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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PEORIA DIAMOND CLUB		D Employer identification number 86-0753703	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
		16101 N 83RD AVE			6234124247
		City or town, state or country, and ZIP + 4 PEORIA, AZ 85345		F Group Exemption Number ▶	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ **WWW.PEORIADIAMONDCLUB.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**G** Accounting method ☒ Cash ☐ Accrual

Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **404,439.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,574.
	2	Program service revenue including government fees and contracts	2	244,966.
	3	Membership dues and assessments	3	
	4	Investment income	4	132.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	62,835.
b	Less direct expenses other than fundraising expenses	6b	26,330.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	36,505.	
7a	Gross sales of inventory, less returns and allowances STMT 5	7a	87,932.	
b	Less cost of goods sold	7b	79,748.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8,184.	
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	298,361.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	103,474.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	180,577.
	13	Professional fees and other payments to independent contractors	13	10,905.
	14	Occupancy, rent, utilities, and maintenance	14	2,190.
	15	Printing, publications, postage, and shipping	15	9,214.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	69,211.
	17	Total expenses. Add lines 10 through 16	17	375,571.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<77,210.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	173,533.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	96,323.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	203,276.	22 119,796.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 2)	7,127.	24 5,754.
25 Total assets	210,403.	25 125,550.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	36,870.	26 29,227.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	173,533.	27 96,323.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	THE PEORIA DIAMOND CLUB MANAGES THE BASEBALL SPRING TRAINING SEASON OPERATION AT THE PEORIA SPORTS COMPLEX. THIS ACTIVITY SUPPORTS THE WORK OF THE CITY OF PEORIA.	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	284,455.
29	SEE STATEMENT 7	(Grants \$ 103,474.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	103,474.
30		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	387,929.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRIDGET BINSBACHER	EXECUTIVE DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	40.00	60,000.	0.	2,400.
JON RICHARDSON	FORMER EXECUTIVE DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	0.00	16,000.	0.	0.
TOM CORCORAN	PRESIDENT			
16101 N 83RD AVE, PEORIA, AZ 85383	4.00	0.	0.	0.
TERRI BABCOCK	VICE PRESIDENT			
16101 N 83RD AVE, PEORIA, AZ 85383	4.00	0.	0.	0.
BRET MECKEAND	SECRETARY			
16101 N 83RD AVE, PEORIA, AZ 85383	4.00	0.	0.	0.
DARCY PHILLIPS	TREASURER			
16101 N 83RD AVE, PEORIA, AZ 85383	4.00	0.	0.	0.
CLIFF LEATHERWOOD	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
DEB MOORE	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
DIANA BEDIENT	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
JENNIFER MELLOH	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
MARK MADDIX	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
PATRICK SPONSEL	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
REMO MELUCCI	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
RUSS CONWAY	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
RUSTY PETHOUD	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
TIM HARING	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.
WIL HOWARTH	DIRECTOR			
16101 N 83RD AVE, PEORIA, AZ 85383	2.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ AZ		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ 6234124247 Located at ▶ 16101 N 83RD AVE, PEORIA, AZ ZIP + 4 ▶ 85345		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		<input checked="" type="checkbox"/>
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		

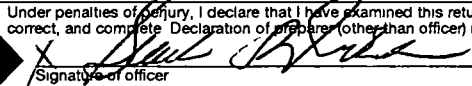

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>5-13-2011</u>	
Paid Preparer's Use Only	BRIDGET BINSBACHER, EXECUTIVE DIRECTOR Type or print name and title			
	Preparer's signature  Date <u>05/12/11</u>		Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 MONICA J. STERN, CPA, PLLC 11225 NORTH 28TH DRIVE, SUITE B-109 PHOENIX, AZ 85029-5609		EIN <u> </u> Phone no <u>(602) 674-8226</u>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

PEORIA DIAMOND CLUB

Employer identification number

86-0753703

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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ 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)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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.)
- 10 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	187,249.	238,070.	2,460.	450.	8,574.	436,803.
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	492,325.	180,887.	225,212.	236,486.	340,125.	1475035.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	679,574.	418,957.	227,672.	236,936.	348,699.	1911838.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						1911838.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	679,574.	418,957.	227,672.	236,936.	348,699.	1911838.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,904.	5,401.	4,259.		132.	16,696.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,904.	5,401.	4,259.		132.	16,696.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			167,564.	80,652.	36,505.	284,721.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,150.					6,150.
13 Total support. (Add lines 9, 10c, 11, and 12)	692,628.	424,358.	399,495.	317,588.	385,336.	2219405.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	86.14 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	85.23 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.75 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.90 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

PEORIA DIAMOND CLUB

Employer identification number
86-0753703

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PARTNERSHIP EVENTS		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	62,835.		62,835.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	62,835.		62,835.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	11,422.		11,422.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment	225.		225.
	9	Other direct expenses	14,683.		14,683.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶ (26,330)			
	11	Net income summary. Combine line 3, column (d), and line 10 ▶ 36,505.			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶ ()			
	8	Net gaming income summary. Combine line 1, column (d), and line 7 ▶			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.**c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Yes No

15a

17a

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
OFFICE EXPENSE	15,711.
CONFERENCE, CONVENTIONS & MEETINGS	11,953.
ADVERTISING / MARKETING	5,566.
TRAVEL	2,011.
INSURANCE	3,652.
SUPPLIES	13,614.
VOLUNTEER APPRECIATION	16,704.
TOTAL TO FORM 990-EZ, LINE 16	69,211.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	5,105.	4,287.
OTHER DEPRECIABLE ASSETS	2,022.	1,467.
TOTAL TO FORM 990-EZ, LINE 24	7,127.	5,754.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED EXPENSES	21,870.	14,227.
LOAN PAYABLE	15,000.	15,000.
TOTAL TO FORM 990-EZ, LINE 26	36,870.	29,227.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
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DESCRIPTION	AMOUNT
DEPRECIATION	2,190.
TOTAL TO FORM 990-EZ, LINE 14	2,190.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 5

INCOME

1. GROSS RECEIPTS	87,932	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		87,932
4. COST OF GOODS SOLD (LINE 13)	79,748	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		8,184

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	79,748	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		79,748
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		79,748

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 7

THE CLUB ENCOURAGES MAJOR LEAGUE SPRING TRAINING BASEBALL WITHIN THE CITY OF PEORIA, ARIZONA. THE CLUB ATTRACTS, PROMOTES AND PARTICIPATES IN OTHER EVENTS IN PEORIA FOR FUND RAISING PURPOSES. FUNDS RAISED THROUGHOUT THE YEAR ARE DONATED TO LOCAL YOUTH CHARITIES AND ORGANIZATIONS TO PROMOTE YOUTH ACTIVITIES EDUCATION AND SPECIAL NEEDS SUPPORT

990-EZ PG 2

STATEMENT 8

OUR MISSION IS TO RAISE FUNDS FOR NORTHWEST VALLEY YOUTH CHARITIES AND ORGANIZATIONS THROUGH EXTENSIVE VOLUNTEER EFFORTS. THE PEORIA DIAMOND CLUB AND ITS MEMBERS ARE DEDICATED TO SUPPORTING THE MANY WONDERFUL COMMUNITY PROGRAMS THAT EDUCATE AND ENRICH OUR CHILDRENS LIVES WHILE ENHANCING THEIR FUTURES.

PEORIA DIAMOND CLUB
SCHEDULE OF GRANTS AND AWARDS EXPENSE
FOR THE YEAR ENDED JUNE 30, 2010

Date	Source Name	Amount
07/06/2009	St Louis The King	500
08/05/2009	Jennabears Foundation	8,926
08/27/2009	We Care	2,500
11/12/2009	Liberty Lions Parent Club	383
12/23/2009	Arizona Road Racers	23,856
12/23/2009	Peoria Pantry	6,200
03/03/2010	Boy Scouts of America Grand Canyon Cncl	1,500
03/03/2010	Cactus High School	2,000
03/03/2010	Carl hayden Comm HS JROTC	1,000
03/03/2010	Centennial High School	1,000
03/03/2010	Cobra Baseball Booster Club	1,175
03/03/2010	Ira Murphy Elementary School	1,500
03/03/2010	Peoria Baseball Sluggers Booster Club	1,500
03/03/2010	Sierra Verde Elementary School	2,000
03/03/2010	St Mary's Food Bank	2,600
03/03/2010	Teen Life Line	1,250
03/03/2010	Valley View Community Food Assistance	5,000
03/03/2010	Valley Vista High School Football	2,500
03/03/2010	Wil Power Challenge	1,000
03/23/2010	Arizona Community Foundation	15,000
04/12/2010	Fiesta Mexiana Dance Company or DEFAP	1,150
04/13/2010	Arizona Humane Society	96
05/28/2010	American Diabetes Assn	200
06/03/2010	CPAAG	700
06/03/2010	Kiwanis Club of Sun City /Agua Fria	1,500
06/07/2010	City of Peoria	1,099
06/30/2010	Cub Scout Pack #129	1,000
06/30/2010	Ironwood High School	3,000
06/30/2010	Jennabears Foundation	6,641
06/30/2010	Moon Valley HS Rocket Boosters	1,200
06/30/2010	PUSD National Academy of Interns	1,500
06/30/2010	Sunrise Mountain Girl's Volleyball	2,500
06/30/2010	Vistancia Elementary School	1,498
TOTAL		<u>103,474</u>