

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
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
GREATER WILKES-BARRE INDUSTRIAL FUND INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2 PUBLIC SQUARE
City or town, state or province, country, and ZIP or foreign postal code
WILKESBARRE, PA 18701

D Employer identification number
24-6024395
E Telephone number
(570) 823-2101
G Gross receipts \$ 622,880

I Tax-exempt status
501(c)(3)
501(c)(4)
4947(a)(1) or 527

F Name and address of principal officer
WICO VAN GENDEREN
2 PUBLIC SQUARE
WILKESBARRE, PA 18701

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

J Website: WWW.WILKES-BARRE.ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1953
M State of legal domicile PA

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission... TO ENCOURAGE AND IMPROVE THE INDUSTRIAL GROWTH IN THE WYOMING VALLEY AREA. 2. Check this box if the organization discontinued its operations... 3-7a: Summary of revenue and expenses. 7b: Net unrelated business taxable income. 8-12: Revenue breakdown. 13-19: Expenses breakdown. 20-22: Net assets or fund balances.

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: Signature of officer (Julius Green CPA), Date (2016-11-10), Title (WICO VAN GENDEREN PRESIDENT & CEO).
Paid Preparer Use Only: Preparer's name (Julius Green CPA), Date, Firm's name (BAKER TILLY VIRCHOW KRAUSE LLP), Firm's address (46 PUBLIC SQUARE SUITE 400, WILKESBARRE, PA 18701), Firm's EIN (39-0859910), Phone no (570) 820-0100.

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

THE ENCOURAGEMENT AND IMPROVEMENT OF INDUSTRIAL AND ECONOMIC GROWTH AND DEVELOPMENT OF THOSE ADJACENT COMMUNITIES IN LUZERNE COUNTY, PENNSYLVANIA, WHICH ARE COLLECTIVELY KNOWN AS THE WYOMING VALLEY AND ITS GENERALLY RECOGNIZED SUBURBS IT SHALL ENGAGE IN ANY AND ALL ACTIVITIES NECESSARY AND INCIDENTAL TO ACCOMPLISHING THE FOREGOING OBJECTIVE

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 \$ 415,673 including grants of \$ 339,898) (Revenue \$ 214,195)
ACTED AS AN AGENT TO OBTAIN LOW INTEREST FINANCING FROM LOCAL BANKS AND THE PENNSYLVANIA INDUSTRIAL DEVELOPMENT AUTHORITY (PIDA) FOR BUSINESS ENTERPRISES TO ACQUIRE OR CONSTRUCT PROPERTY ALSO OPERATED A SMALL BUSINESS CENTER, WHICH FOSTERS THE GROWTH AND SUCCESS OF NEW START-UP BUSINESSES

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 ▶ 415,673

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> | | No |
| 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> | | |
| 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> | Yes | |
| 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 |
| 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? | | |

Part IV Checklist of Required Schedules (continued)

| | | | |
|--|------------|-----|----|
| 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> | 21 | Yes | |
| 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> | 22 | | 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> | 23 | 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> | 24a | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | 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> | 25b | | 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> | 26 | | 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> | 27 | | 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> | 28a | | 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> | 28b | | 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> | 28c | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | 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> | 30 | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | 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> | 32 | | 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> | 33 | | 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> | 34 | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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> | 35b | | |
| 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> | 36 | | |
| 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> | 37 | | 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 | 38 | 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 numbers (1a-14b), descriptions, and Yes/No columns. Includes sections for backup withholding, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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 | | |
| 8a | The governing body? | Yes | |
| 8b | 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.)

| | | Yes | No |
|------------|--|-----|----|
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | 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

- 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 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 18701 (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 | | | |
| (1) JOSEPH D ANGELELLA CHAIRMAN | 0 20 2 00 | X | | X | | | | 0 | 0 | 0 |
| (2) STEPHEN N CLEMENTE DIRECTOR | 0 20 2 00 | X | | | | | | 0 | 0 | 0 |
| (3) ANGELO J DECESARIS DIRECTOR | 0 20 0 30 | X | | | | | | 0 | 0 | 0 |
| (4) ROBERT G FINLAY DIRECTOR | 0 20 | X | | | | | | 0 | 0 | 0 |
| (5) ROBERT GRAHAM DIRECTOR | 0 20 | X | | | | | | 0 | 0 | 0 |
| (6) WILLIAM E SORDONI DIRECTOR | 0 20 2 40 | X | | | | | | 0 | 0 | 0 |
| (7) JOHN STRELLISH DIRECTOR | 0 20 | X | | | | | | 0 | 0 | 0 |
| (8) SCOTT WILLIAMS DIRECTOR | 0 20 | X | | | | | | 0 | 0 | 0 |
| (9) DEBORAH EASTWOOD FORMER DIRECTOR (RESIGNED 2015) | 0 20 2 00 | X | | | | | | 0 | 0 | 0 |
| (10) ROBERT R STOYKO FORMER DIRECTOR (RESIGNED 2015) | 0 20 | X | | | | | | 0 | 0 | 0 |
| (11) WICO VAN GENEDEREN PRESIDENT & CEO | 7 50 30 00 | | | X | | | | 0 | 144,620 | 16,066 |
| (12) JOSEPH BOYLAN VP ECONOMIC DEVELOPMENT | 7 50 30 00 | | | X | | | | 0 | 75,722 | 1,992 |
| (13) MATT BICKERT CONTROLLER | 7 50 30 00 | | | X | | | | 0 | 33,495 | 3,637 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 0 | 253,837 | 21,695 | |

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 ▶ 0

| | Yes | No |
|--|-----|----|
| 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> | | 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> | 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> | | 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 _____ | | | | | |
| | e | Government grants (contributions) 1e _____ 360,338 | | | | | |
| | 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 ▶ | | 360,338 | | | |
| Program Service Revenue | 2a | _____ Business Code _____ | | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | _____ | | | | | |
| | e | _____ | | | | | |
| | f | All other program service revenue _____ | | | | | |
| | g | Total. Add lines 2a-2f ▶ | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | 1,051 | | | 1,051 | |
| | 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 | 47,296 | | | |
| | | c | Gain or (loss) | 401 | | | |
| | | d | Net gain or (loss) ▶ | 46,895 | | | 46,895 |
| | 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 | BAD DEBT RECOVERY | 900099 | 185,000 | 185,000 | | | |
| b | DEFERRED REVENUE RECOG | 900099 | 19,195 | 19,195 | | | |
| c | MISCELLANEOUS INCOME | 900099 | 10,000 | 10,000 | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | 214,195 | | | | |
| 12 | Total revenue. See Instructions ▶ | | 622,479 | 214,195 | 0 | 47,946 | |

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 | 339,898 | 339,898 | | |
| 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, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 8,287 | 2,272 | 6,015 | |
| 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 | 11,305 | | 11,305 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 1,219 | 141 | 1,078 | |
| 10 | Payroll taxes | 1,868 | 217 | 1,651 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 64 | | 64 | |
| c | Accounting | | | | |
| 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) | | | | |
| 12 | Advertising and promotion | 54 | 54 | | |
| 13 | Office expenses | 3,162 | 3,162 | | |
| 14 | Information technology | 150 | 150 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 33,575 | 33,575 | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,522 | | 1,522 | |
| 20 | Interest | 8,539 | 8,539 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 638 | 638 | | |
| 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 | BAD DEBT EXPENSE | 31,257 | | 31,257 | |
| b | COMMUNITY INITIATIVES | 25,340 | 25,340 | | |
| c | DUES & SUBSCRIPTIONS | 1,200 | 1,200 | | |
| d | MISCELLANEOUS EXPENSES | 487 | 487 | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 468,565 | 415,673 | 52,892 | 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 X

| | | (A) | | (B) |
|---|---|-------------------|-----------|--------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 20,933 | 1 | 75,915 |
| | 2 Savings and temporary cash investments | 3,966 | 2 | 3,788 |
| | 3 Pledges and grants receivable, net | | 3 | 20,438 |
| | 4 Accounts receivable, net | | 4 | 2,781 |
| | 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 | 485 | 9 | 460 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 22,776 | | |
| | b Less accumulated depreciation | 10b 22,776 | 0 | 10c 0 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | 50,000 | 12 | 50,000 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 100,583 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 175,967 | 16 | 153,382 | |
| Liabilities | 17 Accounts payable and accrued expenses | 20,000 | 17 | 30,438 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 19,195 | 19 | |
| | 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 | 899,400 | 23 | 907,939 |
| | 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 | 358,606 | 25 | 173,606 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,297,201 | 26 | 1,111,983 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | -1,121,234 | 27 | -958,601 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 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 | -1,121,234 | 33 | -958,601 | |
| 34 Total liabilities and net assets/fund balances | 175,967 | 34 | 153,382 | |

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 | 622,479 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 468,565 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 153,914 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -1,121,234 |
| 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 | 8,719 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -958,601 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <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 | | |
| 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 | | No |
| 2b | 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 | Yes | |
| 2c | 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 | Yes | |
| 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? | Yes | |
| 3b | 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 | Yes | |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER WILKES-BARRE INDUSTRIAL FUND INC
Employer identification number
24-6024395

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

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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" to 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

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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' to 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 | | | | |
| d Equipment | | 22,776 | 22,776 | 0 |
| e Other | | | | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) **0**

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 | 631,198 |
| 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 | 8,719 | |
| e | Add lines 2a through 2d | | 2e | 8,719 |
| 3 | Subtract line 2e from line 1 | | 3 | 622,479 |
| 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 | 622,479 |

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 | 468,565 |
| 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 | 468,565 |
| 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 | 468,565 |

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 |
|------------------|--|
| 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 2015 AND 2014 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, 2015, 2014 AND 2013 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization GREATER WILKES-BARRE INDUSTRIAL FUND INC

Employer identification number 24-6024395

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 1

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d) A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|---------------------------------|----------------------------------|---|--|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Return Reference | Explanation |
|-------------------------|--|
| PART I, LINE 2 | THE INDUSTRIAL FUND IS A PASS THROUGH FOR GRANT INCOME AS SUCH, THE INDUSTRIAL FUND DOES TRACK THE ELIGIBILITY OF APPLICANTS GRANTS ARE APPROVED AND REVIEWED FOR ELIGIBILITY AT THE GRANTOR LEVEL BEFORE THEY ARE DISBURSED TO THE ORGANIZATION THE MONITORING OF GRANT FUNDS IS DONE BY ONLY PAYING FUNDS AFTER THE WORK IS DONE AND SUBSTANTIALED |

Additional Data

Software ID:
Software Version:
EIN: 24-6024395
Name: GREATER WILKES-BARRE INDUSTRIAL
FUND INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612 | 24-0795406 | 501(C)(3) | 325,234 | | CASH | | REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM FUNDING GRANT |
| QUAD THREE GROUP 37 NORTH WASHINGTON STREET WILKES BARRE, PA 18701 | | | 14,664 | | | | FUNDING OF ENVIROMENTAL ASSESSMENT AND CLEANUP OF GROUNDWATER AND SOIL CONTAMINATION |

**Schedule J
(Form 990)**

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.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER WILKES-BARRE INDUSTRIAL
FUND INC

Employer identification number
24-6024395

Part I Questions Regarding Compensation

- 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.
- | | |
|--|--|
| <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) |
- 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.
- 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?
- 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.
- | | |
|--|--|
| <input 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 type="checkbox"/> Approval by the board or compensation committee |
- 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:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 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:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.
- 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:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 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.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 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 GENEDEREN PRESIDENT & CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | |
| | (ii) | 115,117 | 23,503 | 6,000 | 4,911 | 11,155 | 160,686 | |

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 |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O
(Form 990 or
990-EZ)**

Supplemental Information to Form 990 or 990-EZ

2015

**Open to Public
Inspection**

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.

Department of the
Treasury
Internal Revenue
Service

Name of the organization
GREATER WILKES-BARRE INDUSTRIAL
FUND INC

Employer identification number

24-6024395

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 2 | <p>THE FOLLOWING FAMILY AND BUSINESS RELATIONSHIPS INCLUDE BOARD RELATIONSHIPS WITH BOARD MEMBERS OF ALL RELATED ENTITIES INCLUDED IN SCHEDULE R JOSEPH ANGELELLA HAS A BUSINESS RELATIONSHIP WITH THE FOLLOWING LEWIS SEBIA, WILLIAM E SORDONI, AND JOHN STRELLISH STEPHEN CLEMENTE HAS A BUSINESS RELATIONSHIP WITH THE FOLLOWING WILLIAM GOLDSWORTHY, FRANK JOANLANNE, CAROL KEUP, JOSEPH KLUGER, THOMAS MAKOWSKI, AND TROY STANDISH ANGELO DECESARIS HAS A BUSINESS RELATIONSHIP WITH PETER DANCHAK ROBERT FINLAY HAS NO BUSINESS RELATIONSHIP ROBERT H GRAHAM HAS A BUSINESS RELATIONSHIP WITH THE FOLLOWING PHIL AMEND, SPENCER CHESMAN, CAROL DOUDS, CAROL KEUP, JOSEPH KLUGER, AND SUE KLUGER ROBERT H GRAHAM HAS A FAMILY RELATIONSHIP WITH ELIZABETH GRAHAM WILLIAM E SORDONI HAS A BUSINESS RELATIONSHIP WITH THE FOLLOWING PHIL AMEND, JOSEPH ANGELELLA, BRENT BERGER, FRANK JOANLANNE, PATRICK LEAHY, THOMAS MAKOWSKI, TARA MUGFORD-WILSON, TERI OOMS, CONRAD SCHINTZ, AND TOM WILLIAMS TROY STANDISH HAS A BUSINESS RELATIONSHIP WITH THE FOLLOWING MIKE BEAN, DONALD BROMINSKI, STEPHEN CLEMENTE, PHILLIP JOHNSON, JOSEPH KLUGER, JEFFREY METZ, MAUREEN METZ, TARA MUGFORD-WILSON, AND JEFFREY STINE JOHN STRELLISH HAS A BUSINESS RELATIONSHIP WITH THE FOLLOWING JOSEPH ANGELELLA, DOUG BARRACCI, MICHAEL BARROUK, PAUL BERDY, GREGORY COLLINS, DEBORAH EASTWOOD, JOSEPH KLUGER, KATHLEEN LAMBERT, AND LEWIS SEBIA TOM WILLIAMS HAS A BUSINESS RELATIONSHIP WITH BRENT BERGER AND WILLIAM E SORDONI</p> |

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 11 | 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 ("CBI") AUDIT COMMITTEE. CBI IS THE PARENT ENTITY OF THE GREATER WILKES-BARRE INDUSTRIAL FUND, INC. THE TAX RETURN IS MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING. |

| 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 FEDERAL TAX EXEMPTION, 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 ORGANIZATION'S 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> |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | THE GREATER WILKES-BARRE INDUSTRIAL FUND, INC 'S PARENT ENTITY , GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY ("CBI"), 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 |

| 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 |

| Return Reference | Explanation |
|------------------------------|--|
| SCHEDULE D, PART XI, LINE 2D | THE ORGANIZATION HAS LIMITED PARTNERSHIP INTERESTS OF 77.285% INTEREST IN MID-ATLANTIC ANGEL GROUP, LLP, AND A 37.9458% INTEREST IN MID-ATLANTIC ANGEL GROUP II, GP, LLC, AND CARRIES THE INVESTMENTS ON ITS BALANCE SHEET AT ORIGINAL COST OF \$50,000. THE ORGANIZATION REPORTS THE DISTRIBUTIONS MADE FROM THE PARTNERSHIPS AS INCOME ON ITS FINANCIAL STATEMENTS. THE AMOUNT REPORTED FOR THE 2015 YEAR IS \$56,663. THE AMOUNTS REPORTED ON THE 990 REFLECT THE INTEREST INCOME AND CAPITAL GAINS REPORTED ON THE SCHEDULE K-1'S OF THE PARTNERSHIPS. THE DIFFERENCE IS SHOWN AS A RECONCILING ITEM ON PART XI OF SCHEDULE D. |

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990, PART XI, LINE 9 | BOOK TAX DIFFERENCE OF PARTNERSHIP INCOME 8,719 |

| 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 |

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART V, LINE 2A | THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX ARE THE GREATER WILKES-BARRE INDUSTRIAL FUND'S ALLOCATED PAYROLL COSTS BASED ON TIME SPENT ALL INDIVIDUALS WORKING AT THE GREATER WILKES-BARRE DEVELOPMENT ARE EMPLOYEES OF THE GREATER WILKES BARRE CHAMBER OF BUSINESS & INDUSTRY ("CBI") AND ARE REPORTED ON ITS FORM 941 UNDER EIN 02-0605397 CBI IS AN AFFILIATED TAX-EXEMPT 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 "OTHER SALARIES AND WAGES" REPORTED ON LINE 7 OF THE STATEMENT OF FUNCTIONAL EXPENSES |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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
GREATER WILKES-BARRE INDUSTRIAL
FUND INC

Employer identification number

24-6024395

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 WHO ENGAGED IN COMMERCE IN W-B | PA | 501(C)(6) | N/A | THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY | | No |
| (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 AND INDUSTRY | | No |
| (3) 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 |
| (4) 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 AND INDUSTRY | | No |
| (5) THE 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 AND INDUSTRY | | No |
| (6) THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY 2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 06-0605397 | SUPPORT, SPONSOR, ADMINISTER AND OVERSEE COMMUNITY PROGRAMS AND ACTIVITIES | PA | 501(C)(3) | LINE 7 | N/A | | No |
| | | | | | | | |

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 | |
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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 |
| | | | | | | | | | |
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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

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 1d | Yes | |
| 1e | Yes | |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | | No |
| | | |
| 1m | | No |
| 1n | Yes | |
| 1o | Yes | |
| | | |
| 1p | | No |
| 1q | | No |
| | | |
| 1r | Yes | |
| 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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

Additional Data

Software ID:

Software Version:

EIN: 24-6024395

Name: GREATER WILKES-BARRE INDUSTRIAL
FUND INC

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 |
| 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 WHO ENGAGED IN COMMERCE IN W-B | PA | 501(C)(6) | N/A | THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY | | No |
| 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 AND INDUSTRY | | No |
| 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 |
| 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 AND INDUSTRY | | No |
| THE 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 AND INDUSTRY | | No |
| THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY 2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 06-0605397 | SUPPORT, SPONSOR, ADMINISTER AND OVERSEE COMMUNITY PROGRAMS AND ACTIVITIES | PA | 501(C)(3) | LINE 7 | N/A | | No |