

Form **990**
 Department of the Treasury
 Internal Revenue Service

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
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite TWO PUBLIC SQUARE City or town, state or province, country, and ZIP or foreign postal code WILKESBARRE, PA 18701	D Employer identification number 02-0605397 E Telephone number (570) 823-2101 G Gross receipts \$ 711,524
F Name and address of principal officer WICO VAN GENDEREN TWO PUBLIC SQUARE WILKESBARRE, PA 18701		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 2003 M State of legal domicile PA
J Website: ▶ WWW.WILKES-BARRE.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities SUPPORT, SPONSOR, AND ADMINISTER PROGRAMS PROMOTING OVERALL HEALTH AND WELFARE OF WILKES-BARRE AREA		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	515,329
	9 Program service revenue (Part VIII, line 2g)	147,797	196,186
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9	9
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,465	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,271	711,524
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		154,462	203,411
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		167,215	188,841
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	321,677	392,252	
19 Revenue less expenses Subtract line 18 from line 12	-152,406	319,272	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	170,609	167,610
	21 Total liabilities (Part X, line 26)	1,197,642	875,371
	22 Net assets or fund balances Subtract line 21 from line 20	-1,027,033	-707,761

Part II Signature Block

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

Sign Here	2018-11-13 Date
***** Signature of officer	
WICO VAN GENDEREN PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JULIUS GREEN CPA	Preparer's signature JULIUS GREEN CPA	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00350393
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP	Firm's EIN ▶ 39-0859910		Phone no (570) 820-0100	
	Firm's address ▶ 46 PUBLIC SQUARE WILKESBARRE, PA 187012681				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO SERVE CHARITABLE AND EDUCATIONAL PURPOSES BY SUPPORTING, SPONSORING, ADMINISTERING, AND OVERSEEING PROGRAMS AND ACTIVITIES INTENDED TO PROMOTE THE OVERALL HEALTH AND WELFARE OF THE GREATER WILKES-BARRE AREA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 174,987 including grants of \$) (Revenue \$ 196,186)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 174,987

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (34); 1b Enter the number of voting members included in line 1a, above, who are independent (34); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 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 arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (MATTHEW BICKERT 2 PUBLIC SQUARE WILKESBARRE, PA 187105340 (570) 823-2101)

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, or 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								201,581	0	29,215

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	495,329				
	e Government grants (contributions)	1e	20,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			515,329			
Program Service Revenue			Business Code				
	2a MANAGEMENT SUPPORT		900099	196,186	196,186		
	b _____						
	c _____						
	d _____						
	e _____						
f All other program service revenue							
g Total. Add lines 2a-2f			196,186				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9		9	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			711,524	196,186	0	9	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	23,665		23,665	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	143,460	54,264	89,196	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	20,869	6,776	14,093	
10 Payroll taxes	15,417	5,006	10,411	
11 Fees for services (non-employees)				
a Management				
b Legal	3,795	1,232	2,563	
c Accounting	7,275	2,362	4,913	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,597	8,961	18,636	
12 Advertising and promotion				
13 Office expenses	10,381	3,371	7,010	
14 Information technology	6,266	2,035	4,231	
15 Royalties				
16 Occupancy	24,053	7,810	16,243	
17 Travel	255	83	172	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,553	1,803	3,750	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,129	1,665	3,464	
23 Insurance	19,455	6,317	13,138	
24 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.)				
a COMMUNITY INITIATIVES	70,520	70,520		
b MISCELLANEOUS	5,389	1,752	3,637	
c DUES & SUBSCRIPTIONS	3,053	991	2,062	
d PUBLIC RELATIONS	120	39	81	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	392,252	174,987	217,265	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	88,091	1	84,729
	2 Savings and temporary cash investments	17,251	2	17,260
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,461	4	15,764
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,015	9	18,195
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	279,377		
	b Less accumulated depreciation	247,715		
		36,791	10c	31,662
	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 equal line 34)	170,609	16	167,610	
Liabilities	17 Accounts payable and accrued expenses	88,750	17	72,984
	18 Grants payable		18	
	19 Deferred revenue	29,000	19	34,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,079,892	25	768,387
	26 Total liabilities. Add lines 17 through 25	1,197,642	26	875,371
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-1,027,033	27	-707,761
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-1,027,033	33	-707,761
	34 Total liabilities and net assets/fund balances	170,609	34	167,610

Part 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	711,524
2	Total expenses (must equal Part IX, column (A), line 25)	2	392,252
3	Revenue less expenses Subtract line 2 from line 1	3	319,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,027,033
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	-707,761

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	Yes	

Additional Data

Software ID:

Software Version:

EIN: 02-0605397

Name: THE GREATER WILKES-BARRE CHAMBER
OF BUSINESS AND INDUSTRY

Form 990 (2017)

Form 990, Part III, Line 4a:

GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE TAX CODE, INCLUDING WITHOUT LIMITATION TO SUPPORT, BENEFIT, AND CARRY OUT THE SECTION 501(C)(3) PURPOSES OF THE GREATER WYOMING VALLEY CHAMBER OF COMMERCE, THE GREATER WILKES-BARRE INDUSTRIAL FUND, AND THE GREATER WILKES-BARRE DEVELOPMENT CORPORATION, BY (A) SPONSORING, SUPPORTING, ADMINISTERING AND OVERSEEING PROGRAMS AND ACTIVITIES INTENDED TO PROMOTE THE OVERALL HEALTH AND WELFARE OF THE GREATER WILKES-BARRE PENNSYLVANIA AREA, RELIEVE POVERTY, COMBAT COMMUNITY DETERIORATION, AND CREATE JOBS,(B) ENHANCING REGIONAL EMPLOYMENT THROUGH THE CREATION AND IMPLEMENTATION OF WORKPLACE DEVELOPMENT AND EDUCATION PROGRAMS AND EVENTS FOR THE BENEFIT OF THE ENTIRE REGION,(C) ASSISTING IN THE DEVELOPMENT, CONSTRUCTION, OWNERSHIP AND LEASING OF DISTRESSED REAL PROPERTY IN ORDER TO PROMOTE THE OVERALL HEALTH AND WELFARE OF THE GREATER WILKES-BARRE, PENNSYLVANIA AREA,(D) PROVIDING ADMINISTRATIVE, MANAGERIAL, MARKETING, ACCOUNTING, BOOKKEEPING AND SIMILAR SUPPORTING SERVICES TO AFFILIATED NOT-FOR-PROFIT ORGANIZATIONS,(E) UNDERTAKING FUNDRAISING TO SUPPORT ANY OF THE CORPORATION'S ACTIVITIES OR THOSE ACTIVITIES OF ITS AFFILIATED NOT-FOR-PROFIT ENTITIES,(F) AWARDING GRANTS AND GIFTS TO SUPPORT THE PROGRAMS AND ACTIVITIES OF AFFILIATED NOT-FOR-PROFIT ENTITIES, AND(G) DOING SUCH THINGS AS ARE NECESSARY TO IMPLEMENT THESE PURPOSES AS WELL AS ANY LAWFUL PURPOSE OR PURPOSES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM E SORDONI CHAIR PERSON	1 00	X		X				0	0	0
ELIZABETH GRAHAM VICE CHAIR	1 00	X		X				0	0	0
SCOTT LYNETT SECRETARY	1 30	X		X				0	0	0
WILLIAM FROMEL CPA TREASURER	1 00	X		X				0	0	0
TROY STANDISH DIRECTOR	1 00	X						0	0	0
PETER J DANCHAK DIRECTOR	1 00	X						0	0	0
DONALD BROMINSKI DIRECTOR	1 00	X						0	0	0
DR THOMAS BOTZMAN DIRECTOR	1 00	X						0	0	0
MARY ERWINE DIRECTOR	1 00	X						0	0	0
THOMAS P LEARY DIRECTOR	1 30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH E KLUGER ESQ DIRECTOR	1 00	X						0	0	0
JEFFREY METZ DIRECTOR	1 00	X						0	0	0
PATRICK LEAHY DIRECTOR	1 00	X						0	0	0
WILLIAM W SCRANTON III DIRECTOR	1 00	X						0	0	0
GERARD O'DONNELL DIRECTOR	1 00	X						0	0	0
TERI OOMS DIRECTOR	1 00	X						0	0	0
REV JOHN J RYAN CSCPHD DIRECTOR	1 00	X						0	0	0
PHILIP JOHNSON DIRECTOR	1 00	X						0	0	0
TARA MUGFORD WILSON DIRECTOR	1 00	X						0	0	0
CARL WITKOWSKI JR DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE MURRAY DIRECTOR (TERM BEGAN 2017)	1 00	X						0	0	0
BRIAN RINKER DIRECTOR (TERM BEGAN 2017)	1 00	X						0	0	0
TONY CARLUCCI DIRECTOR (TERM BEGAN 2017)	1 00	X						0	0	0
PHIL AMEND DIRECTOR	1 00	X						0	0	0
WICO VAN GENDEREN PRESIDENT/CEO	7 50 30 00			X				151,486	0	21,477
MATTHEW BICKERT CONTROLLER	7 50 30 00			X				50,095	0	7,738

SCHEDULE A
(Form 990 or
990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE GREATER WILKES-BARRE CHAMBER
OF BUSINESS AND INDUSTRY

Employer identification number

02-0605397

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.)

- 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 (Form 990 or 990-EZ))
- 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 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 _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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 ►
- b 33 1/3% support test—2016.** 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 ►
- 17a 10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 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 ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	47,500	20,000			515,329	582,829
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	222,973	180,023	146,076	147,797	196,186	893,055
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	270,473	200,023	146,076	147,797	711,515	1,475,884
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.)						1,475,884

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	270,473	200,023	146,076	147,797	711,515	1,475,884
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16	109	14	9	9	157
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	16	109	14	9	9	157
11	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 assets (Explain in Part VI.)	130,773	82,001	2,392,740	21,465		2,626,979
13	Total support. (Add lines 9, 10c, 11, and 12.)	401,262	282,133	2,538,830	169,271	711,524	4,103,020

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 2017 (line 8, column (f) divided by line 13, column (f))	15	35.970 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	28.880 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.010 %

19a 33 1/3% support tests—2017. 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—2016. 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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
	7		
8	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).		
	8		
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 .		
	9a		
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 .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
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	
Section 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	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 02-0605397

Name: THE GREATER WILKES-BARRE CHAMBER
OF BUSINESS AND INDUSTRY

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY

Employer identification number
02-0605397

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		69,209	61,593	7,616
d Equipment		210,168	186,122	24,046
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				31,662

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	768,387
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	768,387

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	711,524
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	711,524
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	711,524

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	392,252
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	392,252
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	392,252

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 02-0605397

Name: THE GREATER WILKES-BARRE CHAMBER
OF BUSINESS AND INDUSTRY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE COMPANY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE -LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2017 AND 2016 THE COMPANY'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS AND RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2016, 2015, AND 2014 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Name of the organization
THE GREATER WILKES-BARRE CHAMBER
OF BUSINESS AND INDUSTRY

Employer identification number
02-0605397

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WICO VAN GENDEREN PRESIDENT/CEO	(i)	123,047	22,439	6,000	5,313	16,164	172,963	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	THE PRESIDENT /CEO RECEIVES A BONUS. THE AMOUNT OF THE BONUS IS DETERMINED BY KEY PERFORMANCE INDICATORS SET AND APPROVED BY THE BOARD. THE BOARD OF DIRECTORS APPROVES THE BONUS BASED UPON HITTING THE TARGETS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GREATER WILKES-BARRE CHAMBER
OF BUSINESS AND INDUSTRY

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

02-0605397

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 2</p>	<p>THE FOLLOWING FAMILY AND BUSINESS RELATIONSHIPS INCLUDE BOARD RELATIONSHIPS WITH BOARD MEMBERS OF ALL RELATED ENTITIES INCLUDED IN SCHEDULE R PHIL AMEND HAS A BUSINESS RELATIONSHIP WITH DOUG BARBACCI, CAROL DOUDS, PATRICK ENDLER, MARY ERWINE, ELIZABETH GRAHAM, ROBERT GRAHAM, CAROL KEUP, BRUCE LEFKOWITZ, LORI NOCITO, WILLIAM SCRANTON, WILLIAM SORDONI, AND WICO VAN GENDEREN LARS ANDERSON HAS A BUSINESS RELATIONSHIP WITH JOHN DOWD DOUG BARBACCI HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND ROBERT BEE HAS NO BUSINESS RELATIONSHIP WILLIAM BEEKMAN HAS NO BUSINESS RELATIONSHIP RON BEER HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM JONES, AND WILLIAM SORDONI ROB BELZA HAS A BUSINESS RELATIONSHIP WITH JOHN J DOWD AND PATRICK ENDLER PAUL BERDY HAS A BUSINESS RELATIONSHIP WITH WILLIAM FROMEL AND CARL WITKOWSKI CHRISTIE L BONNICE HAS NO BUSINESS RELATIONSHIP THOMAS BOTZMAN HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, THOMAS MAKOWSKI, TERI OOMS, AND WILLIAM SORDONI JOSEPH A BOYLAN HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER AND TERI OOMS DONALD BROMINSKI HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM M JONES, THOMAS MAKOWSKI, TERI OOMS, AND TROY STANDISH TONY CARLUCCI HAS A BUSINESS RELATIONSHIP WITH TERI OOMS AND TROY STANDISH GREGORY COLLINS HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM M JONES, KATHLEEN LAMBERT, AND TERI OOMS PETER DANCAK HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, PATRICK LEAHY, THOMAS MAKOWSKI, TERI OOMS, AND TROY STANDISH ANGELO DECESARIS HAS NO BUSINESS RELATIONSHIP NINA DEITOS HAS A BUSINESS RELATIONSHIP WITH JOHN DOWD, PATRICK ENDLER, AND WILLIAM JONES SUSAN DIANA HAS BUSINESS RELATIONSHIP WITH WILLIAM SORDONI CAROL J DOUDS HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND AND GERARD O'DONNELL JOHN J DOWD HAS A BUSINESS RELATIONSHIP WITH LARS ANDERSON, ROBERT BELZA, NINA DEITOS, PATRICK ENDLER, MARY ERWINE, WILLIAM M JONES, JOSEPH KLUGER, SUE KLUGER, THOMAS MAKOWSKI, TARA MUGFORD-WILSON, ROBERT NEHER, AND LORI NOCITO PATRICK ENDLER HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND, RON BEER, ROBERT BELZA, THOMAS BOTZMAN, JOSEPH BOYLAN, DONALD BROMINSKI, GREGORY COLLINS, PETER DANCAK, NINA DEITOS, JOHN DOWD, MARY ERWINE, BILL GOLDSWORTHY, PHILLIP JOHNSON, WILLIAM M JONES, CLAYTON KARAMBELAS, RICHARD KAZMERICK, SUE KLUGER, KATHLEEN LAMBERT, PATRICK LEAHY, THOMAS LEARY, BRUCE LEFTOWITZ, CARMEN MAGISTRO, THOMAS MAKOWSKI, JERRY METZ, MAUREN METZ, TARA MUGFORD-WILSON, LARRY NEWMAN, LORI NOCITO, GERARD O'DONNELL, TERI OOMS, GUY ROTHERY, PAUL RUSHTON, FR JACK RYAN, CONRAD SCHINTZ, DAVID SCHWAGER, MARK SOBECK, WILLIAM SORDONI, TROY STANDISH, WICO VAN GENDEREN, CARL WITKOWSKI, AND MIKE WOOD MARY ERWINE HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND, JOHN J DOWD, AND PATRICK ENDLER TIM EVANS HAS NO BUSINESS RELATIONSHIP LUANN FETCHO HAS NO BUSINESS RELATIONSHIP WILLIAM FROMEL HAS A BUSINESS RELATIONSHIP WITH PAUL BERDY, BRUCE LEFKOWITZ, AND DAVID SCHWAGER GUS GENE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 2</p>	<p>TTI JR HAS A BUSINESS RELATIONSHIP WITH PATRICK LEAHY BRIDGET GIUNTA-HUSTED HAS A BUSINESS RELATIONSHIP WITH PATRICK LEAHY LISA GOBLE HAS NO BUSINESS RELATIONSHIP LISA GOLDEN HAS A BUSINESS RELATIONSHIP WITH WILLIAM SORDONI BILL GOLDSWORTHY HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER ELIZABETH GRAHAM HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND, GERARD O'DONNELL ELIZABETH GRAHAM HAS A FAMILY RELATIONSHIP WITH ROBERT H GRAHAM ROBERT H GRAHAM HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND AND WILLIAM M JONES ROBERT H GRAHAM HAS A FAMILY RELATIONSHIP WITH ELIZABETH GRAHAM JANET L HALL HAS NO BUSINESS RELATIONSHIP PHILIP HILDEY HAS NO BUSINESS RELATIONSHIP PHILIP JOHNSON HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER WILLIAM M JONES HAS BUSINESS RELATIONSHIP WITH RON BEER, DONALD BROMINSKI, GREGORY COLLINS, NINA DEITOS, JOHN J DOWD, PATRICK ENDLER, ROBERT GRAHAM, TARA MUGFORD-WILSON, TERI OOMS, BRIAN RINKER, CONRAD SCHINTZ, WILLIAM SORDONI, TROY STANDISH, BARBARA TOCZKO-MACULLOCK AND CARL WITKOWSKI CLAYTON KARAMBELAS HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER AND PATRICK LEAHY RICHARD KAZMERICK HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER AND KATHLEEN LAMBERT CAROL KEUP HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND AND PATRICK LEAHY JOSEPH KLUGER HAS BUSINESS RELATIONSHIP WITH JOHN J DOWD AND TROY STANDISH JOSEPH KLUGER HAS A FAMILY RELATIONSHIP WITH SUE K KLUGER SUE K KLUGER HAS A BUSINESS RELATIONSHIP WITH JOHN J DOWD AND PATRICK ENDLER SUE K KLUGER HAS A FAMILY RELATIONSHIP WITH JOSEPH KLUGER SCOTT KOERWER HAS A BUSINESS RELATIONSHIP WITH TERI OOMS KATHLEEN LAMBERT HAS A BUSINESS RELATIONSHIP WITH GREGORY COLLINS, PATRICK ENDLER, RICHARD KAZMERICK, FRANK JACK RYAN, JOHN M STRELLISH, AND BARBARA TOCZKO-MACULLOCK PATRICK LEAHY HAS A BUSINESS RELATIONSHIP WITH PETER DANCHAK, PATRICK ENDLER, GUS GENETTI JR, BRIDGET GIUNTA-HUSTED, CLAYTON KARAMBELAS, CAROL KEUP, SCOTT LYNETT, THOMAS A MAKOWSKI, TARA MUGFORD-WILSON, TERI OOMS, GUY ROTHERY, AND WILLIAM SORDONI THOMAS P LEARY HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER AND TERI OOMS BRUCE LEFKOWITZ HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND, PATRICK ENDLER, AND WILLIAM FROMEL SCOTT LYNETT HAS A BUSINESS RELATIONSHIP WITH PATRICK LEAHY CARMEN MAGISTRO HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER THOMAS A MAKOWSKI HAS A BUSINESS RELATIONSHIP WITH THOMAS BOTZMAN, DONALD BROMINSKI, PETER J DANCHAK, JOHN J DOWD, PATRICK ENDLER, PATRICK LEAHY, TARA MUGFORD-WILSON, TERI OOMS, ALANA ROBERTS, PAUL RUSHTON, CONRAD SCHINTZ, AND MIKE WOOD JEFFREY METZ HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER AND TROY STANDISH JEFFREY METZ HAS A FAMILY RELATIONSHIP WITH MAUREN METZ MAUREN METZ HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER AND TROY STANDISH MAUREN METZ HAS A FAMILY RELATIONSHIP WITH JEFFREY METZ CATHERINE MIHALICK HAS NO BUSINESS RELATIONSHIP TARA MUGFORD-WILSON HAS A BUSINESS RELATIONSHIP WITH JOHN J DOWD, PATRICK ENDLER, WILLIAM M JONES, PATRICK</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 2</p>	<p>K LEAHY, THOMAS A MAKOWSKI, GUY ROTHERY, WILLIAM SORDONI, AND TROY STANDISH MIKE MURRAY HAS NO BUSINESS RELATIONSHIP ROBERT NEHER HAS A BUSINESS RELATIONSHIP WITH JOHN J DOWD LARRY NEWMAN HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER LORI NOCITO HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND, JOHN DOWD, AND PATRICK ENDLER JAMES W O'BOYLE HAS NO BUSINESS RELATIONSHIP GERARD O'DONNELL HAS A BUSINESS RELATIONSHIP WITH CAROL DOUDS, PATRICK ENDLER, ELIZABETH GRAHAM, TERI OOMS, PAUL RUSTON, AND BARBARA TOCZKO-MACULOCK TERI OOMS HAS A BUSINESS RELATIONSHIP WITH THOMAS BOTZMAN, JOSEPH A BOYLAN, DONALD BROMINSKI, TONY CARLUCCI, GREGORY COLLINS, PETER J DANCAK, PATRICK ENDLER, WILLIAM M JONES, SCOTT KOERWER, THOMAS A MAKOWSKI, PATRICK LEAHY, THOMAS P LEARY, GERARD O'DONNELL, SUSAN REILLY, BRIAN RINKER, ALANA ROBERTS, FR JACK RYAN, STEVEN SCHEINMAN, WILLIAM SCRANTON III, WILLIAM SORDONI, WICO VAN GENDEREN, AND MIKE WOOD LARRY PELLEGRINI HAS NO BUSINESS RELATIONSHIP SUSAN REILLY HAS A BUSINESS RELATIONSHIP WITH TERI OOMS BRIAN RINKER HAS A BUSINESS RELATIONSHIP WITH WILLIAM M JONES AND TERI OOMS ALANA ROBERTS HAS A BUSINESS RELATIONSHIP WITH THOMAS A MAKOWSKI AND TERI OOMS GUY ROTHERY HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, PATRICK LEAHY, TARA MUGFORD-WILSON, AND WILLIAM SORDONI PAUL RUSHTON HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, THOMAS A MAKOWSKI AND GERARD O'DONNELL FR JACK RYAN HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, KATHLEEN LAMBERT, AND TERI OOMS RACHEL OLSZEWSKI HAS NO BUSINESS RELATIONSHIP STEVEN SCHEINMAN HAS A BUSINESS RELATIONSHIP WITH TERI OOMS CONRAD SCHINTZ HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM M JONES, AND THOMAS A MAKOWSKI DAVID SCHWAGER HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER AND WILLIAM FROMEL WILLIAM SCRANTON III HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND AND TERI OOMS LEWIS SEBIA HAS NO BUSINESS RELATIONSHIP JOSEPH SIMKULAK HAS NO BUSINESS RELATIONSHIP P NICHOLAS SNYDER HAS NO BUSINESS RELATIONSHIP MARK J SOBECK HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER WILLIAM SORDONI HAS A BUSINESS RELATIONSHIP PHIL AMEND, RON BEER, THOMAS BOTZMAN, SUSAN DIANA, PATRICK ENDLER, LISA GOLDEN, WILLIAM M JONES, PATRICK LEAHY, TARA MUGFORD-WILSON, TERI OOMS, GUY ROTHERY, TOM WILLIAMS, AND MIKE WOOD TROY STANDISH HAS A BUSINESS RELATIONSHIP WITH DONALD BROMINSKI, TONY CARLUCCI, PETER DANCAK, PATRICK ENDLER, WILLIAM M JONES, JOSEPH KLUGER, JEFFREY METZ, MAUREN METZ, TARA MUGFORD-WILSON, AND JEFFREY A STINE JEFFREY STINE HAS A BUSINESS RELATIONSHIP WITH TROY STANDISH JOHN M STRELLISH HAS A BUSINESS RELATIONSHIP WITH KATHLEEN LAMBERT BARBARA TOCZKO-MACULOCK HAS A BUSINESS RELATIONSHIP WITH WILLIAM M JONES, KATHLEEN LAMBERT, AND GERARD O'DONNELL WICO VAN GENDEREN HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND, PATRICK ENDLER, AND TERI OOMS SCOT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FORM 990 IS REVIEWED BY MEMBERS OF THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY AUDIT COMMITTEE THE TAX RETURN IS MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EACH "INTERESTED PERSON" SHALL ANNUALLY SIGN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH AFFIRMS THAT SUCH PERSON A HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY OR THE BY-LAWS, B HAS READ AND UNDERSTANDS THE POLICY, C HAS AGREED TO COMPLY WITH THE POLICY, AND D UNDERSTANDS THAT GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY AND AFFILIATES ARE TAX-EXEMPT ORGANIZATIONS AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES UNDER IRC SECTION 501(C)3, 501(C)4, OR 501(C)6) OF THE INTERNAL REVENUE CODE ON THE CONFLICT OF INTEREST DISCLOSURE STATEMENT, ALL "INTERESTED PERSONS" MUST DETAIL ALL EXISTING OR POTENTIAL CONFLICTS OF INTEREST AND FILE THE FORM WITH THE GOVERNANCE COMMITTEE ANNUALLY INTERIM DISCLOSURES SHALL ALSO BE REQUIRED AS CONFLICTS DEVELOP SUBSEQUENT TO THE ANNUAL DISCLOSURES TO ENSURE THAT GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY AND AFFILIATES OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX REVIEW OF ANY POTENTIAL CONFLICT SHALL BE CONDUCTED BY THE GOVERNANCE AND/OR AUDIT AND/OR FINANCE COMMITTEES REVIEW OF SUCH TRANSACTIONS INCLUDES THE FOLLOWING SUBJECTS A WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULTS OF APPROPRIATE NEGOTIATIONS B PARTIES SUBJECT TO THE TRANSACTION ARE EXCUSED FROM ALL DISCUSSION REGARDING THE TRANSACTION AND ARE NOT PRESENT DURING THE VOTE C ANY ABSTENTIONS TO THE VOTE ARE DOCUMENTED IN THE MEETING MINUTES A BOARD DEVELOPMENT COMMITTEE EXISTS AND MEETS AT LEAST TWO TIMES EACH YEAR IT EVALUATES THE PERFORMANCE OF CURRENT BOARD MEMBERS AND NOMINATES POTENTIAL BOARD MEMBERS TO THE CBI BOARD FOR REVIEW AND RATIFICATION THOSE NOMINEES ARE SELECTED BASED ON A SET OF VARIABLES IMPORTANT TO THE MISSION OF THE ORGANIZATION THEY INCLUDE PROFESSIONAL AND EDUCATIONAL EXPERIENCE, DIVERSITY OF BACKGROUND, AND REPRESENTATION ACROSS A BROAD SPECTRUM OF THE BUSINESS AND CIVIC COMMUNITIES SERVED BY THE ORGANIZATION SPECIAL ATTENTION IS GIVEN TO ENSURE THAT NO PARTICULAR BUSINESS, INDUSTRY, OR INDIVIDUAL HAS THE ABILITY TO INFLUENCE A MULTIPLE NUMBER OF BOARD VOTES AT ANY TIME STAFF MEMBERS OF THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY DISTRIBUTE THE CONFLICT OF INTEREST STATEMENTS AT THE FIRST MEETING OF THE YEAR THE BOARD MEMBERS ARE REQUIRED TO RETURN THE SIGNED STATEMENTS WITHIN 2 WEEKS IF THE FORMS ARE NOT RETURNED WITHIN TWO WEEKS, STAFF MEMBERS WILL FOLLOW UP WITH THOSE BOARD MEMBERS WHO HAVE NOT RETURNED THEIR FORMS STAFF REVIEWS ALL OF THE CONFLICT OF INTEREST STATEMENTS AND NOTIFIES THE CHAIRMAN OF THE BOARD OF ANY CONFLICTS OF INTEREST THAT MAY EXIST STAFF THEN MONITORS THE POTENTIAL FOR CONFLICTS OF INTEREST ON MATTERS THROUGHOUT THE YEAR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY MAINTAINS A PERSONNEL COMMITTEE CHARGED WITH ESTABLISHING AND ADMINISTERING THE COMPENSATION PRACTICES FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THE PERSONNEL COMMITTEE UTILIZES COMPARABILITY DATA PUBLISHED BY SIMILAR ECONOMIC DEVELOPMENT ORGANIZATIONS AND CHAMBERS OF COMMERCE, SUCH AS THE INTERNATIONAL ECONOMIC DEVELOPMENT COUNCIL AND THE ASSOCIATION OF CHAMBER OF COMMERCE EXECUTIVES, ON BOTH A NATIONAL AND STATEWIDE BASIS CBI'S COMPENSATION DECISIONS ARE BASED UPON A REVIEW OF COMPENSATION FOR JOBS THAT ARE SIMILAR IN RESPONSIBILITIES AND DUTIES, IN ORGANIZATIONS THAT ARE SIMILAR IN SIZE, REVENUE, AND/OR NUMBER OF EMPLOYEES COMMITTEE MEETINGS ARE HELD ON A REGULAR BASIS, AND DELIBERATION AND COMMITTEE DECISIONS ARE DOCUMENTED IN DETAIL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX ARE THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY'S ALLOCATED PAYROLL COSTS BASED ON TIME SPENT THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY PAYS THE WAGES AND PAYROLL TAXES ON BEHALF OF ITS RELATED ORGANIZATIONS AND ALLOCATES THE PAYROLL COSTS TO EACH ORGANIZATION PAYROLL TAXES ARE ALLOCATED IN THE SAME MANNER AS SALARIES AND WAGES, BASED ON TIME SPENT THE ORGANIZATION'S ALLOCATED PAYROLL TAX EXPENSE IS INCLUDED IN "COMPENSATION TO OFFICERS, DIRECTORS, AND KEY EMPLOYEES AND "OTHER SALARIES AND WAGES" REPORTED ON LINES 5 AND 7 OF THE STATEMENT OF FUNCTIONAL EXPENSES

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GREATER WILKES-BARRE CHAMBER
OF BUSINESS AND INDUSTRY

Employer identification number

02-0605397

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GREATER WILKES-BARRE CHAMBER OF COMMERCE 2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 24-0751080	TO UNITE, GUIDE, SUPPORT AND SPEAK FOR THOSE ENGAGED IN COMMERCE IN W-B	PA	501(C)(6)	N/A	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	
(2) GREATER WILKES-BARRE DEVELOPMENT CORPORATION 2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 37-1440334	TO PROMOTE THE ECONOMIC EXPANSION AND OVERALL CIVIC BETTERMENT	PA	501(C)(4)	N/A	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	
(3) GREATER WILKES-BARRE INDUSTRIAL FUND 2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 24-6024395	TO ENCOURAGE AND IMPROVE THE INDUSTRIAL GROWTH IN THE WYOMING VALLEY AREA	PA	501(C)(4)	N/A	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	
(4) CEG INC 2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 23-2369945	TO UNITE, GUIDE, SUPPORT AND SPEAK FOR THOSE ENGAGED IN COMMERCE IN W-B	PA	501(C)(6)	N/A	GREATER WYOMING VALLEY CHAMBER		No
(5) GREATER WYOMING VALLEY CHAMBER 2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 27-0633091	TO UNITE, GUIDE, SUPPORT AND SPEAK FOR THOSE ENGAGED IN COMMERCE IN W-B	PA	501(C)(6)	N/A	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	
(6) GREATER WILKES-BARRE GROWTH PARTNERSHIP 2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 26-3345028	TO SUPPORT THE ACTIVITIES OF THE RELATED ORGANIZATIONS	PA	501(C)(3)	LINE 7	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V 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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 02-0605397
Name: THE GREATER WILKES-BARRE CHAMBER
OF BUSINESS AND INDUSTRY

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 24-0751080	TO UNITE, GUIDE, SUPPORT AND SPEAK FOR THOSE ENGAGED IN COMMERCE IN W-B	PA	501(C)(6)	N/A	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	
2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 37-1440334	TO PROMOTE THE ECONOMIC EXPANSION AND OVERALL CIVIC BETTERMENT	PA	501(C)(4)	N/A	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	
2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 24-6024395	TO ENCOURAGE AND IMPROVE THE INDUSTRIAL GROWTH IN THE WYOMING VALLEY AREA	PA	501(C)(4)	N/A	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	
2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 23-2369945	TO UNITE, GUIDE, SUPPORT AND SPEAK FOR THOSE ENGAGED IN COMMERCE IN W-B	PA	501(C)(6)	N/A	GREATER WYOMING VALLEY CHAMBER		No
2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 27-0633091	TO UNITE, GUIDE, SUPPORT AND SPEAK FOR THOSE ENGAGED IN COMMERCE IN W-B	PA	501(C)(6)	N/A	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	
2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 26-3345028	TO SUPPORT THE ACTIVITIES OF THE RELATED ORGANIZATIONS	PA	501(C)(3)	LINE 7	THE GREATER WILKES-BARRE CHAMBER OF BUSINESS & INDUSTRY	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GREATER WILKES-BARRE GROWTH PARTNERSHIP	O	147,209	HOURS WORKED
GREATER WILKES-BARRE GROWTH PARTNERSHIP	E	197,752	DUE TO AFFILIATES
GREATER WILKES-BARRE GROWTH PARTNERSHIP	N	33,193	HOURS WORKED
GREATER WILKES-BARRE INDUSTRIAL FUND	N	18,956	PERCENTAGE OF USAGE
GREATER WILKES-BARRE INDUSTRIAL FUND	O	60,032	HOURS WORKED
GREATER WILKES-BARRE INDUSTRIAL FUND	R	92,252	FMV
GREATER WYOMING VALLEY CHAMBER	E	449,251	DUE TO AFFILIATES
GREATER WYOMING VALLEY CHAMBER	N	92,118	PERCENTAGE OF USAGE
GREATER WYOMING VALLEY CHAMBER	O	258,975	HOURS WORKED
GREATER WYOMING VALLEY CHAMBER	S	79,144	FMV OF PROPERTY TRANSFERRED
THE GREATER WILKES-BARRE DEVELOPMENT CORPORATION	E	121,384	DUE TO AFFILIATES
THE GREATER WILKES-BARRE DEVELOPMENT CORPORATION	N	39,321	PERCENTAGE OF USAGE
THE GREATER WILKES-BARRE DEVELOPMENT CORPORATION	O	142,964	HOURS WORKED
THE GREATER WILKES-BARRE DEVELOPMENT CORPORATION	R	144,040	FMV