efile GRAPHIC print - DO NOT PROCESS As Filed Data -

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

Internal Revenue Service

DLN: 93493318059328 OMB No 1545-0047

### **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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

	41	2017		2017			
		pplicable	alendar year, or tax year beginning 01-01-2017 , and ending 12-31- C Name of organization	-2017	D Employer	ıdentıf	fication number
		change	GREATER WILKES-BARRE INDUSTRIAL FUND INC		24-6024395		
	me cha	-	Doing business as			193	
	tial return	urn ı/termınated					
		return	Number and street (or P O box if mail is not delivered to street address) Room/suite	e	E Telephone	number	-
□ Ар	olicatio	n pending			(570) 823	3-2101	
			City or town, state or province, country, and ZIP or foreign postal code WILKESBARRE, PA 18701				
					<b>G</b> Gross rece	•	60,644
			WICO VAN GENDEREN		this a group retu	rn for	
			2 PUBLIC SQUARE WILKESBARRE, PA 18701		ubordinates? re all subordinates	5	☐Yes ☑No
Tax	-exem	npt status		` ´ ın	icluded?		☐ Yes ☐No
			□ 501(c)(3)		"No," attach a list roup exemption n	•	•
VV.	ebsite	e:► www	VW WILKES-BARRE ORG	(5) (3)	roup exemption in	uniber	
<b>C</b> Forn	n of ord	ganization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	<b>L</b> Year of f	ormation 1953	<b>1</b> State	of legal domicile PA
Pa	īΙ		mary				
			scribe the organization's mission or most significant activities JRAGE AND IMPROVE THE INDUSTRIAL GROWTH IN THE WYOMING VALLEY /	AREA			
GOVERNANCE	_						
<u> </u>	_						
	2 (	Check thi	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of mo	re than 2	25% of its net ass	ets	
			of voting members of the governing body (Part VI, line 1a)			3	11
<b>8</b> ∧	4 1	Number o	of independent voting members of the governing body (Part VI, line 1b) $$ .			4	11
<u>P</u>	5	Total nun	nber of individuals employed in calendar year 2017 (Part V, line 2a)			5	0
ACHVILIES &			nber of volunteers (estimate if necessary)			6	0
ŧ			related business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrel	lated business taxable income from Form 990-T, line 34			7b	0
	_				Prior Year	_	Current Year
ġ			tions and grants (Part VIII, line 1h)		193,93		244,672
Ravenua		-	service revenue (Part VIII, line 2g)			0	0
ç			ent income (Part VIII, column (A), lines 3, 4, and 7d )		10	_	15,346
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,00 213,04		626 260,644
			nd similar amounts paid (Part IX, column (A), lines 1–3)	+	193,93		179,946
			paid to or for members (Part IX, column (A), line 4)				175,540
S			other compensation, employee benefits (Part IX, column (A), lines 5–10)		98,59	+	59,799
S (8		-	onal fundraising fees (Part IX, column (A), line 11e)		•	0	0
Expenses			raising expenses (Part IX, column (D), line 25) ▶0				
ă	17 (	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		554,85	7	130,922
	18	Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		847,38	3	370,667
	19	Revenue	less expenses Subtract line 18 from line 12		-634,34	3	-110,023
8 8				Beginn	ning of Current Yea	ır	End of Year
Net Assets of Fund Balances	30 -	T_L-!	ata (Davit V. Juna 16)	-	105.07	-	00.700
8 E			ets (Part X, line 16)		195,97		93,763
Ĕ			ollities (Part X, line 26)		1,783,71 -1,587,74		1,798,766 -1,705,003
	t III		ature Block		-1,367,74	٦	-1,703,003
			erjury, I declare that I have examined this return, including accompanying si	chedules	and statements,	and to	the best of my
	edge a nowled		of, it is true, correct, and complete Declaration of preparer (other than office	r) is base	ed on all informat	on of	which preparer has
,	101110	l.					
		* * * * * * * * Signati	* ure of officer		2018-11-08 Date		
Sign		, -			Date		
lere	:		VAN GENDEREN PRESIDENT & CEO				
		<b>       </b>	Print/Type preparer's name Preparer's signature Dat	te T	□ PT:	IN	
Paid	1		ULIUS GREEN CPA  JULIUS GREEN CPA			035039	3
	a pare	r	Firm's name ► BAKER TILLY VIRCHOW KRAUSE LLP		Firm's EIN ► 39-08	359910	
	Onl	1 5	irm's address ▶ 46 PUBLIC SQUARE		Phone no (570) 82	0-0100	
		· <b>y</b>	WILKESBARRE, PA 187012681				
1ay t	he IRS	S discuss	this return with the preparer shown above? (see instructions)			<b>▽</b> \	res 🗆 No

Cat No 11282Y

Form **990** (2017)

Form	990 (2017)				Page <b>2</b>
Par	Staten	nent of Program Service Ac	complishments		_
	Check ıf	Schedule O contains a response of	or note to any line in this Part III	: <b></b> .	🗹
1		the organization's mission			
LUZE	RNE COUNTY, PE	NNSYLVANIA, WHICH ARE COLLE	CTIVELY KNOWN AS THE WYOM	AND DEVELOPMENT OF THOSE ADJA ING VALLEY AND ITS GENERALLY RE PLISHING THE FOREGOING OBJECTI	COGNIZED SUBURBS IT
2	Did the organiz	ation undertake any significant pr	ogram services during the year v	which were not listed on	
	the prior Form !	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	oe these new services on Schedule	e O		
3	Did the organiz	ation cease conducting, or make s	ignificant changes in how it cond	ducts, any program	
	services? .				🗌 Yes 🗹 No
	If "Yes," describ	oe these changes on Schedule O			
4	Section 501(c)(		e required to report the amount	e largest program services, as meast of grants and allocations to others, t	
4a	(Code See Additional Da	) (Expenses \$ ta	259,245 including grants of \$	179,946 ) (Revenue \$	253,041 )
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in Schedule O	)		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
40	Total program	service expenses >	259 245		•

or X as applicable

**Checklist of Required Schedules** 

Section 501(c)(3) organizations.

Page 3

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

4 5 6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

No

No

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Form	990 (2017)	·	Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)		
		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form **990** (2017)

No

Nο

Nο

Nο

No

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Νo

Nο

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

26

27

29

31

33

36

37

38

instructions for applicable filing thresholds, conditions, and exceptions)

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

orm	990 (2017)			Page .
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
4.	Fortunation according to the Devil 2 of Forms 1000 Fortun O. A continuous like the Devil 2 of Fortunation in the Devil 2 of Fo		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
42	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
····				

orm	990 (2017)			Page <b>6</b>
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to lı	
Se	Check If Schedule O contains a response or note to any line in this Part VI	• •		<b>✓</b>
1a	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
	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			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 11			
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?	2	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
L <b>4</b>	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
<b>C</b> ~	ection C. Disclosure	16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	PA  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)			
L9	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

List persons in the following order individual trus compensated employees, and former such person	stees or directo	-	-		
Check this box if neither the organization no	r any related o	rganization compensated any c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average	(C) Position (do not check more	(D) Reportable	(E) Reportable	

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	ne bo	ox, ι n of or/t	t ch unle: ficei rust	r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊭≑	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) TERI OOMS CHAIR OF THE BOARD	0 20 	Х		X				0	0	0
(2) ANGELO J DECESARIS VICE CHAIR	0 20	Х		Х				0	0	0
(3) ROBERT GRAHAM SECRETARY	0 20	Х		x				0	0	0
(4) WILLIAM E SORDONI DIRECTOR	0 20 2 70	Х						0	0	0
(5) JOHN STRELLISH TREASURER	0 20	Х		×				0	0	0
(6) SCOTT WILLIAMS DIRECTOR	0 20	Х						0	0	0
(7) CAROL KEUP DIRECTOR	0 20	Х						0	0	0
(8) BARBARA TOCZKO-MACULLOCL DIRECTOR	0 20	Х						0	0	0
(9) BRIAN RINKER DIRECTOR	0 20 2 30	Х						0	0	0
(10) RON BEER DIRECTOR	0 20 2 00	Х						0	0	0
(11) DAVID E SCHWAGER DIRECTOR	0 20 2 00	Х						0	0	0
(12) WICO VAN GENEDEREN PRESIDENT & CEO	7 50 30 00			×				0	151,486	21,477
(13) MATT BICKERT  CONTROLLER	7 50 30 00			х				0	50,095	7,738
					<u> </u>	I				Form <b>990</b> (2017)

compensation from the organization ▶ 0

Part VII

Page 8

	<b>(A)</b> Name and Title	(B) Average hours per week (list any lates	Average hours per week (list any hours   director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from the organizations (Workship of the provided by the compensation of the provided by the compensation of the provided by the provid								-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	In stitutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-1413C)	2/1099-MISC)		relat organiza	ed
												+		
												+		
												+		
												+		
												+		
												+		
	Sub-Total						•							
_	Total from continuation sheets to P Total (add lines 1b and 1c)	art VII, Sectio		٠.	٠.	•	<b>&gt;</b>			0	201,581			29,215
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived moi	re than \$10	00,000			
													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>	,		ee, k	еу е •	mple •	oyee,	or hı •	ghest cor	mpensated • • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization									tion or indi	vidual for	5		No
S	ection B. Independent Contract													NO
1	Complete this table for your five high from the organization Report compe	est compensate										pens	ation	
		(A) and business addre		уеаг	end	inig	WILTI O	o VVII	inii ine o		(B) ription of services		(C Comper	
												$\dashv$		

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

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

Part \	<del></del>			land on the Death VIII			🗸
	Check if Schedule O contains	a respo	onse or note to any	(A) Total revenue	<b>(B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	<b>b</b> Membership dues	1b					
Gra mot	c Fundraising events	1c					
fs. FAI	<b>d</b> Related organizations	1d	17,000				
<u>≘</u>	e Government grants (contributions)	1e	179,922				
ıns, Sin	f All other contributions, gifts, grants, and similar amounts not included						
utic ier	above	1f	47,750				
들함	g Noncash contributions included in lines 1a-1f \$						
Contributions, Gifts, Grants and Other Similar Amounts	h Total.Add lines 1a-1f		•				
			 Business	244,672 Code	<u> </u>		
Program Service Revenue	2a						
ا <del>د</del>	h	_					
رد ارد	b ————————————————————————————————————						
Ž	d						
E	e						
ogra	<b>f</b> All other program service revenue	е		I			
4	<b>gTotal.</b> Add lines 2a-2f	•	<u> </u>				
	<b>3</b> Investment income (including dividing amounts)	dends, ı	nterest, and other	8,409	,		8,409
	4 Income from investment of tax-ex						
	<b>5</b> Royalties		•				
	(ı) Rea	al	(II) Personal				
	6a Gross rents						
	<b>b</b> Less rental expenses						
	c Rental income or			_			
	(loss)						
	<b>d</b> Net rental income or (loss) .		• • • •				
	(i) Secur	rities	(II) Other	_			
	from sales of assets other	6,937					
	than inventory						
	<b>b</b> Less cost or other basis and	0					
	sales expenses  C Gain or (loss)	6,937		_			
	d Net gain or (loss)		<u> </u>	_    6,937			6,937
	8a Gross income from fundraising ev						
ne	(not including \$ contributions reported on line 1c)	of \					
₹    -	See Part IV, line 18						
8 	<b>b</b> Less direct expenses						
Other Revenue	c Net income or (loss) from fundra 9a Gross income from gaming activi	-	ents 🕨	1			
ŏ	See Part IV, line 19	ties					
		а					
	<ul><li>b Less direct expenses</li><li>c Net income or (loss) from gaming</li></ul>		lec .	_			
ŀ	10aGross sales of inventory, less	g activit	ies <b>&gt;</b>	1			
	returns and allowances						
	<b>b</b> Less cost of goods sold	a b		_			
	c Net income or (loss) from sales of			J			
ŀ	Miscellaneous Revenue	7 IIIVCIII	Business Code				
Ī	11aFROM LIMITED PARTNERSH		525990	626			626
				<u> </u>			
	b						
	с						
	d All other revenue						
	e Total. Add lines 11a-11d		•	626			
	12 Total revenue. See Instructions	· ·	· · · · ·	260,644		0	0 15,972 Form <b>990</b> (2017)
							Form 990 (2017)

Forn	n 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	179,946	179,946	-	
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	19,608		19,608	
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	27,864		27,864	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	7,887		7,887	
10	Payroll taxes	4,440		4,440	
11	Fees for services (non-employees)				
a	Management				
_	Legal	4,786		4,786	
	Accounting	3,067		3,067	
	Lopping			-,	
	F				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	40.700		40.700	
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,700		42,700	
12	Advertising and promotion				
13	Office expenses	3,821	3,821		
14	Information technology	128	128		
15	Royalties				
16	Occupancy	20,154	20,154		
17	Travel	118	118		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	704		704	
20	Interest	8,539	8,539		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	1,869	1,869		
	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 )		-1/		
	a THIRD PARTY COMPLIANCE	42,975	42,975		
	b DUES & SUBSCRIPTIONS	787	787		
	c DEDUCTIONS FROM LIMITED	366		366	
,	d COMMUNITY INITIATIVES	311	311		
	e All other expenses	597	597		
25	Total functional expenses. Add lines 1 through 24e	370,667	259,245	111,422	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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

3 4

18

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

5

6

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

38,000

916.501

811.245

1,783,716

-1.587.743

-1,587,743

195.973

Page **11** 

35,289

3.687

500

925.040

863.699

1,798,766

-1.705.003

-1,705,003

Form **990** (2017)

93.763

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

II of Schedule L . . . . . . .

		Beginning of year
1	Cash-non-interest-bearing	5
2	Savings and temperaty each investments	

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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

Cash-non-interest-bearing	51,043	1
Savings and temporary cash investments	3,610	2
Pledges and grants receivable, net	38,000	3
Accounts receivable, net	9,000	4

Assets	7	Part II of Schedule L	•			7	
SS	8	Inventories for sale or use				8	
४	9	Prepaid expenses and deferred charges			4,320	9	4,287
	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	e 11			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			40,000	15	0
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	195,973	16	93,763
	17	Accounts payable and accrued expenses			17,970	17	10,027

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Νo

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

separate basis, consolidated basis, or both

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

#### Additional Data

Software ID:

Software Version:

FUND INC

Form 990 (2017)

BUSINESSES

Form 990, Part III, Line 4a:

Name: GREATER WILKES-BARRE INDUSTRIAL

**EIN:** 24-6024395

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**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.

DLN: 93493318059328 OMB No 1545-0047

> Open to Public Inspection

(Form 990)

▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** GREATER WILKES-BARRE INDUSTRIAL FUND INC 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) Aggregate value of grants from (during year) Aggregate value at end of year 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? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t IIII	Organizations Maintaining Col	lections of Art, F	listori	ical T	reas	ures, or	Other	Similar A	ssets (	(continued)
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the fo	ollowing t	hat are a	significant	use of it	s collection
а		Public exhibition		d		Loar	or excha	ange prog	rams		
b		Scholarly research		е		Othe	er				
c		Preservation for future generations									
4	Provide Part	de a description of the organization's col XIII	lections and explain	how the	ey furti	her th	e organız	atıon's ex	empt purpo	ose in	
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							ılar	□ Y	es 🗌 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, I	ıne 9, or	reporte	d an amo	unt on	Form 990, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	ıary for	contri	butior	ns or othe	er assets i	not	□ <b>Y</b>	es 🗆 No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the fo	llowing	table		[			lmount	
c	Begin	nning balance						1c			
d	Addıt	ions during the year						1d			
е	Dıstrı	butions during the year					Ī	1e			
f	Endın	ng balance						1f			
2a	Did th	he organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	v or cı	ustodial a	ccount lia	ıbılıty?		es 🗆 No
b	If "Ya	es," explain the arrangement in Part XIII	Check here if the ex	vnlanati	ion has	: heer	provided	d in Part )	<b>/</b>		
	art V	Endowment Funds. Complete if									<del>· · · · · · · · · · · · · · · · · · · </del>
			(a)Current year		rior yea				(d)Three ye		(e)Four years back
<b>1</b> a	Beginn	ing of year balance									
b	Contrib	outions									
c	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
e		expenditures for facilities ograms									
f	Admını	strative expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curred designated or quasi-endowment •	ent year end balance	(line 1	g, colu	mn (a	a)) held a	s			
b	Perm	anent endowment ►									
С	Temp	orarily restricted endowment 🕨									
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3а	orgar	here endowment funds not in the posses nization by nrelated organizations	sion of the organizat	ion that	t are h	eld ar	nd admini	stered fo	r the	[a	Yes No
L	(ii) r	elated organizations								3	a(i) a(ii) 3b
ь 4		es" on 3a(II), are the related organization ribe in Part XIII the intended uses of the				•				· L	30
	rt VI	Land, Buildings, and Equipmer		WITH CITE	Idiido						
		Complete if the organization answ		m 990	, Part	IV, ا	ıne 11a.	See For	m 990, Pa	art X, li	ne 10.
	Descri	iption of property (a) Cost or oth (investme		or other	basıs (	other)	(c) Acci	umulated d	epreciation		(d) Book value
1a	Land										
b	Buildin	gs									
c	Leaseh	nold improvements									
d	Equipn	nent			;	22,776			22,776		0
e	Other						1				
Tota	al. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Part .	X, colur	mn (B)	, line	10(c))		<b>&gt;</b>		0

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.	e organızat	ion answ	ered "Yes" on Fo	rm 990, Par	t IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book	value		Method of va	
(1) Financial (2) Closely-h (3) Other (A) MAAG II (B)	derivatives		50,000	Cost of	C	narket value
(C)						
(D)						
(E)						
(F)						_
(G)						
(H)						
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12 )	,	50,000			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fo	orm 990 Pa	art IV lir	ne 11c. See Form	990 Part X	: line 13
	(a) Description of investment		ok value	(c)	Method of va	luation
(1)				Cost of	end-of-year r	narket value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col (B) line 13 )	•				
	Other Assets. Complete if the organization answered	'Yes' on Forn	n 990, Par	t IV, line 11d See	Form 990, Pa	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 15 )				•	
Part X	<b>Other Liabilities.</b> Complete if the organization ar See Form 990, Part X, line 25.	nswered 'Ye				L1f.
(1) Federal in	(a) Description of liability		( <b>D</b> ) Bo	ook value		
	ABILITIES, POSEIDON BUILDING			657,974		
DUE TO RELA	ATED PARTY			205,725		
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		863,699		
	r uncertain tax positions. In Part XIII, provide the text of			ganization's financia		
organization':	s liability for uncertain tax positions under FIN 48 (ASC 74	uneck he دره	ere ir the i	ext or the foothote	nas been pro	vided in Part XIII

Page 4

Schedule D (Form 990) 2017

#### 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Schedule D (Form 990) 2017

Investment expenses not included on Form 990, Part VIII, line 7b . . 4a

4b 366 b

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . . 4c 5

366 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 370.667 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

Page <b>5</b>	chedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

#### Additional Data

Software ID: Software Version:

**EIN:** 24-6024395

GREATER WILKES-BARRE INDUSTRIAL Name: FUND INC

ERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2017 AND 201 6 THE COMPANY'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS AND RETURN OF ORG ANIZATION EXEMPT FROM INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2017, 2016 AND 2

Supplemental Information

Return Reference Explanation 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 MEA SUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT DET

015 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

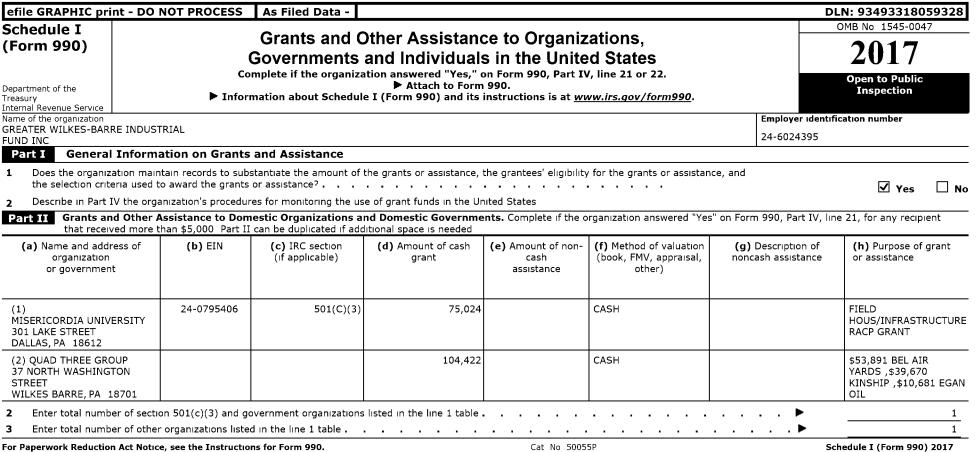
PART X, LINE 2

ipplemental Information					
Return Reference	Explanation				
PART XI, LINE 4B - OTHER ADJUSTMENTS	BOOK/TAX DIFFERENCE ON LIMITED PARTNERHSIP 7,603				

Sı

pplemental Information						
Return Reference	Explanation					
PART XII, LINE 4B - OTHER ADJUSTMENTS	BOOK/TAX DIFFERENCES INCLUDED ON 990 366					

Sı



Page **2** 

Schedule I (Form 990) 2017

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(4) (5)

DONE BY ONLY PAYING FUNDS AFTER THE WORK IS DONE AND SUBSTANTIATED.

(6)

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

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

Return Reference

PART I, LINE 2

Explanation

Schedule I (Form 990) 2017

Part III

(2)

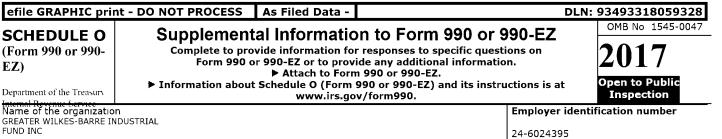
(3)

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9331	8059	328
Sch	edule J	Coi	mpensati	ion Information	МО	IB No	1545-0	0047
(Form 990)  Department of the Treasury		▶ Attach to Form 990.					2017 Open to Public	
•	al Revenue Service			gov/form990.		Insp	ectio	n
GRE	me of the organiza EATER WILKES-BARR D INC				Employer identificat 24-6024395	ion nu	ımber	
Pa	rt I Questi	ons Regarding Compensation	on					
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	or charter travel		Housing allowance or residence for	personal use			
	_	companions	닏	Payments for business use of perso				
		nification and gross-up payments	님	Health or social club dues or initiation				1
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did the ill of the expenses described above		ollow a written policy regarding paym iplete Part III to explain	nent or reimbursement	<b>1</b> b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/Exe	ecutive Directo	r, regarding the items checked in line	e 1a?			
3	organization's C	EO/Executive Director Check all t	hat apply Dor	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	П с	-t		Months on a constant of the state of				1
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				1
		of other organizations	H	Approval by the board or compensa	tion committee			
4	During the year	, did any person listed on Form 99	— 90, Part VII, Se	ction A, line 1a, with respect to the f				
	related organiza	ition						
а	Receive a sever	ance payment or change-of-contro	ol payment?			4a		No
b	•	r receive payment from, a suppler	•	·		4b		No
С		r receive payment from, an equity		•	L TTT	4c		No
	ir res to any o	or lines 4a-c, list the persons and p	provide the app	plicable amounts for each item in Part	t 111			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) o	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did	the organization pay or accrue any				
а	The organization	17				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization	٦٦				<b>6</b> a		No
b	Any related orga					6b		No
	If "Yes," on line	6a or 6b, describe in Part III						1
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Yes,"		the organization provide any nonfixe rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For I	Danarwork Padı	ction Act Notice, see the Instr	uctions for Fo	orm 990 Cat No 5	50053T Schedule J	(Form	990)	2017

Schedule J (Form 990) 2017 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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 (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 WICO VAN GENEDEREN (i) 0 0 0 0 PRESIDENT & CEO 123,047 22,439 6.000 5,313 16,164 172,963 (ii)

Schedule J (Form 990) 2017 Page **3** 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 THE PRESIDENT /CEO RECEIVES A BONUS THE AMOUNT OF THE BONUS IS DETERMINED BY KEY PERFORMANCE INDICATORS SET AND APPROVED BY THE PART I. LINE 7 BOARD THE BOARD OF DIRECTORS APPROVES THE BONUS BASED UPON HITTING THE TARGETS

Schedule J (Form 990) 2017



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING FAMILY AND BUSINESS RELATIONSHIPS INCLUDE BOARD RELATIONSHIPS WITH BOARD MEM BERS OF ALL RELATED ENTITIES INCLUDED IN SCHEDULE R PHIL AMEND HAS A BUSINESS RELATIONSHI P WITH DOUG BARBACCI, CAROL DOUDS, PATRICK ENDLER, MARY ERWINE, ELIZABETH GRAHAM, ROBERT G RAHAM, CAROL KEUP, BRUCE LEFKOWITZ, LORI NOCITO, WILLIAM SCRANTON, WILLIAM SORDONI, AND WI CO VAN GENDERENLARS 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 WITH PHIL AMEND ROBERT BEE HAS NO BUSINESS RELATIONSHIP WITH PATRICK E NDLER, 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 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 WITH WILLIAM FROMEL AND CARL WITKOWSKI CHRISTIE L BONNICE HAS NO 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 BRO MINSKI HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM M JONES, THOMAS A MAKOWS KI, TERI OOMS, AND TROY STANDISH TONY CARLUCCI HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM M JONES, KATHLEEN LAMBERT, AND TERI OOMS PETER DANCHAK HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM M JONES, KATHLEEN LAMBERT, AND TERI OOMS PETER DANCHAK HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM M JONES SUSAN DIANA HAS BUSINESS RELATIONSHIP WITH HOTH PATRICK ENDLER, AND WILLIAM JONES SUSAN DIANA HAS BUSINESS RELATIONSHIP WITH HOTH DATRICK ENDLER, WILLIAM M JONES SUSAN DIANA HAS BUSINESS RELATIONSHIP WITH HOTH DATRICK ENDLER, AND WILLIAM M JONES SUSAN DIANA HAS BUSINESS RELATIONSHIP WITH HOTH DATRICK ENDLER AND WILLIAM M JONES SUSAND DANA HAS BUSINESS RELATIONSHIP WITH HOTH DATRICK ENDLER, WILLIAM M JONES,

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TI JR HAS A BUSINESS RELATIONSHIP WITH PATRICK LEAHY BRIDGET GIUNTA-HUSTED HAS A BUSINES S RELATIONSHIP WITH PATRICK LEAHY LISA GOBLE HAS NO BUSINESS RELATIONSHIP LISA GOLDEN HA S A BUSINESS RELATIONSHIP WITH WILLIAM SORDONI BILL GOLDSWORTHY HAS A BUSINESS RELATIONSHIP PWITH PATRICK ENDLER ELIZABETH GRAHAM HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND, GERAR D 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 HILDY IDE HAS NO BUSINESS RELATIONSHIP PHILLIAM JONES HAS BUSINESS RELATIONSHIP WITH RON BEER, DONALD BROMINSKI, GREGORY COLLINS, MIN DEIT OS, JOHN J DOWD, PATRICK ENDLER, ROBERT GRAHAM, TARA MUGFORD- WILSON, TERI OOMS, BRIAN RINKER, CONRAD SCHINTZ, WILLIAM SORDONI, TROY STANDISH, BARBARA T OCZKO-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 PATRICK LEAHY RICHARD KAZMERICK HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER AND RATHLEEN LAMBERT CAROL KEUP HAS A BUSINESS RELATIONSHIP WITH PHIL AMEND AND P ATRICK 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 SUE K KLUGER HAS A BUSINESS RELATIONSHIP WITH GREGORY COLLINS, PATRICK ENDLER, RICHARD KAZMERICK, FR JACK RYAN, JOHN M STRELLISH, AND BARBARA TOCZKO-MACULLOCK PATRICK ENDLER, RICHARD KAZMERICK, FR JACK RYAN, JOHN M STRELLISH, AND BARBARA TOCZKO-MACULLOCK PATRICK ENDLER, RICHARD KAZMERICK, FR JACK RYAN, JOHN M STRELLISH, AND BARBARA TOCZKO-MACULLOCK PATRICK ENDLER, RICHARD KAZMERICK, FR JACK RYAN, JOHN M STRELLISH, AND BARBARA TOCZKO-MACULLOCK PATRICK ENDLER, RICHARD KAZMERICK, FR JACK RYAN, JOHN M STRELLISH, AND BARBARA TOCZKO-MACULLOCK PA

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	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 LAR RY 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 WITH PHIL AMEND, JOHN DOWD, AND PATRICK ENDLER JAMES W O'BOYLE HAS NO BUSINESS RELATIONSHIP WITH PHIL AMEND, JOHN DOWD, AND PATRICK ENDLER, ELIZABETH GRAHAM, TERI O'DONNELL HAS A BUSINESS RELATIONSHIP WITH CAROL DOUDS, PATRICK ENDLER, ELIZABETH GRAHAM, TERI O'DONNELL HAS A BUSINESS RELATIONSHIP WITH THOMAS BOTZMAN, JOSEPH A BOYLAN, DONALD BROMINSKI, TONY CARLU CCI, GREGORY COLLINS, PETER J DANCHAK, PATRICK ENDLER, WILLIAM M JONES, SCOTT KOERWER, T HOMAS A MAKOWSKI, PATRICK LEAHY, THOMAS P LEARY, GERARD O'DONNELL, SUSAN REILLY, BRIAN R INKER, ALANA ROBERTS, FR JACK RYAN, STEVEN SCHEINMAN, WILLIAM SCRANTON III, WILLIAM SORDO NI, WICO VAN GENDEREN, AND MIKE WOOD LARRY PELLEGRIN HAS NO BUSINESS RELATIONSHIP BUSAN REILLY HAS A BUSINESS RELATIONSHIP WITH TERI OOMS BRIAN RINKER HAS A BUSINESS RELATIONSHIP BUSAN REILLY HAS A BUSINESS RELATIONSHIP WITH THOM AS A MAKOWSKI AND TERI OOMS GUY ROTHERY HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, PATRICK ENDLER, THOMAS A MAKOWSKI AND GERARD O'DONNELL FR. JACK RYAN HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, RATHLEEN LAMBERT, AND TERI OOMS RACHEL OLSZEW SKI HAS NO BUSINESS RELATIONSHIP WITH PATRICK ENDLER, KATHLEEN LAMBERT, AND TERI OOMS RACHEL OLSZEW SKI HAS NO BUSINESS RELATIONSHIP WITH PATRICK ENDLER, KATHLEEN LAMBERT, AND TERI OOMS RACHEL OLSZEW SKI HAS NO BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM M JONES, AND THOMAS A MAKOWSKI DAVID SCHWAGER HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM SORDONI HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, WILLIAM SORDONI HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER WILLIAM SORDONI HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER, LICAGE WILLIAM

990 Schedule O, Supplemental Information

Return

Pafaranca

Reference	
FORM 990,	LINE 2 CONTINUED SCOTT WILLIAMS HAS NO BUSINESS RELATIONSHIP TOM WILLIAMS HAS A BUSINESS
PART VI,	RELATIONSHIP WITH WILLIAM SORDONI CARL WITKOWSKI HAS A BUSINESS RELATIONSHIP WITH PAUL BERDY,
SECTION A,	PATRICK ENDLER, AND WILLIAM M JONES MIKE WOOD HAS A BUSINESS RELATIONSHIP WITH PATRICK ENDLER,
LINE 2	PATRICK LEAHY. THOMAS A MAKOWSKI. TERI OOMS. AND WILLIAM SORDONI

Explanation

Return Explanation
Reference

FORM 990,	PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FORM 990 IS REVIEWED BY MEMBERS OF THE
PART VI,	GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY ("CBI") AUDIT COMMITTEE CBI IS THE PARENT
SECTION B,	ENTITY OF THE GREATER WILKES-BARRE INDUSTRIAL FUND, INC. THE TAX RETURN IS MADE AVAILABLE TO ALL
LINE 11B	BOARD MEMBERS PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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 OR GRANIZATIONS 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)44), 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 OPERATE IN A MANNER CONSISTENT WITH THEIR CHARITABLE PURPOSES AND THAT THEY DO NOT ENGAGE IN ACTIVITIES THAT COULD INDIVIDUALLY JEOPARDIZE THEIR STATUS AS ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX, A REVIEW OF ANY POTENTIAL CONFLICT SHALL BE CONDUCTED BY THE GOVERNANCE AND/OR AUDIT AND/OR FINANCE COMMITTEES REVIEW OF SUCH TRANSACTION SINCLUDES 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 ACROSS A BROAD SPECTRUM OF THE BUSI

Return

Reference	
FORM 990,	THE GREATER WILKES-BARRE INDUSTRIAL FUND, INC 'S PARENT ENTITY, GREATER WILKES-BARRE CHAMBER OF
PART VI,	BUSINESS AND INDUSTRY ("CBI"), MAINTAINS A PERSONNEL COMMITTEE CHARGED WITH ESTABLISHING AND
SECTION B,	ADMINISTERING THE COMPENSATION PRACTICES FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THE
LINE 15	PERSONNEL COMMITTEE UTILIZES COMPARABILITY DATA PUBLISHED BY SIMILAR ECONOMIC DEVELOPMENT

**Explanation** 

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 Explanation

FORM 990, PART VI, SECTION C, LINE 19

D - 4....

Reference	Explanation
SCHEDULE	THE ORGANIZATION HAS LIMITED PARTNERSHIP INTERESTS OF 775680% INTEREST IN MID-ATLANTIC ANGEL GROUP
D, PART XI,	II, GP,LLC, AND A 867989% INTEREST IN MID-ATLANTIC ANGEL FUND II, GP, LLC AND CARRIES THE INVESTMENTS ON
LINE 2D	TIS 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 2016 YEAR IS
	\$5,059 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

Funlanation.

Return Explanation
Reference

FORM 990, CONSULTING FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 42,700
PART IX. FUNDRAISING EXPENSES 0 TOTAL EXPENSES 42,700

990 Schedule O, Supplemental Information

LINE 11G

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Explanation
Reference

FORM 990, PART XII, SELECTION OF THE INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR LINE 2C

Return

Reference	
FORM 990,	THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX ARE THE GREATER WILKES-BARRE INDUSTRIAL
PART V,	FUND'S ALLOCATED PAYROLL COSTS BASED ON TIME SPENT ALL INDIVIDUALS WORKING AT THE GREATER WILKES-
LINE 2A	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

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

Name of the organization GREATER WILKES-BARRE INDUSTRIAL

Internal Revenue Service

FUND INC

## **Related Organizations and Unrelated Partnerships**

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

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493318059328

2017

Open to Public Inspection

**Employer identification number** 

24-6024395

Part I Identification of Disregarded Entities Complete	e If the organ	ızatıon answere	ed "Yes	" on Form 9	90, Part i	IV, line 3	3.					
(a)  Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activ	(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year as	entity (f)				
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax years.		ete if the organi	zation	answered "Y	es" on F	orm 990,	Part I\	V, line 34 bed	cause it had one or	more		
(a) Name, address, and EIN of related organization	Prim	<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)				(e) charity status tion 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	(g) tion 512( ) controlle entity?	
(1)GREATER WILKES-BARRE CHAMBER OF COMMERCE	TO UNITE G	UIDE, SUPPORT	PA		501(C)(6)		N/A		THE GREATER WILKES-	Yes	No No	
2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710 24-0751080	AND SPEAK I	FOR THOSE WHO I COMMERCE IN		FA 301(C)(0)					BARRE CHAMBER OF BUSINESS AND INDUSTR	Y		
(2)GREATER WILKES-BARRE DEVELOPMENT CORPORATION 2 PUBLIC SQUARE PO BOX 5340		E THE ECONOMIC AND OVERALL ERMENT		PA 501(C)(4)		N/A			THE GREATER WILKES- BARRE CHAMBER OF BUSINESS AND INDUSTR	Y	No	
WILKESBARRE, PA 18710 37-1440334												
(3)CEG INC 2 PUBLIC SQUARE PO BOX 5340	AND SPEAK I ENGAGED IN	UIDE, SUPPORT FOR THOSE I COMMERCE IN		PA 501(C)(6)		) N/A			GREATER WYOMING VALLEY CHAMBER		No	
WILKESBARRE, PA 18710 23-2369945	W-B											
(4)GREATER WYOMING VALLEY CHAMBER 2 PUBLIC SQUARE PO BOX 5340	AND SPEAK I ENGAGED IN	JIDE, SUPPORT OR THOSE COMMERCE IN		PA		501(C)(6)			THE GREATER WILKES- BARRE CHAMBER OF BUSINESS AND INDUSTR	Y	No	
WILKESBARRE, PA 18710 27-0633091	W-B											
(5)THE GREATER WILKES-BARRE GROWTH PARTNERSHIP 2 PUBLIC SQUARE PO BOX 5340	TO SUPPORT OF THE RELA ORGANIZATI			PA		LINE 7			THE GREATER WILKES- BARRE CHAMBER OF BUSINESS AND INDUSTR	Y	No	
WILKESBARRE, PA 18710 26-3345028												
(6)THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY 2 PUBLIC SQUARE PO BOX 5340	COMMUNITY	PONSOR, AND OVERSEE PROGRAMS AND		PA	501(C)(3)		LINE 7		N/A		No	
WILKESBARRE, PA 18710 06-0605397	ACTIVITIES											
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Ca	t No 50135\	,				Schedule R (Form	990) 2	017	

(a)  Name, address, and EIN of related organization		<b>(b)</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		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	<b>(k)</b> Percenta owners
								Yes	No		Yes	No	
												$\perp$	
												-	
												_	
Identification of Related Organizated because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a)  Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	<b>(f)</b> Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5 ) cont entity
												. I Y∉	es
		со	untry)										
		со	untry)										
		со	untry)										
		со	untry)									+	
		со	untry)										
		со	untry)									  -  -	
		со	untry)									  -  -  -	

No

Yes

1c

1d Yes

1e

1f

1g

1h

1i

1j

1k

11

1m

1n 10 Yes

**1**p

1r Yes

**1**s Yes

Schedule R (Form 990) 2017

Method of determining amount involved

Yes

Page 3

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

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 1b 

(b)

Transaction

type (a-s)

N

0

(c)

Amount involved

205,726

18,956

60,032

92.252

781

365

FMV

FMV

FMV

FMV

HOURS WORKED

HOURS WORKED

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

Name of related organization

(1) GREATER WILKES BARRE GROWTH PARTNERSHIP

(5) GREATER WYOMING VALLEY CHAMBER

(6) GREATER WILKES BARRE DEVELOPMENT CORP

(2) GREATER WILKES BARRE CHAMBER OF BUSINESS & INDUSTRY

(3) GREATER WILKES BARRE CHAMBER OF BUSINESS & INDUSTRY

(4) GREATER WILKES BARRE CHAMBER OF BUSINESS & INDUSTRY

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

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

was not a related organization. See instructions regarding exclusion of certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
Schedule R (Form 990) 2017												0) 2017	

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

#### **Additional Data**

2 PUBLIC SQUARE PO BOX 5340

2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710

2 PUBLIC SQUARE PO BOX 5340 WILKESBARRE, PA 18710

24-0751080

37-1440334

23-2369945

27-0633091

26-3345028

06-0605397

Software Version: **EIN:** 24-6024395

Software ID:

Name: GREATER WILKES-BARRE INDUSTRIAL FUND INC

or foreign country)

PΑ

PΑ

PΑ

PΑ

PΑ

PΑ

501(C)(6)

501(C)(4)

501(C)(6)

501(C)(6)

501(C)(3)

501(C)(3)

(e)

Public charity

status

(if section 501(c)

(3))

N/A

N/A

N/A

N/A

LINE 7

LINE 7

(f)

Direct controlling

entity

THE GREATER

CHAMBER OF

INDUSTRY

WILKES-BARRE

BUSINESS AND

THE GREATER

CHAMBER OF

INDUSTRY

WILKES-BARRE

**BUSINESS AND** 

GREATER WYOMING

VALLEY CHAMBER

THE GREATER

WILKES-BARRE CHAMBER OF

BUSINESS AND

THE GREATER

CHAMBER OF

N/A

WILKES-BARRE

BUSINESS AND INDUSTRY

**INDUSTRY** 

(g)

Section 512 (b)(13)

controlled

entity? Yes

No

No

No

No

No

Nο

No

TO UNITE, GUIDE, SUPPORT

AND SPEAK FOR THOSE

ECONOMIC EXPANSION

TO UNITE, GUIDE, SUPPORT

ENGAGED IN COMMERCE IN

TO UNITE, GUIDE, SUPPORT

ENGAGED IN COMMERCE IN

RELATED ORGANIZATIONS

ADMINISTER AND OVERSEE COMMUNITY PROGRAMS

AND SPEAK FOR THOSE

AND SPEAK FOR THOSE

TO SUPPORT THE

ACTIVITIES OF THE

SUPPORT, SPONSOR,

AND ACTIVITIES

WHO ENGAGED IN

COMMERCE IN W-B

TO PROMOTE THE

BETTERMENT

W-B

W-B

AND OVERALL CIVIC

	TOND INC										
rm 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations											
(a)	(b)	(c)	(d)								
Name, address, and EIN of related organization	Primary activity	Legal domicile	Exempt Code								
		(state	section								

(b) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved GREATER WILKES BARRE GROWTH PARTNERSHIP 205,726 FMV GREATER WILKES BARRE CHAMBER OF BUSINESS & INDUSTRY 18,956 HOURS WORKED GREATER WILKES BARRE CHAMBER OF BUSINESS & INDUSTRY 60.032 HOURS WORKED GREATER WILKES BARRE CHAMBER OF BUSINESS & INDUSTRY 92.252 FMV

FMV

FMV

781 365

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

GREATER WYOMING VALLEY CHAMBER

GREATER WILKES BARRE DEVELOPMENT CORP