

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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

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
7 SOUTH MAIN STREET 3RD FLOOR 4

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 \$ 7,410,291

F Name and address of principal officer:
LINDSAY GRIFFIN
7 SOUTH MAIN STREET 3RD FLOOR 4
WILKESBARRE, PA 18701

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(4) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.WYOMINGVALLEYCHAMBER.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1953

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO ENCOURAGE AND IMPROVE THE INDUSTRIAL GROWTH IN THE WYOMING VALLEY AREA.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	12
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	409,746	3,655,898
9 Program service revenue (Part VIII, line 2g)	8,629	3,667,065
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,205	21,476
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	177,170	65,283
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	593,340	7,409,722
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,650	5,982,703
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	58,937	103,027
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	444,012	102,461
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	510,599	6,188,191
19 Revenue less expenses. Subtract line 18 from line 12	82,741	1,221,531
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	170,245	1,685,287
21 Total liabilities (Part X, line 26)	1,942,586	2,249,898
22 Net assets or fund balances. Subtract line 21 from line 20	-1,772,341	-564,611

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: *****
Date: 2022-11-10
LINDSAY GRIFFIN PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN P00760402
Firm's name ▶ BAKER TILLY US LLP Firm's EIN ▶ 39-0859910
Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400 LANCASTER, PA 17601 Phone no. (717) 740-4863

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. "CONTINUED ON SCH. O" 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 \$ 6,149,046 including grants of \$ 5,982,703) (Revenue \$ 3,667,065)
See Additional Data

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

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

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

4e Total program service expenses ▶ 6,149,046

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 🗑️.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗑️.		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? If "Yes," complete Schedule D, Part IV 🗑️.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI. 🗑️	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? If "Yes," complete Schedule D, Part VII 🗑️.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🗑️.		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? If "Yes," complete Schedule D, Part IX 🗑️.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗑️.	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)? If "Yes," complete Schedule D, Part X 🗑️.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗑️.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🗑️.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question/Section, Sub-section, Response, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and various organizational requirements.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17, 18, 19, 20.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CAROL KEUP BOARD CHAIR	0.20 2.50	X		X				0	0	0
(2) TERI OOMS BOARD VICE CHAIR	0.20 2.50	X		X				0	0	0
(3) RON BEER SECRETARY	0.20 2.20	X		X				0	0	0
(4) BARBARA TOCZKO-MACULLOCL TREASURER	0.20 0.20	X		X				0	0	0
(5) BRIAN RINKER BOARD MEMBER	0.20 2.50	X						0	0	0
(6) CHRISTINE JENSEN BOARD MEMBER	0.20 0.20	X						0	0	0
(7) DALE JONES BOARD MEMBER	0.20 2.50	X						0	0	0
(8) DAVID E SCHWAGER BOARD MEMBER	0.20 2.20	X						0	0	0
(9) DOROTHY LANE BOARD MEMBER	0.20 0.20	X						0	0	0
(10) MICHAEL LOMBARDO BOARD MEMBER	0.20 2.20	X						0	0	0
(11) CARL WITKOWSKI EX-OFFICIO	0.20 2.90	X						0	0	0
(12) SCOTT LYNETT EX-OFFICIO, CBI BOARD CHAIR	20.00 2.90	X						0	0	0
(13) WICO VAN GENEDEREN PRESIDENT & CHIEF EXECUTIV	7.50 30.00			X				0	167,203	29,928
(14) LINDSAY GRIFFIN CHIEF EXECUTIVE OFFICER	7.50 30.00			X				0	109,904	13,737
(15) MATTHEW BICKERT CHIEF FINANCIAL OFFICER	7.50 30.00			X				0	67,628	2,382

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	344,735	46,047	

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	3,655,898				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			3,655,898			
Program Service Revenue		Business Code					
	2a GRANT COMPLIANCE ACTIV	900099	2,485,111	2,485,111			
	b PROPERTY SALE	531390	1,181,954	1,181,954			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			3,667,065				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,045			22,045	
	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	569				
		c Gain or (loss)	-569				
	d Net gain or (loss)			-569		-569	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a LOAN FORGIVENESS	900099	49,888			49,888		
b OTHER INCOME FROM INVE	900099	14,657			14,657		
c LEGAL FEE REIMBURSEMEN	900099	738			738		
d All other revenue							
e Total. Add lines 11a-11d			65,283				
12 Total revenue. See instructions			7,409,722	3,667,065	0	86,759	

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	5,982,703	5,982,703		
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	75,916	75,916		
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	15,405	15,405		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	5,591	5,591		
10 Payroll taxes	6,115	6,115		
11 Fees for services (non-employees):				
a Management				
b Legal	24,542		24,542	
c Accounting	6,415		6,415	
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)	3,555	3,555		
12 Advertising and promotion				
13 Office expenses	4,582	2,291	2,291	
14 Information technology	444		444	
15 Royalties				
16 Occupancy	5,610	2,805	2,805	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,436	2,218	2,218	
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 ARC EXPENSES	50,024	50,024		
b DEVELOPMENT FEES AND EX	940	940		
c PAYROLL PROCESSING	747	747		
d RACP FEES	500	500		
e All other expenses	666	236	430	
25 Total functional expenses. Add lines 1 through 24e	6,188,191	6,149,046	39,145	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	51,687	1	156,565
	2 Savings and temporary cash investments	3,697	2	1,326,198
	3 Pledges and grants receivable, net		3	123,655
	4 Accounts receivable, net	37,000	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,861	9	28,869
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	22,776		
	b Less: accumulated depreciation	22,776	0	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	170,245	16	1,685,287	
Liabilities	17 Accounts payable and accrued expenses	45,924	17	138,485
	18 Grants payable		18	
	19 Deferred revenue		19	1,322,500
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	925,040	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	971,622	25	788,913
	26 Total liabilities. Add lines 17 through 25	1,942,586	26	2,249,898
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-1,772,341	27	-564,611
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-1,772,341	32	-564,611	
33 Total liabilities and net assets/fund balances	170,245	33	1,685,287	

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	7,409,722
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,188,191
3	Revenue less expenses. Subtract line 2 from line 1	3	1,221,531
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,772,341
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	-13,801
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-564,611

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 24-6024395

Name: GREATER WILKES-BARRE INDUSTRIAL
FUND INC

Form 990 (2021)

Form 990, Part III, Line 4a:

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 ACTED AS AN AGENT IN THE ISRP (INDUSTRIAL SITES REUSE PROGRAM) AND THE PENNDOT MULTIMODAL GRANTS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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? Yes 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? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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:
Table with columns: 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" on Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 Term 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
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
3b Table with Yes/No columns for 3a(i), 3a(ii), and 3b.
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment (with values 22,776 and 0), e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	788,913
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	788,913

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,395,596
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	7,395,596
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	14,126	
c	Add lines 4a and 4b		4c	14,126
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,409,722

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	6,187,866
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	6,187,866
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	325	
c	Add lines 4a and 4b		4c	325
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,188,191

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 24-6024395

Name: GREATER WILKES-BARRE INDUSTRIAL
FUND INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COMPANY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE -LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2021 AND 2020.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INTEREST INCOME FROM INVESTMENT NOT RECORDED ON BOOKS 38. CAPITAL LOSS FROM INVESTMENT NOT RECORDED ON BOOKS -569. OTHER INCOME FROM INVESTMENT NOT RECORDED ON BOOKS 14,657.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PARTNERSHIP INVESTMENT EXPENSES NOT RECORDED ON BOOKS 325.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of 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.

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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
3 Enter total number of other organizations listed in the line 1 table 144

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) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(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	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 SUBSTANTIATED.

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
189 BARNEY STREET INCORPORATED - CRISNICS 189 BARNEY STREET WILKESBARRE, PA 18702	46-0580025		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
244 HUGHES INC 244 HUGHES STREET SWOYERSVILLE, PA 18704	82-5064647		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
880 GAYATRI LLC 884 KIDDER STREET WILKES BARRE, PA 18702	26-3907185		40,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
A LORI HOLDINGS INC 140 MAIN STREET DUPONT, PA 18641	27-4845298		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
AARK HOSPITALITY WILKESBARRE FR LLC 778 KIDDER STREET WILKES BARRE, PA 18702	81-1452692		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
AGGIE'S FOUR INC DBA PAZZO RESTAURANT 2011 HIGHWAY 315 PITTSTON, PA 18640	20-2455907		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
AGOLINOS CHAR GRILL RESTAURANT 22 LUZERNE AVENUE WEST PITTSTON, PA 18643	85-3753206		35,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
AMERICAN GRILL LLC 1320 WYOMING AVE EXETER, PA 18643	47-3840637		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
ANZ WILKES BORO LLC 1063 HIGHWAY 315 BLVD WILKES BARRE, PA 18702	83-3596473		35,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
ARENA BAR AND GRILL INC 380 COAL ST WILKES BARRE, PA 18702	54-2065234		40,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
AUSTIE'S RESTAURANT 2333 SANS SOUCI PARKWAY ASHLEY, PA 18706	23-2440599		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
BB2 INC - SIX STRING SALOON 1474 SANS SOUCI PARKWAY HANOVER TOWNSHIP, PA 18706	46-4985017		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
BEAVERS EXPRESS LLC 2593 LAKESIDE DRIVE HARVEYS LAKE, PA 18612	83-1797600		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
BENNY RESTAURANT COLLC 1429 SANS SOUCI PKWY HANOVER TOWNSHIP, PA 18706	47-4139517		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
BIERNACKI'S INC 1 NORTH MAIN ST ASHLEY, PA 18706	23-3038557		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
BIG HOUSE BRESLAU INC 605 WILKES BARRE STREET HANOVER TOWNSHIP, PA 18706	45-1794550		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
BLU DALLAS INC - HUN'S CAFE 99 99 GEORGE AVENUE WILKESBARRE, PA 18705	23-3004375		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
BOOZERS SPORTS BAR 635 MAIN ST AVOCA, PA 18641	26-1603404		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
BREWS BROTHERS INC 1705 RIVER ROAD PLAINS, PA 18640	23-2836482		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
CANTEEN JUICE PARK INC 181 MARKET ST KINGSTON, PA 18704	47-5084698		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
CIBO & AMICI INC 395 SOUTH MAIN STREET WILKES BARRE, PA 18701	46-2092070		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
CITY MARKET & CAFE INC 25 PUBLIC SQUARE WILKES BARRE, PA 18701	81-3720127		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
COCKTAILS EAST INC 45 N RIVER STREET WILKES BARRE, PA 18702	23-3005766		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
COLONIAL FAMILY RESTAURANT 2001 WYOMING AVENUE WYOMING, PA 18644	36-4581855		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
CRABBY RONS SEAFOOD SALOON STEAKHOUSE 3159 DEMUNDS ROAD DALLAS, PA 18612	85-2782171		35,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
CYWB OPERATOR LLC - COURTYARD BY MARRIOTT 879 SCHECHTER DRIVE WILKESBARRE, PA 18702	82-3299324		40,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
DAD OF NEPA LLC - BOOYA BURGERS & BITES 2022 WYOMING AVE WYOMING, PA 18644	81-2587588		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
DC DINING LLC - KJ PICKLES 355 MARKET STREET SUITE 3A KINGSTON, PA 18704	81-4279211		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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DEMAZZ INC TA AUNTIE ANNE'S 122 WYNCHURCH CIRCLE PITTSTON, PA 18640	23-2917547		35,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
DINO'S ITALIAN RESTAURANT 28 WYOMING VALLEY ROAD WILKESBARRE, PA 18702	23-2479909		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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EBEF INC 3017 LAKESIDE DRIVE HARVEYS LAKE, PA 18618	13-4323617		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
ELLIS MARKET CATERING 399-401 MAIN ROAD HANOVER TOWNSHIP, PA 18706	23-2654800		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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ERNIE GS PUB AND EATERY 1022 MAIN ST AVOCA, PA 18641	27-1969803		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
EXECUTIVE HOTEL MANAGEMENT - HOLIDAY INN EXPRESS 400 ROUTE 315 PITTSTON, PA 18640	45-3120659		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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FORE THE GUYS LLC 1011 MAIN STREET SWOYERSVILLE, PA 18704	46-1966256		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
GECKO PUB LLC 199 DIVISION STREET PRINGLE, PA 18704	45-2704889		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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GPH ENTERPRISES INC - HUNS' WEST SIDE CAFE 570 UNION STREET LUZERNE, PA 18709	27-2995456		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
GRC ROASTERS CORP 400 MIDDLE ROAD BUILDING C NANTICOKE, PA 18634	83-2951427		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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GUS GENETTI HOTEL & RESTAURANT OF WILKES BARRE INC 77 E MARKET STREET WILKES BARRE, PA 18701	24-0859699		45,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
GUVI LLC 1287 N WASHINGTON ST WILKES BARRE, PA 18705	82-1529426		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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HOGAN'S HEROES AND PIZZA II INC 3600 SR 309 HIGHWAY DALLAS, PA 18612	74-3046949		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
HOTEL SQUARED PA LLC 884 SCHECHTER DRIVE WILKES BARRE, PA 18702	26-4186169		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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JASONELLY INC DBA DUKEY'S CAFE 785 NORTH PENNSYLVANIA AVE WILKESBARRE, PA 18705	23-3071916		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
JERRY HANCHULAK TA JERRY'S PLACE 70 HUDSON RD PLAINS, PA 18705	23-2509494		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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JESSIDON LLC 560 KIDDER STREET WILKESBARRE, PA 18702	27-0227717		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
JJE MURPHY LLC 347 SLOCUM ST SWOYERSVILLE, PA 18704	20-5700776		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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JOE GROTTO INC 3445 LAKESIDE DRIVE HARVEYS LAKE, PA 18618	23-2428298		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
JR MSPD LLC 1280 HIGHWAY 315 WILKESBARRE, PA 18702	26-2276927		45,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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JTABNS INC TA CINNABON 122 WYNCHURCH CIRCLE PITTSTON, PA 18640	81-4393601		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
KGJG INC - VILLIAGE TAVERN 3719 MAIN RD HUNLOCK CREEK, PA 18621	20-0868543		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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KINGSTON RESORTS INTERNATIONAL INC 220 ZERBY AVE KINGSTON, PA 18704	47-1116428		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
LANDMARK MOTEL ASSOCIATES INC 1067 WILKES-BARRE TOWNSHIP BOULEVARD WILKESBARRE, PA 18702	23-2853445		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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LEEZYLEE INC 37 E CAREY ST PLAINS, PA 18705	81-3069679		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
LILY PAD INC 131 COAL ST WILKESBARRE, PA 18702	23-2885648		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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LUONGO HOSPITALITY LP 1140 HIGHWAY 315 WILKES BARRE, PA 18711	33-1040311		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
MAA UMIYA HOSPITALITY LLC 880 KIDDER STREET WILKES BARRE, PA 18702	81-5448264		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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MARIES DINERLLC 207 MCALPINE ST DURYEA, PA 18642	27-1945735		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
MARTYS BLUE ROOM INC 100 NEWPORT STREET NANTICOKE, PA 18634	23-2540613		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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MAXIE'S INC 458 WEST MAIN STREET PLYMOUTH, PA 18651	23-2514555		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
MICHAEL VALENTIS INC 1180 WYOMING AVE EXETER, PA 18643	23-3031837		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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MWG LLC 174 UNITED PENN PLAZA KINGSTON, PA 18704	26-3994314		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
NABIL ABUALBURAK INC - ALI BABA'S LOUNGE 219-225 S MAIN STREET WILKESBARRE, PA 18701	30-0449789		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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NORTH 145 INC 28-34 MAIN ST DALLAS, PA 18612	26-4787946		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
OVERBROOK PUB & GRILL 259 OVERBROOK RD DALLAS TWP, PA 18612	26-3998801		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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P&H INC 187 RIVER ROAD WILKES BARRE, PA 18702	20-2895978		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
PUBS INC TBA HOPS & BARLEYS 131 MAIN ST LUZERNE, PA 18709	23-2703484		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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PARSONS FRIENDS AND FAMILY RESTAURANT 15 N RIVER STREET PLAINS, PA 18705	23-2988487		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
PATTE'S SPORTS BAR AND RESTAURANT INC 65 WEST HOLLENBACK AVE WILKESBARRE, PA 18702	23-2586346		35,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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PIERCE PLAZA DELI LLC 517 PIERCE STREET KINGSTON, PA 18704	41-2154042		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
PIZZA ASSOCIATES INC 3445 LAKESIDE DRIVE HARVEYS LAKE, PA 18618	23-2717393		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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PIZZA PERFECT INC 16 CARVERTON ROAD TRUCKSVILLE, PA 18708	23-2027366		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
RED LEAF SALAD COMPANY LLC 2439 SR 309 HWY DALLAS, PA 18612	46-3209996		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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RED MILL INC 340 SOUTH MAIN STREET PITTSTON, PA 19640	23-2844990		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
RED ROOSTER REST INC 2407 STATE ROUTE 118 HUNLOCK CREEK, PA 18621	46-2260070		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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RICKETTS GLEN HOTEL INC 221 STATE ROUTE 118 BENTON, PA 17814	13-4336727		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
RISKY BUSINESS INC 87 WOOD STREET WILKESBARRE, PA 18702	23-2816976		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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RIVER GRILLE LLC 670 S RIVER STREET PLAINS, PA 18705	26-1822617		30,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
ROB-LAR CREEK INN INC 5501 BEAR CREEK BLVD BEAR CREEK VILLAGE, PA 18602	23-1997563		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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ROKOM INC 1073 HIGHWAY 315 PLAINS TOWNSHIP, PA 18702	23-2405403		45,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
S&B RESTAURANT INC 1073 HIGHWAY 315 PLAINS TOWNSHIP, PA 18702	24-0866244		50,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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SAN SOUCI ASSOCIATES INC 1190 SANS SOUCI PARKWAY WILKES BARRE, PA 18706	23-2837494		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
SHIV SAI LLC 760 KIDDER STREET WILKES BARRE, PA 18702	20-2033484		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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STELIAN LLC 319 MAIN STREET DUPONT, PA 18641	46-5494640		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
TERRY I FERRIS 218 BARNEY STREET WILKESBARRE, PA 18702	23-3024591		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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THE GRILLE INC 588 UNION STREET LUZERNE, PA 18709	46-0476303		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
THE STEGMAIER MANSION LLC 156 SOUTH FRANKLIN STREET WILKESBARRE, PA 18701	46-4578041		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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THE TIPSY TURTLE AIRPORT PUB INC 28 CONCORD DRIVE DUPONT, PA 18641	46-5062878		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
THE TIPSY TURTLE OWEN STREET PUB INC 245 OWEN STREET SWOYERSVILLE, PA 18704	35-2310873		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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THE TIPSY TURTLE PUB & EATERY INC 29 MARKET STREET JENKINS TWP, PA 18640	36-4560812		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
TOMATO BAR INC 7 TOMATO FESTIVAL DR PITTSTON, PA 18640	46-1442387		15,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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TOP CUISINE INC 804 SCOTT STREET WILKES BARRE, PA 18705	04-3830635		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
TREK ENTERPRISES INC 5 FOURTH STREET PITTSTON, PA 18640	23-3017438		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
TT CORP DBA THE TOWN TAVERN OF DURYEA 815 FOOTE AVENUE DURYEA, PA 18642	61-1568303		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
UNCLE BUCK GARDNERS BBQ PIT LLC 359 MAIN ST PLYMOUTH, PA 18651	27-2978674		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
VICGO LLC 1117 SOUTH MAIN STREET PITTSTON, PA 18640	23-3089993		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
VICTOR J SPACIANO INC 205 GREYSTONE DRIVE SHAVERTOWN, PA 18708	25-1624814		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
WILKES-BARRE MOTEL ASSOCIATES 1075 WILKES-BARRE TWP BLVD WILKESBARRE, PA 18702	23-2592292		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
WPAZ LTD DBA MICROTEL INN & SUITES 1185 RT 315 WILKES BARRE, PA 18702	80-0671706		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
YOUNG'S COUNTRY INN INC 230 SHICKSHINNY LAKE ROAD SHICKSHINNY, PA 18655	23-2477702		10,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES
ZJ BORWICK ENTERPRISE - OLLIES RESTAURANT 84 S WYOMING AVE EDWARDSVILLE, PA 18704	82-0729283		25,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

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
ZYCH'S INC DBA BEER BOYS SPORTS BAR 176-178 NORTH WASHINGTON STREET WILKES BARRE, PA 18702	23-3022692		20,000	0			AWARD FROM LUZERNE COUNTY CHIRP PROGRAM TO ASSIST IN COVERING EXPENSES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GREATER WILKES-BARRE INDUSTRIAL FUND INC

Employer identification number
24-6024395

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE GREATER WILKES-BARRE DEVELOPMENT CORPORATION'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.
PART I, LINE 7	THE PRESIDENT /CEO RECEIVES A BONUS. THE AMOUNT OF THE BONUS IS DETERMINED BY KEY PERFORMANCE INDICATORS SET AND APPROVED BY THE BOARD. THE BOARD OF DIRECTORS APPROVES THE BONUS BASED UPON HITTING THE TARGETS.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

GREATER WILKES-BARRE INDUSTRIAL
FUND INC

Employer identification number

24-6024395

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FORM 990 IS REVIEWED BY MEMBERS OF THE GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY (CBI) BOARD. CBI IS THE PARENT ENTITY OF THE GREATER WILKES-BARRE INDUSTRIAL FUND, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EACH "INTERESTED PERSON" SHALL ANNUALLY SIGN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH AFFIRMS THAT SUCH PERSON: A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY OR THE BY-LAWS, B. HAS READ AND UNDERSTANDS THE POLICY, C. HAS AGREED TO COMPLY WITH THE POLICY, AND D. UNDERSTANDS THAT GREATER WILKES-BARRE CHAMBER OF BUSINESS AND INDUSTRY AND AFFILIATES ARE TAX-EXEMPT ORGANIZATIONS AND THAT IN ORDER TO MAINTAIN 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 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 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 BUSINESSES 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. A STAFF MEMBER REVIEWS ALL OF THE CONFLICT OF INTEREST STATEMENTS AND NOTIFIES THE CHAIRMAN OF THE BOARD OF ANY CONFLICTS OF INTEREST THAT MAY EXIST. A STAFF THEN MONITORS THE POTENTIAL FOR CONFLICTS OF INTEREST ON MATTERS THROUGHOUT THE YEAR.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE GREATER WILKES-BARRE 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	INVESTMENT INCOME NOT RECORDED ON BOOKS -13,801.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A:	THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX ARE THE GREATER WILKES-BARRE 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)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

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 7 SOUTH MAIN STREET 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 7 SOUTH MAIN STREET 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 7 SOUTH MAIN STREET 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 7 SOUTH MAIN STREET 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 7 SOUTH MAIN STREET 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 7 SOUTH MAIN STREET WILKESBARRE, PA 18710 06-0605397	SUPPORT, SPONSOR, ADMINISTER AND OVERSEE COMMUNITY PROGRAMS AND ACTIVITIES.	PA	501(C)(3)	LINE 10	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	

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation