

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
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

D Employer identification number
 24-6024395

E Telephone number
 (570) 823-2101

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

G Gross receipts \$ 2,473,653

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

| | | | |
|---|--|--|--------------|
| Activities & Governance | 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 11 |
| | 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 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 3,655,898 | 2,425,806 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 21,476 | 162 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 65,283 | 875 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,409,722 | 2,473,653 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 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) | | 103,027 | 98,232 |
| 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) | | 102,461 | 28,103 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 6,188,191 | 2,552,143 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,221,531 | -78,490 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 1,685,287 | 985,942 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,249,898 | 1,629,626 |
| | | -564,611 | -643,684 |

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
 2023-11-12
 Date

LINDSAY GRIFFIN PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2023-11-12 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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 2,532,166 including grants of \$ 2,425,808) (Revenue \$ 46,810)
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 ▶ 2,532,166

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and financial reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 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 ID, Question Text, Answer Field, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter 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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MATTHEW BICKERT CFO 7 SOUTH MAIN STREET 3RD FLOOR 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 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, box 6 of 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 K KEUP BOARD CHAIR | 0.40 2.70 | X | | X | | | | 0 | 0 | 0 |
| (2) TERI OOMS BOARD VICE CHAIR | 0.40 2.70 | X | | X | | | | 0 | 0 | 0 |
| (3) RONALD BEER SECRETARY | 0.40 2.40 | X | | X | | | | 0 | 0 | 0 |
| (4) BARBARA TOCZKO-MACULLOCL TREASURER | 0.40 2.40 | X | | X | | | | 0 | 0 | 0 |
| (5) CHRISTINE JENSEN BOARD MEMBER | 0.40 0.40 | X | | | | | | 0 | 0 | 0 |
| (6) DOROTHY LANE BOARD MEMBER | 0.40 0.40 | X | | | | | | 0 | 0 | 0 |
| (7) MICHAEL LOMBARDO BOARD MEMBER | 0.40 2.40 | X | | | | | | 0 | 0 | 0 |
| (8) TODD MOULES BOARD MEMBER | 0.40 2.40 | X | | | | | | 0 | 0 | 0 |
| (9) BRIAN RINKER BOARD MEMBER | 0.40 2.70 | X | | | | | | 0 | 0 | 0 |
| (10) SCOTT LYNETT EX-OFFICIO (NON-VOTING) | 0.40 3.10 | X | | | | | | 0 | 0 | 0 |
| (11) CARL WITKOWSKI EX-OFFICIO (NON-VOTING) | 0.40 3.10 | X | | | | | | 0 | 0 | 0 |
| (12) LINDSAY GRIFFIN PRESIDENT/CEO | 7.50 30.00 | | | X | | | | 0 | 130,233 | 13,002 |
| (13) MATTHEW BICKERT CHIEF FINANCIAL OFFICER | 7.50 30.00 | | | X | | | | 0 | 71,621 | 2,517 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> | | | | | | | | | | | |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|--|
| (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 | | | | |
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| | | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 0 | 201,854 | 15,519 | | |

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> | | No |
| 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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,425,808 | 2,425,808 | | |
| 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 | | | | |
| 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 | 78,549 | 78,549 | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 13,776 | 13,776 | | |
| 10 Payroll taxes | 5,907 | 5,907 | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 4,828 | | 4,828 | |
| c Accounting | 6,620 | | 6,620 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 3,148 | 900 | 2,248 | |
| 14 Information technology | 223 | | 223 | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,350 | 2,175 | 2,175 | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 815 | 815 | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 6,502 | 3,251 | 3,251 | |
| 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 PAYROLL PROCESSING | 807 | 807 | | |
| b INVESTMENT EXPENSES | 454 | | 454 | |
| c MISCELLANEOUS | 341 | 171 | 170 | |
| d LICENSE & TAXES | 15 | 7 | 8 | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,552,143 | 2,532,166 | 19,977 | 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 | 156,565 | 1 | 26,891 |
| | 2 Savings and temporary cash investments | 1,326,198 | 2 | 906,791 |
| | 3 Pledges and grants receivable, net | 123,655 | 3 | |
| | 4 Accounts receivable, net | | 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 | 28,869 | 9 | 2,260 |
| | 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) | 1,685,287 | 16 | 985,942 | |
| Liabilities | 17 Accounts payable and accrued expenses | 138,485 | 17 | 87 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,322,500 | 19 | 893,687 |
| | 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 | | 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 | 788,913 | 25 | 735,852 |
| | 26 Total liabilities. Add lines 17 through 25 | 2,249,898 | 26 | 1,629,626 |
| 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 | -564,611 | 27 | -643,684 |
| | 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 | -564,611 | 32 | -643,684 | |
| 33 Total liabilities and net assets/fund balances | 1,685,287 | 33 | 985,942 | |

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 | 2,473,653 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,552,143 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -78,490 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -564,611 |
| 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 | -583 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | -643,684 |

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 (2022)

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
2022
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 July 25, 2006, 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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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, 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) MAAG II INVESTMENT | 50,000 | C |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (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 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.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes DUE TO RELATED PARTY | 735,852 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 735,852 |

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 | 2,472,616 |
| 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 | 2,472,616 |
| 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 | 1,037 | |
| c | Add lines 4a and 4b | | 4c | 1,037 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 2,473,653 |

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 | 2,551,689 |
| 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 | 2,551,689 |
| 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 | 454 | |
| c | Add lines 4a and 4b | | 4c | 454 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 2,552,143 |

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 |
|------------------|-------------|
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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 2022 AND 2021. |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | INTEREST INCOME FROM INVESTMENT NOT RECORDED ON BOOKS 9. CAPITAL GAINS FROM INVESTMENT NOT RECORDED ON BOOKS 153. OTHER INCOME FROM INVESTMENT NOT RECORDED ON BOOKS 875. |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | INVESTMENT EXPENSES NOT RECORDED ON BOOKS 454. |

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

2022

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 36

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MCR PRODUCTIONS LLC 231 DELAWARE AVE WEST PITTSTON, PA 18643 | 27-3331664 | | 35,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| VIZVIBE LLC 67-69 PUBLIC SQUARE STE 711 WILKESBARRE, PA 18702 | 82-4820324 | | 15,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEW FOOD SOLUTIONS LLC 16 S RIVER ST STE 301 WILKESBARRE, PA 18702 | 87-2718365 | | 15,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| CHOON SIK CHUNG 213 E MARKET ST WILKESBARRE, PA 18702 | 45-4489581 | | 15,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FBM NFTRUCKER LLC 33 SUNNY LANE MOUNTAIN TOP, PA 18707 | 87-3319209 | | 15,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| ENGAGE HEALTH SOLUTIONS 60 PUBLIC SQUARE STE 602 WILKESBARRE, PA 18701 | 81-1149443 | | 15,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VALENTINXSTUDIOS 33 LACKAWANNA AVE SWOYERSVILLE, PA 18704 | 87-1368056 | | 15,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| RAILROAD PARK RECORDING CO INC 16 SOUTH RIVER ST STE 66 WILKESBARRE, PA 18701 | 83-3764389 | | 15,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE NORTHEAST WINE COMPANY 16 SOUTH RIVER ST STE 202 WILKESBARRE, PA 18702 | 38-4097148 | | 15,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| NANO DELI & GROCERY 2 INC 466 N MAIN ST WILKESBARRE, PA 18705 | 88-1841990 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BONAO ALLSTAR TIRE SHOP 375 HAZLE ST WILKESBARRE, PA 18701 | 87-3948423 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| MKS ACADEMY 421 NORTH PENNSYLVANIA AVE WILKESBARRE, PA 18702 | 82-1288715 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MANDY'S KITCHEN 78 S MAIN ST WILKESBARRE, PA 18702 | 87-4045970 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| STAGGERS SOUTHERN CUISINE CORPORATION 151 MAIN ST MOCANAQUA, PA 18655 | 88-3114021 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MULTY-LATIN TAX SERVICES INC 636 NORTH MAIN ST WILKESBARRE, PA 18705 | 88-3111828 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| KOPI AMORE LLC 23 WEST MARKET ST WILKESBARRE, PA 18701 | 92-0325534 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JIREH TROPICAL SMOOTHIES & GRILL CORP 639 S MAIN ST WILKESBARRE, PA 18701 | 87-1117059 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| TONYA KLINGER 59 NORTH MAIN ST WILKESBARRE, PA 18702 | 17-1729404 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DO RESTAURANT & BAR 369 S MAIN ST WILKESBARRE, PA 18701 | 86-2404360 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| SMITH RODRIGUEZ 152 WOOD ST WILKESBARRE, PA 18702 | 73-0265932 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LA ISLA FRESH MARKET INC 500 SCOTT ST REAR WILKESBARRE, PA 18702 | 88-1851565 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| NEXT STEP HOME CARE LLC 225 S MAIN ST APT 2 WILKESBARRE, PA 18701 | 85-3602932 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRESTIGIOUS CUTS 202 SPRING ST WILKESBARRE, PA 18702 | 88-3845781 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| BOOJIGLAM LLC 418 FRONT ST NANTICOKE, PA 18634 | 85-1069245 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KATHLEEN M BURNS SZAFRAN 207 NEW ELIZABETH ST WILKESBARRE, PA 18702 | 17-0722159 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| POWER AND SUCCESS INC 60 S MAIN ST WILKESBARRE, PA 18701 | 82-0943726 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BARBERLIFE BARBERSHOP COMPANY 34 SOUTH MAIN ST WILKESBARRE, PA 18701 | 83-0587894 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| QUISQUEYANA MULTISERVICE LLC 57 N MAIN ST WILKESBARRE, PA 18701 | 87-1956464 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DO IT NOW CENTER COMPANY 2 OAK DR MOUNTAIN TOP, PA 18707 | 87-3210992 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| SMALL BATCH BAKING COMPANY 190 RELIANCE DR WILKESBARRE, PA 18702 | 87-4184321 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WORLD NAILS LLC 33 S WILKES BARRE BLVD STE 4 WILKESBARRE, PA 18702 | 88-2135137 | | 10,000 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| LOIS ANNE PHOTOGRAPHY 67-69 PUBLIC SQUARE STE 911 WILKESBARRE, PA 18702 | 87-3633826 | | 9,240 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RUBY REGAL 15 PUBLIC SQUARE WILKESBARRE, PA 18701 | 87-0844640 | | 7,200 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| NUTRIJENN SERVICE INC 235 SCOTT ST WILKESBARRE, PA 18702 | 87-4680141 | | 6,650 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARK MULTIMEDIA 67-69 PUBLIC SQUARE STE 1010 WILKESBARRE, PA 18702 | 85-1230396 | | 6,030 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |
| JONATHAN EDWARDS 57 E WALNUT ST PLYMOUTH, PA 18652 | 46-5994427 | | 5,200 | 0 | | | AWARD FROM SPARK PROGRAM TO COVER RENT |

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

2022**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 -583. |

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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER WILKES-BARRE INDUSTRIAL
FUND INC

Employer identification number

24-6024395

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|--|----------------------------|---|---|--|----|
| | | | | | | Yes | No |
| (1) GREATER WILKES-BARRE CHAMBER OF COMMERCE 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 | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | 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 |
|-------------------------------------|-------------------------------|------------------------|--|
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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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (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 | | Yes | No | |
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Part VII **Supplemental Information**

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

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