 1° nes 1c, 2a, 2b, 3a,	1c, Part IV, Section B, Iii and 3b, Part V, Iine 1, F	7a or 17b, Part III, line 12, nes 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V, ditional information
	(See instructions)		· · · · · · · · · · · · · · · · · · ·			
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		· -				
						

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

To to www.irs.gov/Form990 for instructions and the latest informated.

OMB No 1545-0047

Open to Public has linspection

		eo for instructions and the latest informa	
Nam	e of the organization DIAMOND CITY PARTN	ERSHIP, INC.	Employer identification number 23-3094874
Pa			
	organization answered "Yes" on Form 990, Part IV, lir		
		(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 advise	od funds
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
U	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or deficit advisor, or for any other purpose c	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990 P	
1	Purpose(s) of conservation easements held by the organizat		4.11, 11.10
'	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	Treservation of a certification	ied filatoric structure
2	Complete lines 2a through 2d if the organization held a quali	find concentation contribution in the form of	of a conservation easement on the last
~	day of the tax year	med conservation contribution in the form c	Held at the End of the Tax Year
_	Total number of conservation easements		2a
a h	Total acreage restricted by conservation easements	•	2b
b	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
ا	Number of conservation easements included in (c) acquired	· · ·	
u	listed in the National Register	arter 1720/00, and not on a mistone structu	2d
3	Number of conservation easements modified, transferred, re	pleased extinguished or terminated by the	
3	year	noused, extinguished, or terrimized by the	organization doming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ervation easements during the year
_	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes t	he organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement :	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		> \$

		CITY PART								4 Page 2
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following the	at are a sig	nıfıcant	use of its	collection	ı ıtems
	(check all that apply)									
а	Public exhibition	d	!	Loan or exc	change progr	ams				
b	Scholarly research	e		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further	the organizat	ion's exem	pt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, o r oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's c	ollection?				Yes	No_
Pai	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" on F	orm 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diary for	contributio	ns or other a	ssets not in	ncluded			
	on Form 990, Part X?		,						Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table						
U	ii res, explain the arrangement iii at Aii	and complete the lo	moving .	idDi¢					Amount	
_	Decinains belongs						1c		741104111	
C	Beginning balance				•		1d			
	Additions during the year									
e	Distributions during the year						1e			
f	Ending balance						1f		٦,,	
	Did the organization include an amount on Fi						y''	L	」 Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t.V. Endowment Funds. Complete									
	:	(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	i) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				ļ .					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
c	Temporarily restricted endowment ▶	%								
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	·	ation tha	at are held a	and administe	ered for the	organi	zation		
-	by						J		Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations						••		3a(ii)	
.	If "Yes" on line 3a(ii), are the related organizations	itione lietad ae radijii	red on S	chedule R2					3b	
	Describe in Part XIII the intended uses of the								<u> </u>	
4 Pai	t.VI. Land, Buildings, and Equipm		Milieir	iulius						
4 (4)	Complete if the organization answere) Part I\	/ line 11a 1	See Form QQI	ົ Part Y lı	na 10			
							cumulate		(d) Book	
	Description of property	(a) Cost or o			t or other	1	eciation		(a) BOOP	(value
		basis (investr	nent)	Dasis	(other)					
1a	Land					5-34 E/MF	* * 4 . 1.	الدرية المراجع		
b	Buildings				2 522			_ _	-	2 264
c	Leasehold improvements .			-	<u>3,739.</u>		_	75.		3,264.
d	Equipment				4,321.		1,2	05.		<u>3,116.</u>
	Other					l		. .		
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colum	nn (B), line	10c)					<u>6,380.</u>

••

(a) Description of security or category (including name of security)	on Form 990, Part IV, Ijr (b) Book value	(c) Method o	of valuation Cost or er	nd-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.)		一种的一种	为"是"。"是"的"是"的"是"。"是"的"是"。"是"的"是"。"是"的"是"。"是"的"是"。"是"的"是"。"是","是"的"是"。"是","是","是"	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of		e 11c See Form 99	00, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method o	of valuation Cost or er	nd-of-year market value
(1)				
(2)				
(3)				1
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10/				The second second second second second
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part: IX: Other Assets.				THE THE PROPERTY OF THE PROPER
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX. Other Assets. Complete if the organization answered "Yes" complete.				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX: Other Assets. Complete if the organization answered "Yes" of (a) □	on Form 990, Part IV, lin Description			(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX. Other Assets. Complete if the organization answered "Yes" complete.				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part: IX: Other Assets. Complete if the organization answered "Yes" of (a) D				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX: Other Assets. Complete if the organization answered "Yes" col. (a) Example 15.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" col. (a) D. (1) (2) (3)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part: IX: Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part: IX: Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5)				
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) [Part: IX: Other Assets. Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, col (B) line 13.)	Description			(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX: Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities.	Description	e 11d See Form 99	90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of	Description	e 11d See Form 99	90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description	e 11d See Form 99	90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part: IX: Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	Description	e 11d See Form 99	90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)	Description	e 11d See Form 99	90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part: IX: Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	Description	e 11d See Form 99	90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part: IX: Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	e 11d See Form 99	90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part: IX: Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description	e 11d See Form 99	90, Part X, line 15	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part: IX: Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	e 11d See Form 99	orm 990, Part X, line 2	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) [Part: IX] Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X:] Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11d See Form 99	orm 990, Part X, line 2	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	e 11d See Form 99	orm 990, Part X, line 2	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) [Part: IX] Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X:] Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11d See Form 99	orm 990, Part X, line 2	(b) Book value

chedule D (Form 990) 2018 DIAMOND CITY PARTNERSH	IP, INC	23-30	94874 Page
Part XI Reconciliation of Revenue per Audited Financial St	atements With Rever		
Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a	· · · · · · · · · · · · · · · · · · ·	
1 Total revenue, gains, and other support per audited financial statements		1	324,641
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	- m	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c	======================================	
d Other (Describe in Part XIII)	2d		•
e Add lines 2a through 2d		2e	324,641
3 Subtract line 2e from line 1		3	324,641
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1	- 13 th	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		0
c Add lines 4a and 4b	2.1	4c	324,641
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Part XII Reconciliation of Expenses per Audited Financial S	tatements With Expe		
Complete if the organization answered "Yes" on Form 990, Part IV, I		•	
1 Total expenses and losses per audited financial statements		1	368,642
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		1 19 mg	
a Donated services and use of facilities	2a		
b Prior year adjustments	2b	, , , , , , , , , , , , , , , , , , ,	
c Other losses	2c	3.5	
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1		3	368,642
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		0 [3]	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b	for a	_
c Add lines 4a and 4b		4c	0
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	18.)	5	368,642
es 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide a			
		·	
·····			
	····		

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2018 Control of the c
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Name of the organization DIAMOND CITTY DARFINERSHID	אייאבם פייד	RESHIP INC					Employer identification number
是 Part L Seneral Information on Grants and Assistance	nd Assistance						# 10#COC_C7
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	non
	stance?	,	A	0			X Yes No
Partille Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete	Domestic Organi	zations and Domestic	Governments. C	omplete if the organia	nization answered ")	o grant torids in the United States Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV line 21 for any	IV line 21 for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	led			
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2. Enter total number of section 501(c)(3) and government organizations I3 Enter total number of other organizations listed in the line 1 table	ind government or s listed in the line	ganizations listed in the 1 table	isted in the line 1 table				

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

Schedule I (Form 990) (2018)

23-3094874

Page 2

Schedule I (Form 990) (2018) DIAMOND CITY PARTNERSHIP, INC.

[Pairill.] 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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV: Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, Iir	le 2, Part III, column	(b), and any other a	ditional information	
		:			

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

832211 10-10-18

DIAMOND CITY PARTNERSHIP, INC.

Employer identification number 23-3094874

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARETAKER OF THE COMMUNITY'S VISION FOR DOWNTOWN WILKES-BARRE. THE
ORGANIZATION'S DEFINED MISSION IS 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.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORDER TO PLAN AND IMPLEMENT REVITALIZATION STRATEGIES FOR AREAS LOCATED
WITHIN THE CITY OF WILKES-BARRE, PENNSYLVANIA.
· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION A, LINE 6:
ANY PERSON OR ENTITY WHO MAKES OR COMMITS TO MAKE A SIGNIFICANT COMMITMENT
TO THE FURTHERANCE OF THE GOALS OF THE ORGANIZATION IS ELIGIBLE FOR
MEMBERSHIP IF APPROVED BY A MAJORITY OF THE MEMBERS OF THE BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A:
FOUR MEMBERS ARE APPOINTED TO THE BOARD BY THE CHAIR, FIVE BY THE PRESIDENT
OF THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY AND THE
REMAINING MEMBERS ARE APPOINTED BY VARIOUS CHIEF EXECUTIVE OFFICERS OF
VARIOUS GOVERNMENT, NONPROFITS, AND BUSINESSES OF THE WILKES-BARRE AREA.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS FORM 990 AND HIGHLIGHTS OF THE FORM 990 ARE
REVIEWED WITH ALL BOARD MEMBERS AT A BOARD MEETING. EACH BOARD MEMBER WILL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)
about the second of the second

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

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

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

Copen to Publicate

Employer identification number 23-3094874Direct controlling entity 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 End of-year assets Total income € Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) INC Primary activity DIAMOND CITY PARTNERSHIP, Name, address, and EIN (if applicable) of disregarded entity Name of the organization

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?) 12(b)(13) siled y?
				501(c)(3))		Yes	Š
DC PARTNERSHIP, INC 20-0544691							
	PROMOTE COMMON BUSINESS						
18701	INTERESTS	PENNSYLVANIA	501(C)(6)		A/A		×
	h						

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Schedule R (Form 990) 2018

23-3094874

Page 2

Schedule R (Form 990) 2018 DIAMOND CITY PARTNERSHIP, INC.

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

General or Percentage managing ownership 3 Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity **©** (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>@</u> Name, address, and EIN of related organization

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

			ı				1				
_	tion b(13) rolled ity?	Yes No									
	Section 512(b)(13) controlled entity?	Yes									
3	<u> </u>										
(6)	Share of end-of-year	dssets									
(£)	Share of total income										
(e)	Έ٥	OI II USI)									
(p)	Direct controlling entity										
(0)	e E	country)									
(g)	Primary activity										
(a) (b)	Name, address, and EIN of related organization					Among a control of the control of th					

Schedule R (Form 990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 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?	is with one or more re	lated organizations listed	in Parts II:IV?	Yes No	٠٠٠ ﴿وَيَّالُمُ ا
 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) 	٨			te X	ll
					ll.
					l.
 Loans or loan guarantees by related organization(s) 				1e X	1378
f Dividends from related organization(s)					
g Sale of assets to related organization(s)				X gt	
h Purchase of assets from related organization(s)				ŧ	l
i Exchange of assets with related organization(s)				i=	1
j Lease of facilities, equipment, or other assets to related organization(s)				X 28 28 28 28 28 28 28 28 28 28 28 28 28	E.3
k Lease of facilities, equipment, or other assets from related organization(s)				al al	;;; <u> </u>
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			± X	l
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X	اا
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			th X	اا
 Sharing of paid employees with related organization(s) 				ot X	
				A CALL OF THE PARTY OF THE PART	70 m. 12 T
p Reimbursement paid to related organization(s) for expenses				To X	l
q Reimbursement paid by related organization(s) for expenses				. so	
r Other transfer of cash or property to related organization(s)				Transfer Adams Salarian	
If the answer to any of the above is "Yes," see the instructions for inform	who must complete the	iis line, including covered	ation on who must complete this line, including covered relationships and transaction thresholds		.1
	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
W					
					1
(3)					1
(4)					!
) , (5)					
1 (9)		:			
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Schedule R (Form 990) 2018 DIAMOND CITY PARTNERSHIP,

के हैं हैं हैं । 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

(h) (i) (j) (k)

DisproporUnit in box 20 managing ownership

Joseph No (Form 1065) Yes No Schedule R (Form 990) 2018 end-of-year Share of assets **6** Share of income total Predominant income parties sec (related, unrelated, 501(s)3) excluded from tax under sections 512-514) (state or foreign Legal domicile country) છ Primary activity <u>a</u> Name, address, and EIN of entity

Schedule R (Form 990) 2018	DIAMOND	CITY	PARTNERSHIP,	INC.	23-3094874 Page 5
Schedule R (Form 990) 2018 Part VII. Supplemental Info	rmation.				
Provide additional inform	ation for response	es to ques	stions on Schedule R See	instructions	
					
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