

May 5, 2020

Ms. Kristin Kramer
Sr. Director of Fiscal
Partner4Work.
650 Smithfield Street
Pittsburgh, PA 15222

Dear Ms. Kramer:

We have prepared, based on information provided by you without verification by us, the following exempt organization returns on behalf of Partner4Work for the year ended June 30, 2019:

Form 990 - Return of Organization Exempt From Income Tax
BCO-10 - Pennsylvania Charitable Organization Registration Statement

The Form 990 has been prepared for electronic filing. After reviewing the return, please sign, date, and upload Form 8879-EO to your client portal or e-mail (attachment to sdefile@schneiderdowns.com) as soon as possible but no later than May 15, 2019. We do not need an original signature, so a follow up mailing of the original form is not necessary. Once the signed authorization is received, we will submit your electronic return to the appropriate taxing authority. Do not mail the paper copy of the tax return.

If the BCO-10 meets with your approval, the original should be signed, dated and filed in accordance with the attached filing instructions. Please remove the instructions prior to mailing. We have uploaded a copy of the enclosed returns to your client portal.

To document the timely filing of the BCO-10, we suggest it be sent by registered or certified mail, return receipt requested.

Please be advised that your organization's information return is subject to public inspection requirements. These requirements provide that a copy of Form 990, Return of Organization Exempt From Income Tax, as well as a copy of your exemption application, Form 1023, and determination letter must be made available for public inspection during regular business hours at your principal office. Schedule B, Schedule of Contributors, is exempt from the inspection requirements. To assist you with disclosure requirements, we have enclosed a "public disclosure" copy of the Form 990. The public disclosure copy should be provided upon request by third party requestors.

May 5, 2020
Ms. Kristin Kramer
Page 2

We sincerely appreciate this opportunity to serve you. Please contact Eugene J. Logan or Elena Faurie of our office if you have any questions or if we may be of further assistance.

Very truly yours,

Schneider Downs & Co., Inc.

Certified Public Accountants

ADH/gms
Ref.: 25168-24000
Enclosures

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

TRWIB, INC.
650 SMITHFIELD STREET NO. 2600
PITTSBURGH, PA 15222

PREPARED BY:

SCHNEIDER DOWNS & CO., INC.
ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

TRWIB, INC.

25-1898851

Name and title of officer

EARL BUFORD

CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>20,642,369.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SCHNEIDER DOWNS & CO., INC. to enter my PIN 25168
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25330518500

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

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.

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRWIB, INC. Doing business as PARTNER4WORK Number and street (or P.O. box if mail is not delivered to street address) Room/suite 650 SMITHFIELD STREET 2600 City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15222 F Name and address of principal officer: EARL BUFORD SAME AS C ABOVE	D Employer identification number 25-1898851 E Telephone number 412-552-7090 G Gross receipts \$ 20,642,369. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PARTNER4WORK.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001
		M State of legal domicile: PA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																									
Activities & Governance	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 32																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 32																								
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 109																								
	6 Total number of volunteers (estimate if necessary)	6 0																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																								
	7b Net unrelated business taxable income from Form 990-T, line 38	7b 0.																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">24,158,878.</td> <td style="text-align: right;">20,636,443.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">3,646.</td> <td style="text-align: right;">5,926.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">24,162,524.</td> <td style="text-align: right;">20,642,369.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	24,158,878.	20,636,443.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,646.	5,926.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,162,524.	20,642,369.						
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Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">2,235,934.</td> <td style="text-align: right;">2,898,051.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">17,733,212.</td> <td style="text-align: right;">17,180,013.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">19,969,146.</td> <td style="text-align: right;">20,078,064.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">4,193,378.</td> <td style="text-align: right;">564,305.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,235,934.	2,898,051.	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)	17,733,212.	17,180,013.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,969,146.	20,078,064.	19 Revenue less expenses. Subtract line 18 from line 12	4,193,378.	564,305.
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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 EARL BUFORD, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name EUGENE J. LOGAN	Preparer's signature EUGENE J. LOGAN
	Date	Check if self-employed <input type="checkbox"/> PTIN P00227231
	Firm's name ▶ SCHNEIDER DOWNS & CO., INC. Firm's address ▶ ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222	Firm's EIN ▶ 25-1408703 Phone no. 412-261-3644

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 [X]

1 Briefly describe the organization's mission: PARTNER4WORK MEETS THE NEEDS OF BUSINESSES AND JOB SEEKERS BY ANNUALLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT; TRAINING AND PLACING MORE THAN 20,000 JOB SEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES. WE LEAD THE DEVELOPMENT, INTEGRATION AND IMPLEMENTATION

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 [X] No

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

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 \$ 14,286,342. including grants of \$) (Revenue \$) LEADING THE PUBLIC WORKFORCE SYSTEM:

ESTABLISHED BY THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, AND NATIONALLY RECOGNIZED FOR INNOVATION, PARTNER4WORK DELIVERS A MENU OF WORKFORCE SOLUTIONS FOR PITTSBURGH AND ALLEGHENY COUNTY TO ENSURE THE CURRENT AND FUTURE NEEDS OF BUSINESSES AND JOB SEEKERS ARE MET. THE CORNERSTONE OF THE LEGISLATION AND AT THE CORE OF OUR WORK IS THE ESTABLISHMENT OF A ONE-STOP SERVICE SYSTEM, LOCALLY BRANDED AS PA CAREERLINK PITTSBURGH/ALLEGHENY COUNTY. THIS ONE-STOP FOCUSES ON GETTING PEOPLE A FIRST JOB, A NEW JOB, OR THE NEXT STEP ON A CAREER PATHWAY SIMULTANEOUSLY HELPING BUSINESSES GROW. WITH MORE THAN 20,000 JOB

4b (Code:) (Expenses \$ 4,182,498. including grants of \$) (Revenue \$) LEARN & EARN AND PARTNERUP:

THE LEARN & EARN SUMMER YOUTH EMPLOYMENT PROGRAM IS COMMUNITY-WIDE EFFORT TO EMPOWER YOUTH AND YOUNG ADULTS IN ALLEGHENY COUNTY AND THE CITY OF PITTSBURGH TO GAIN THE SKILLS AND EXPERIENCE NECESSARY TO BECOME SUCCESSFUL MEMBERS OF OUR REGION'S WORKFORCE. LEARN & EARN LEVERAGES KNOWLEDGE AND RESOURCES FROM STAKEHOLDERS ACROSS ALLEGHENY COUNTY AND THE CITY OF PITTSBURGH FOR THE BENEFIT OF NEARLY 2,000 YOUNG PEOPLE AND THE REGION EACH YEAR. THIS PROGRAM IS ADMINISTERED BY PARTNER4WORK, IN PARTNERSHIP WITH ALLEGHENY COUNTY AND THE CITY OF PITTSBURGH, AND IS MADE POSSIBLE BY THE FINANCIAL SUPPORT OF SEVERAL PUBLIC AND PRIVATE SOURCES. LEARN & EARN PROVIDES MEANINGFUL WORK

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 18,468,840.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		109
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (32); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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? (X); 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? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 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 [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KRISTIN KRAMER - 412-552-7088
650 SMITHFIELD STREET, NO. 2600, PITTSBURGH, PA 15222

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILL ALLEN DIRECTOR	0.90 0.10	X						0.	0.	0.
(2) RICH BARCASKEY DIRECTOR	0.90 0.10	X						0.	0.	0.
(3) JOSEPH G. BELECHAK DIRECTOR	0.90 0.10	X						0.	0.	0.
(4) NATALIE BELL DIRECTOR	0.90 0.10	X						0.	0.	0.
(5) DONALD G. BLOCK DIRECTOR (EXITED 11/2018)	0.90 0.10	X						0.	0.	0.
(6) DR. QUINTIN BULLOCK DIRECTOR	0.90 0.10	X						0.	0.	0.
(7) CHRIS CAMINO DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(8) MARC CHERNA DIRECTOR	0.90 0.10	X						0.	0.	0.
(9) MARY FRANCES COOPER DIRECTOR	0.90 0.10	X						0.	0.	0.
(10) DAVID A. COPLAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(11) ANN DUGAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(12) MELISSA FERRARO DIRECTOR	0.90 0.10	X						0.	0.	0.
(13) IKE GITTLE DIRECTOR	0.90 0.10	X						0.	0.	0.
(14) CAREY HARRIS DIRECTOR (ENTERED 12/18)	0.90 0.10	X						0.	0.	0.
(15) MARCI KATONA DIRECTOR	0.90 0.10	X						0.	0.	0.
(16) MAJESTIC LANE DIRECTOR	0.90 0.10	X						0.	0.	0.
(17) STEVE MASSARO DIRECTOR	0.90 0.10	X						0.	0.	0.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAITLIN MCLAUGHLIN DIRECTOR	0.90 0.10	X						0.	0.	0.
(19) TOM MELCHER DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(20) BRANDON MENDOZA DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(21) JEFF NOBERS DIRECTOR	0.90 0.10	X						0.	0.	0.
(22) SCOTT PIPITONE DIRECTOR	0.90 0.10	X						0.	0.	0.
(23) JOSHUA POLLARD DIRECTOR	0.90 0.10	X						0.	0.	0.
(24) BETH POWERS DIRECTOR	0.90 0.10	X						0.	0.	0.
(25) MARK RENDULIC DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(26) FRANK STASZKO DIRECTOR (ENTERED 1/2018)	0.90 0.10	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								360,563.	0.	63,244.
d Total (add lines 1b and 1c)								360,563.	0.	63,244.

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 **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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
UNITED LABOR AGENCY 11699 BROOKPARK ROAD, CLEVELAND, OH 44130 PHASE 4 AMERICA, INC.	DISLOCATED WORKER SERVICES	4,057,086.
5850 CENTRE AVENUE, PITTSBURGH, PA 15206	YOUTH SERVICES	1,943,268.
GOODWILL OF SOUTHWESTERN PA 118 52ND STREET, PITTSBURGH, PA 15201	YOUTH SERVICES	1,261,177.
THE SRS GROUP, LLC 1630 PRIMROSE LANE, DAUPHINE, PA 17018	ADULT SERVICES	1,025,418.
EDUCATIONAL DATA SYSTEMS, INC., 15300 COMMERCE DRIVE NORTH, DEARBORN, MI 48120	ADULT SERVICES	922,691.

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 **30**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN THOMAS DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(28) DR. NANCY WASHINGTON DIRECTOR	0.90 0.10	X						0.	0.	0.
(29) SAM WILLIAMSON DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(30) MARK LATTERNER CHAIR (EXITED 5/19)	4.90 0.10	X		X				0.	0.	0.
(31) DAVID SCHLOSSER VICE CHAIR (EXITED 12/18)	4.90 0.10	X		X				0.	0.	0.
(32) DAVE MALONE CHAIR (ENTERED 6/2019)	0.90 0.10	X		X				0.	0.	0.
(33) LAURA ELLSWORTH VICE CHAIR (ENTERED 6/2019)	0.90 0.10	X		X				0.	0.	0.
(34) DARRIN KELLY DIRECTOR (THRU 6/19), SECRETARY (AS OF 6/19)	0.90 0.10	X		X				0.	0.	0.
(35) ED HARTMAN TREASURER (EXITED 5/19)	4.90 0.10	X		X				0.	0.	0.
(36) LISA KUZMA, DIRECTOR (THRU 6/19), TREASURER (AS OF 6/19)	0.90 0.10	X		X				0.	0.	0.
(37) JESSICA TRYBUS SECRETARY (EXITED 6/19)	39.90 0.10	X		X				0.	0.	0.
(38) EARL BUFORD CEO	39.90 0.10			X				102,083.	0.	9,474.
(39) RAYMOND HERRON CFO	39.90 0.10			X				125,160.	0.	25,944.
(40) MCCRAE MARTINO COO	39.90 0.10				X			133,320.	0.	27,826.
Total to Part VII, Section A, line 1c								360,563.		63,244.

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	19,565,524.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,070,919.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		20,636,443.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,926.			5,926.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			20,642,369.	0.	0.	5,926.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	361,973.	249,722.	112,251.	
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	1,957,821.	1,349,448.	608,373.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,169.	36,218.	19,951.	
9 Other employee benefits	316,817.	230,738.	86,079.	
10 Payroll taxes	205,271.	152,044.	53,227.	
11 Fees for services (non-employees):				
a Management				
b Legal	12,182.	7,358.	4,824.	
c Accounting	47,650.		47,650.	
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 Sch O.)	420,134.	306,681.	113,453.	
12 Advertising and promotion				
13 Office expenses	64,564.	963.	63,601.	
14 Information technology	142,185.	53,731.	88,454.	
15 Royalties				
16 Occupancy	182,999.	126,724.	56,275.	
17 Travel	132,673.	50,829.	81,844.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	41,855.	10,346.	31,509.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,422.		50,422.	
23 Insurance	15,907.		15,907.	
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 PROJECT COSTS	15,868,301.	15,868,301.		
b EQUIPMENT EXPENSE	70,561.	8,094.	62,467.	
c COMMUNICATION	58,219.	14,458.	43,761.	
d MATERIALS AND SUPPLIES	40,116.	1,685.	38,431.	
e All other expenses	32,245.	1,500.	30,745.	
25 Total functional expenses. Add lines 1 through 24e	20,078,064.	18,468,840.	1,609,224.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,941,402.	1	1,364,088.
	2 Savings and temporary cash investments	289,327.	2	1,789,547.
	3 Pledges and grants receivable, net		3	2,200,000.
	4 Accounts receivable, net	8,614,670.	4	5,789,680.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,580.	9	67,171.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 190,885.		
	b Less: accumulated depreciation	10b 132,920.	89,765.	10c 57,965.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		10,973,744.	16	11,268,451.
Liabilities	17 Accounts payable and accrued expenses	4,335,369.	17	4,065,771.
	18 Grants payable		18	
	19 Deferred revenue	27,368.	19	27,368.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		4,362,737.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	764,098.	27	726,259.
	28 Temporarily restricted net assets	5,846,909.	28	6,449,053.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,611,007.	33	7,175,312.	
34 Total liabilities and net assets/fund balances	10,973,744.	34	11,268,451.	

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	20,642,369.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,078,064.
3	Revenue less expenses. Subtract line 2 from line 1	3	564,305.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,611,007.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,175,312.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8726620.	13671041.	16332779.	24158878.	20636443.	83525761.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8726620.	13671041.	16332779.	24158878.	20636443.	83525761.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						83525761.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	8726620.	13671041.	16332779.	24158878.	20636443.	83525761.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,465.	3,449.	3,084.	3,646.	5,926.	18,570.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,168.					2,168.
11 Total support. Add lines 7 through 10						83546499.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.98 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization TRWIB, INC.	Employer identification number 25-1898851
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>U.S DEPARTMENT OF LABOR</u> <u>7 PARKWAY CTR #290</u> <u>PITTSBURGH, PA 15220</u>	\$ <u>10,807,626.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES</u> <u>200 INDEPENDENCE AVENUE, SW</u> <u>WASHINGTON, DC 20201</u>	\$ <u>5,687,386.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>THE PITTSBURGH FOUNDATION</u> <u>FIVE PPG PLACE, SUITE 250</u> <u>PITTSBURGH, PA 15222-5414</u>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TRWIB, INC.	Employer identification number 25-1898851
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization TRWIB, INC.	Employer identification number 25-1898851
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization **TRWIB, INC.** Employer identification number **25-1898851**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax 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?

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)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		190,885.	132,920.	57,965.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				57,965.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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	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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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	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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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.

PART X, LINE 2:

TRWIB, INC. AND RWC-SWPA ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC. THE ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

THE ORGANIZATION FOLLOWS THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (CODIFICATION), CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S COMBINED FINANCIAL STATEMENTS. THIS TOPIC REQUIRES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURES OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A

Part XIII Supplemental Information (continued)

TAX RETURN. THE ORGANIZATION HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS, AND NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED; FURTHER, THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2016.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RAYMOND HERRON CFO	(i)	125,160.	0.	0.	6,258.	19,686.	151,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MCCRAE MARTINO COO	(i)	133,320.	0.	0.	6,666.	21,160.	161,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

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

2018

Open to Public
Inspection

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AT PARTNER4WORK, WE ENSURE THE NEEDS OF BUSINESSES AND JOB SEEKERS ARE
MET BY ANNUALLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT;
PLACING AND TRAINING MORE THAN 20,000 JOBSEEKERS; AND EXPOSING 1,000
YOUTH TO CAREER OPPORTUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF A WORLD-CLASS WORKFORCE DEVELOPMENT SYSTEM FOR PITTSBURGH AND
ALLEGHENY COUNTY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SEEKERS USING SERVICES ANNUALLY, CAREERLINK STAFF MEMBERS SUPPORT ADULT
JOB SEEKERS THROUGH THE JOB SEARCH PROCESS, INCLUDING COACHING AND
COUNSELING, JOB MATCHING AND PROVIDING ACCESS TO A DATABASE OF OVER
200,000 POSTED JOBS. CAREERLINK STAFF ALSO CAN CONNECT QUALIFIED JOB
SEEKERS TO FREE TRAINING AT COMMUNITY COLLEGES OR OTHER HIGH-QUALITY
INSTITUTIONS.

IN ADDITION, REGIONAL BUSINESSES CAN ACCESS A MENU OF FREE SERVICES.

SERVICES TO BUSINESSES INCLUDE FUNDING TO TRAIN NEW AND EXISTING
WORKERS; ACCESS TO A POOL OF PRE-SCREENED, MOTIVATED AND DIVERSE
TALENT; SPACE FOR CAREER FAIRS AND INTERVIEWS; LAYOFF AVERSION;
CUSTOMIZED LABOR MARKET DATA; AND OTHER RESOURCES. THROUGH THIS WORK,

WE CONNECT 13,000 PEOPLE TO EMPLOYMENT AND SERVE OVER 1,100 COMPANIES
ANNUALLY.

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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YOUTH WORKFORCE RELATED POLICY IS A PIVOTAL COMPONENT OF WIOA AND INVESTING IN THE FUTURE TALENT PIPELINE IS A KEY AREA OF FOCUS FOR US. IT'S CRITICAL THAT OUR YOUTH ARE EXPOSED TO THE RANGE OF AVAILABLE CAREERS TO FIND THEIR PASSION. THROUGH ITS YOUTH ADVISORY COMMITTEE, TRWIB PREPARES YOUTH WITH THE SKILLS TO DEVELOP A WORLD-CLASS WORKFORCE PIPELINE FOR THE REGION. WE FUND AS MANY AS 20 COMMUNITY PROGRAMS ANNUALLY THROUGH \$3 TO \$4 MILLION IN FEDERAL FUNDING THAT HELPS LAUNCH OUR YOUTH TO CAREERS. THROUGH A MIX OF MENTORING AND TRAINING SERVICES, THESE PROGRAMS HELP YOUTH EARN GEDS, PAY THEM FOR WORK, PROVIDE THEM OCCUPATIONAL SKILL TRAINING, IN ADDITIONAL TO OTHER LIFE SKILLS SUCH AS LEADERSHIP AND COMMUNICATIONS SKILLS.

EFFECTIVE JULY 1, 2017, PARTNER4WORK ASSUMED FISCAL AND ADMINISTRATIVE OVERSITE OF THE ALLEGHENY COUNTY EARN PROGRAM. EARN IS FUNDING BY TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) THROUGH THE PA DEPARTMENT OF HUMAN SERVICES. THIS PROGRAM IS DESIGNED TO ASSIST ADULTS IN TRANSITION FROM WELFARE TO THE WORKFORCE. EARN PROGRAM PROVIDES CASE MANAGEMENT, JOB PREPARATION, CAREER DEVELOPMENT AND JOB RETENTION SERVICES TO ELIGIBLE TANF RECIPIENTS. EARN AIMS TO DECREASE DEPENDENCY ON PUBLIC ASSISTANCE AND ESTABLISH SELF-SUFFICIENCY.

PARTNER4WORK ALSO ASSUMED FISCAL AND ADMINISTRATIVE AGENT OF ALLEGHENY COUNTY'S WORK READY PROGRAM, EFFECTIVE OCTOBER 1, 2017. WORK READY ALSO IS FUNDED BY TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) THROUGH THE PA DEPARTMENT OF HUMAN SERVICES (PA DHS). WORK READY AIMS TO SERVE PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT WHO WOULD OTHERWISE BE ENROLLED IN EARN BY PROVIDING ASSESSMENT, EVALUATION, SUPPORTIVE SERVICES, WORK-RELATED ACTIVITIES AND TRAINING SERVICES TO

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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HELP CLIENTS STABILIZE BARRIERS THAT MAY HINDER THEM FROM ACHIEVING
SELF-SUFFICIENCY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIENCE AND CAREER EXPOSURE TO LOW-INCOME YOUNG PEOPLE, AGES 14- 21,
BY CREATING POSITIVE WORK EXPERIENCES, INCREASING EXPOSURE TO CAREER
OPPORTUNITIES AND CRITICAL SKILLS, AND DEVELOPING SOFT SKILLS THROUGH
MEANINGFUL WORK-READINESS TRAINING. LEARN & EARN ALSO DEVELOPS A
PIPELINE OF EXPERIENCED YOUNG WORKERS FOR LOCAL BUSINESSES, PROVIDING
BUSINESSES THE OPPORTUNITY TO CULTIVATE FUTURE TALENT WITH SUPPORT FROM
YOUTH SERVICE PROVIDERS. THE PROGRAM SERVES TO HELP LOCAL BUSINESSES
UNDERSTAND THEIR FUTURE WORKFORCE AND ITS TRAINING NEEDS AND TO BUILD
LINKAGES BETWEEN BUSINESSES AND COMMUNITY ORGANIZATIONS. PARTNER4WORK
ALSO CONTINUES TO BE A KEY DRIVER AND PARTNER IN THE PARTNERUP PROGRAM
TO OFFER CAREER-READINESS CLASSES AND A PIPELINE TO JOBS FOR HIGH
SCHOOL STUDENTS. THIS FORWARD-THINKING PROGRAM DEVELOPED BY PNC (THE
FIRST OF ITS KIND IN PITTSBURGH) PROVIDES YOUNG JOB SEEKERS WITH
HANDS-ON EDUCATION PROGRAMS AND EMPLOYER TRAINING SEMINARS THAT PREPARE
JOB SEEKERS FOR REAL-WORLD ENTRY-LEVEL POSITIONS. ADDITIONALLY, THIS
PROGRAM INTRODUCES RECENT HIGH-SCHOOL GRADUATES TO PARTNER COMPANIES
THAT HELP MAKE THE PROGRAM POSSIBLE. GRADUATES OF THE PROGRAM HAVE BEEN
HIRED AT PNC, ALLEGHENY HEALTH NETWORK, COMCAST, PEOPLE GAS, GIANT
EAGLE, AND OTHERS. THE PARTNERUP PROGRAM IS EXPECTED TO EXPAND INTO
NEIGHBORING WESTERN PA COUNTIES IN 2020.

BANKWORKS, INTRO TO THE CONSTRUCTION TRADES, AND STRATEGIC INDUSTRY
ENGAGEMENT: IN 2019, UNDER THE LEADERSHIP OF CEO EARL BUFORD, THE BOARD
OF DIRECTORS, AND IN PARTNERSHIP LABOR ORGANIZATIONS, TRAINING

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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PROVIDERS AND TRADE SCHOOLS, COMMUNITY AGENCIES AND ECONOMIC DEVELOPMENT ORGANIZATIONS, PARTNER4WORK CONTINUES TO MAKE SIGNIFICANT STRIDES IN BUILDING AND EXPANDING STRATEGIC PARTNERSHIPS IN NINE KEY INDUSTRIES INCLUDING FINANCIAL SERVICES, CONSTRUCTION, TRANSPORTATION AND LOGISTICS, AND OTHERS. AS EXAMPLES OF INDUSTRY ENGAGEMENT SUCCESSES, PARTNER4WORK, THE PA BANKERS ASSOCIATION, AND 13 OF THE REGION'S LARGEST FINANCIAL INSTITUTIONS BROUGHT BANKWORKS TO THE REGION TO BUILD A DIVERSE TALENT PIPELINE AND PROVIDE CAREER PATHWAY OPPORTUNITIES FOR DISADVANTAGED POPULATIONS. THIS NATIONALLY RECOGNIZED PROGRAM, LAUNCHED IN THE FALL OF 2019, STRATEGICALLY EQUIPS INDIVIDUALS WITH THE SKILLS NECESSARY FOR ENTRY- LEVEL POSITIONS IN RETAIL BANKING. OF THE FIRST GRADUATING CLASS, 80 PERCENT REMAIN EMPLOYED AS OF TODAY. AT LEAST FOUR COHORTS ARE EXPECTED TO BE TRAINED THROUGH BANKWORKS IN 2020. OPERATED BY THE BUILDERS GUILD OF WESTERN PA, THE INTRO TO THE CONSTRUCTION TRADES (I2TT) PROGRAM IS THE REGION'S ONLY INDUSTRY-RECOGNIZED, REGISTERED PRE-APPRENTICESHIP PROGRAM FOR THE CONSTRUCTION TRADES. THE I2TT CURRICULUM ALIGNS WITH NORTH AMERICA'S BUILDING TRADES UNION'S MULTI-CRAFT CORE (MC3) PROGRAM, ENDORSED NATIONWIDE BY THE CONSTRUCTION INDUSTRY. THROUGH AN ARTICULATION AGREEMENT DEVELOPED BY PARTNER4WORK AND THE BUILDERS GUILD, THE I2TT PROGRAM PROVIDES GRADUATES GUARANTEED PLACEMENT INTO ONE OF 16 AFFILIATED TRADE UNIONS AS APPRENTICES OR JOURNEYMAN LABORERS. THE I2TT PROGRAM CREATES A GUARANTEED PATHWAY TO HIGH-DEMAND JOBS WITH FAMILY-SUSTAINING WAGES FOR LOW-INCOME INDIVIDUALS WITH BARRIERS TO EMPLOYMENT AND DELIVERS A DIVERSE PIPELINE OF SKILLED TALENT FOR THE INDUSTRY.

WORKFORCE CLEARINGHOUSE DEVELOPMENT: PARTNER4WORK (P4W) IN CLOSE

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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COLLABORATION WITH THE PITTSBURGH ARENA REAL ESTATE REDEVELOPMENT, THE ALLEGHENY COUNTY AIRPORT AUTHORITY, AND THE PITTSBURGH REGIONAL BUILDING AND CONSTRUCTION TRADES COUNCIL, WILL LEAD AND IMPLEMENT A WORKFORCE DEVELOPMENT STRATEGY THAT SIMULTANEOUSLY ATTENDS TO THE NEEDS OF RESIDENTS AND EMPLOYERS ENGAGED IN ALL PHASES OF THE DEVELOPMENT OF THE FORMER CIVIC ARENA 28-ACRE SITE LOCATED IN THE CITY'S LOWER HILL DISTRICT AND THE TERMINAL BUILDING AT THE PITTSBURGH INTERNATIONAL AIRPORT. AS THE DESIGNATED FIRST SOURCE ENTITY FOR THESE PROJECTS, PARTNER4WORK WILL SERVE AS THE CLEARINGHOUSE FOR TRAINING AND EMPLOYMENT OPPORTUNITIES ASSOCIATED WITH BOTH THE CONSTRUCTION PHASE AND END-USE JOBS. PARTNER4WORK WILL ESTABLISH A PIPELINE OF INTERESTED CANDIDATES INTO THE INTRO TO THE CONSTRUCTION TRADES PROGRAM BY COORDINATING WITH PA CAREERLINK PITTSBURGH/ALLEGHENY COUNTY AND ORGANIZATIONS SUCH AS THE A. PHILIP RANDOLPH INSTITUTE, ENSURING A SUPPLY OF SKILLED WORKERS TO MEET THE NEEDS OF THE INDUSTRY. ADDITIONALLY, PARTNER4WORK AND LITERACY PITTSBURGH, THE ADULT BASIC EDUCATION PROVIDER FOR THE PITTSBURGH REGION, WILL DEVELOP AND IMPLEMENT A CONSTRUCTION MATH TUTORING PROGRAM TO SUPPORT INTERESTED RESIDENTS WHO HAVE SKILLS GAPS IN MEETING THE BASIC ENTRANCE REQUIREMENTS FOR THE I2TT PROGRAM. PARTNER4WORK WILL WORK CLOSELY WITH THE DEVELOPERS AND SEIU 32BJ TO IDENTIFY POST-CONSTRUCTION EMPLOYMENT OPPORTUNITIES (E.G. "END-USE JOBS") ON THE LOWER HILL REDEVELOPMENT AND TERMINAL BUILDING SITES. AS END-USE JOBS ARE IDENTIFIED, PARTNER4WORK WILL DEVELOP AND IMPLEMENT WORKFORCE DEVELOPMENT STRATEGIES CUSTOMIZED TO THE SPECIFIC OCCUPATIONS REQUIRED. FOR END-USE JOBS THAT REPRESENT UNIONIZED LABOR, SUCH AS BUILDING MAINTENANCE AND HOSPITALITY, PARTNER4WORK WILL COORDINATE CLOSELY WITH SEIU 32BJ, UNITE HERE LOCAL 57, AND THE ALLEGHENY COUNTY LABOR COUNCIL TO IDENTIFY ONE OR MORE

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

PRE-EMPLOYMENT TRAINING PROGRAMS OF CHOICE THAT WILL EQUIP INDIVIDUALS
WITH THE NECESSARY SKILLS FOR EMPLOYMENT IN THE TARGETED OCCUPATIONS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS THREE SPECIFIC FUNCTIONS: 1) PREPARES AN ANNUAL REPORT ON THE ORGANIZATION'S PERFORMANCE AND CONFIRMS THE ORGANIZATION'S COMPLIANCE WITH EXISTING LEGAL, REGULATORY, AND FINANCIAL REPORTING REQUIREMENTS. 2) WORKS WITH THE FINANCE/AUDIT COMMITTEE TO PREPARE THE ORGANIZATION'S BUDGET AND ACCESS THE ORGANIZATION'S FINANCIAL PERFORMANCE IN RELATION TO THE BUDGET AT LEAST FOUR TIMES PER YEAR. 3) HIRING, ESTABLISHING COMPENSATION, AND ANNUALLY EVALUATING THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ALLEGHENY COUNTY CHIEF EXECUTIVE AND THE MAYOR OF PITTSBURGH, SHALL APPOINT MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE AFFAIRS OF THE ORGANIZATION SHALL BE UNDER THE GENERAL DIRECTION OF THE EXECUTIVE COMMITTEE, WHICH SHALL ADMINISTER, MANAGE, PRESERVE, AND PROTECT THE PROPERTY OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE PERFORMS AN IN-DEPTH REVIEW OF FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS EACH BOARD MEMBER CONFIRM ANNUALLY THAT HE OR SHE DOES

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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NOT HAVE ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPROVES, AND ANNUALLY REVIEWS, THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ARE AVAILABLE ON SITE BY REQUEST.

FORM 990, PART XII, LINE 2(C), RESPONSIBILTY OF OVERSIGHT:

PARTNER4WORK DID NOT CHANGE THEIR OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

FORM 990, PART I, LINE 19, REVENUE LESS EXPENSES, PART XI LINE 3

UNRESTRICTED PORTION: \$-37,834

TEMPORARILY RESTRICTED: \$4,231,212

TOTAL: \$4,193,378

**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

2018

Open to Public Inspection

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

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
REGIONAL WORKFORCE COLLABORATIVE - SWPA - 20-1967716, 650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA 15222	WORKFORCE DEVELOPMENT	PENNSYLVANIA	501(C)(3)	7	TRWIB, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. TRWIB, INC.	Employer identification number (EIN) or 25-1898851
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 650 SMITHFIELD STREET, NO. 2600	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15222	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KRISTIN KRAMER

- The books are in the care of ▶ **650 SMITHFIELD STREET, NO. 2600 - PITTSBURGH, PA 15222**
Telephone No. ▶ **412-552-7088** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2018** , and ending **JUN 30, 2019** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

TRWIB, INC.
650 SMITHFIELD STREET NO. 2600
PITTSBURGH, PA 15222

PREPARED BY:

SCHNEIDER DOWNS & CO., INC.
ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222

AMOUNT OF TAX:

BALANCE DUE OF \$250

MAKE CHECK PAYABLE TO:

COMMONWEALTH OF PENNSYLVANIA

MAIL TAX RETURN TO:

BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2020.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY TWO AUTHORIZED INDIVIDUALS.

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 28657
(N/A if initial registration)

Fiscal year ended: 06/30/2019
MM DD YYYY

FEIN: 25-1898851

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: TRWIB, INC.

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

3. Contact person: KRISTIN KRAMER Contact's E-mail: KKRAMER@PARTNER4WORK.ORG

4. Physical address of organization: _____ Mailing address: (If different than physical) _____

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH

PA 15222

County: ALLEGHENY

Phone number: 412-552-7090

800 number: _____

Fax number: _____

Email (if different than Contact's email): _____

Website: WWW.PARTNER4WORK.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
CORPORATION

Where established: PITTSBURGH, PA

Date established:* 11/16/2001

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

TRWIB, INC.

- 6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

REGIONAL WORKFORCE COLLABORATIVE - SWPA

650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA 15222

412-552-7090

- 7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

- §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

- 8. Date organization first solicited contributions from Pennsylvania residents: _____
MM DD YYYY
Other _____
- 9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

MM DD YYYY
Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

TRWIB, INC.

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

SOLICITATION IS MADE THROUGH GRANT PROPOSALS.

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

THE PURPOSE OF THE ORGANIZATION IS TO CARRY OUT ITS OBLIGATIONS IN COMPLIANCE WITH THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, AND ADDRESS OTHER POLICY MATTERS AS THEY RELATE TO WORKFORCE DEVELOPMENT.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes No

SEE STATEMENT 1

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: 11/16/2001
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

N/A

TRWIB, INC.

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

N/A

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

N/A

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 2

TRWIB, INC.

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

BOARD OF DIRECTORS - SEE STATEMENT 3

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS - SEE STATEMENT 3

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS - SEE STATEMENT 3

D. Are responsible for custody of financial records:

RAYMOND F. HERRON650 SMITHFIELD STREET, SUITE 2600 PITTSBURGH, PA 15222**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:A. Any other officer, director, trustee, or employee? Yes NoB. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes NoC. Any officers, agents or employees of any supplier or vendor providing goods or services? **
 Yes No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes NoB. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 Yes NoC. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

TRWIB, INC.

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

EARL BUFORD, CHIEF EXECUTIVE OFFICER

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

Type or print name and title of Other Authorized Officer

Checklist for registration:	
<input checked="" type="checkbox"/>	Completed registration statement properly signed and dated.
<input checked="" type="checkbox"/>	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
<input type="checkbox"/>	Public Disclosure Form BCO-23 (if required)
<input checked="" type="checkbox"/>	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
<input checked="" type="checkbox"/>	Registration fee and any late filing fees
<input type="checkbox"/>	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.
See Instructions for more information on completing this form and attachments.	

FOOTNOTES

~~STATEMENT(S)~~ 1
STATEMENT 1

PAID EMPLOYEES OF TRWIB, INC. CONDUCT SOLICITATION
ACTIVITIES ON BEHALF OF THE ORGANIZATION.
ALL EMPLOYEES ARE COMPENSATED AT FAIR MARKET VALUE.
FUNDRAISING ACTIVITIES ARE CONDUCTED THROUGHOUT THE YEAR.

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
RAYMOND HERRON 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	CFO
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
EARL BUFORD 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	CEO
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
WILL ALLEN 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
RICH BARCASKEY 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JOSEPH G. BELECHAK 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
NATALIE BELL 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DONALD G. BLOCK 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR (EXITED 11/2018)
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DR. QUINTIN BULLOCK 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
CHRIS CAMINO 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR (ENTERED 6/2019)

NAME AND ADDRESS

MARC CHERNA
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MARY FRANCES COOPER
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

DAVID A. COPLAN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

ANN DUGAN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MELISSA FERRARO
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

IKE GITTLEN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

CAREY HARRIS
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 12/18)

NAME AND ADDRESS

MARCI KATONA
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MAJESTIC LANE
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

STEVE MASSARO
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

CAITLIN MCLAUGHLIN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

TOM MELCHER
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 6/2019)

NAME AND ADDRESS

BRANDON MENDOZA
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 6/2019)

NAME AND ADDRESS

JEFF NOBERS
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

SCOTT PIPITONE
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

JOSHUA POLLARD
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

BETH POWERS
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MARK RENDULIC
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 6/2019)

NAME AND ADDRESS

FRANK STASZKO
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 1/2018)

NAME AND ADDRESS

JOHN THOMAS
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 6/2019)

NAME AND ADDRESS

DR. NANCY WASHINGTON
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

SAM WILLIAMSON
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 6/2019)

NAME AND ADDRESS

MARK LATTERNER
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

CHAIR (EXITED 5/19)

NAME AND ADDRESS

DAVID SCHLOSSER
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

VICE CHAIR (EXITED 12/18)

NAME AND ADDRESS

DAVE MALONE
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

CHAIR (ENTERED 6/2019)

NAME AND ADDRESS

LAURA ELLSWORTH
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

VICE CHAIR (ENTERED 6/2019)

NAME AND ADDRESS

DARRIN KELLY DIRECTOR (THRU
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

6/19), SECRETARY (AS OF
6/19)

NAME AND ADDRESS

ED HARTMAN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

TREASURER (EXITED 5/19)

NAME AND ADDRESS

LISA KUZMA, DIRECTOR (THRU
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

6/19), TREASURER (AS OF
6/19)

TRWIB, INC.

25-1898851

NAME AND ADDRESS

TITLE

JESSICA TRYBUS
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

SECRETARY (EXITED 6/19)

PARTNER4WORK
Pittsburgh, Pennsylvania

Consolidated Financial Statements
For the years ended June 30, 2019 and 2018
and Independent Auditors' Report Thereon



Big Thinking. Personal Focus.

www.schneiderdowns.com

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
TRWIB, Inc. and Affiliate d/b/a Partner4Work
Pittsburgh, Pennsylvania

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of TRWIB, Inc. and Affiliate d/b/a Partner4Work (Organization), which comprise the consolidated statements of financial position as of June 30, 2019 and 2018, the related consolidated statements of activities and changes in net assets, cash flows for the years then ended, the related consolidated schedule of functional expenses for the year ended June 30, 2019 (with comparative totals for the year ended June 30, 2018) and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP); this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. GAAP.

Emphasis of Matter

As discussed in Note 2 to the consolidated financial statements, during the year ended June 30, 2019, the Organization adopted Accounting Standards Update 2016-14 Not-for-Profit Entities (Topic 958): Presentation of Not-for-Profit Entities. Our opinion is not modified with respect to this matter.

Schneider Downs & Co., Inc.

Pittsburgh, Pennsylvania
March 31, 2020

PARTNER4WORK

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

	June 30	
	<u>2019</u>	<u>2018</u>
ASSETS		
Cash and cash equivalents - unrestricted	\$ 1,523,024	\$ 1,381,823
Cash and cash equivalents - restricted	1,653,535	871,890
	<u>3,176,559</u>	<u>2,253,713</u>
Contractual revenue receivable	7,989,680	8,614,670
Furniture and computer software, net of accumulated depreciation of \$132,920 and \$82,497 at June 30, 2019 and 2018, respectively	57,965	89,765
Other assets	67,171	38,580
	<u>67,171</u>	<u>38,580</u>
Total Assets	<u>\$ 11,291,375</u>	<u>\$ 10,996,728</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to subrecipients	\$ 3,192,996	\$ 3,997,241
Accounts payable	728,927	202,292
Accrued liabilities	171,216	163,204
	<u>171,216</u>	<u>163,204</u>
Total Liabilities	4,093,139	4,362,737
NET ASSETS		
Without donor restrictions	749,183	787,082
With donor restrictions	6,449,053	5,846,909
	<u>6,449,053</u>	<u>5,846,909</u>
Total Net Assets	<u>7,198,236</u>	<u>6,633,991</u>
Total Liabilities And Net Assets	<u>\$ 11,291,375</u>	<u>\$ 10,996,728</u>

See notes to consolidated financial statements.

PARTNER4WORK

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	2019			2018		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and other support:						
Public funds/government grants	\$ 16,318,209	\$ 3,247,315	\$ 19,565,524	\$ 15,911,487	\$ 6,968,289	\$ 22,879,776
Foundation and private contributions	144,369	926,550	1,070,919	576	1,274,294	1,274,870
Interest income	5,931	-	5,931	3,651	-	3,651
Other income	-	-	-	4,232	-	4,232
Net assets released from restrictions	3,571,721	(3,571,721)	-	4,011,371	(4,011,371)	-
Total Revenue And Other Support	20,040,230	602,144	20,642,374	19,931,317	4,231,212	24,162,529
Expenses:						
Management and general	1,558,866	-	1,558,866	1,380,829	-	1,380,829
Fundraising	-	-	-	11,773	-	11,773
Program services	18,468,841	-	18,468,841	18,531,884	-	18,531,884
Total Operating Expenses	20,027,707	-	20,027,707	19,924,486	-	19,924,486
Changes In Net Assets Before Depreciation	12,523	602,144	614,667	6,831	4,231,212	4,238,043
Depreciation	50,422	-	50,422	44,660	-	44,660
Changes In Net Assets	(37,899)	602,144	564,245	(37,829)	4,231,212	4,193,383
NET ASSETS						
Beginning of year	787,082	5,846,909	6,633,991	824,911	1,615,697	2,440,608
End of year	\$ 749,183	\$ 6,449,053	\$ 7,198,236	\$ 787,082	\$ 5,846,909	\$ 6,633,991

See notes to consolidated financial statements.

PARTNER4WORK

CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2019

(With Comparative Totals for the Year Ended June 30, 2018)

	Management and General	Program Services	Total	
			2019	2018
Project costs	-	\$ 15,868,301	\$ 15,868,301	\$ 16,814,667
Salaries, wages and benefits	\$ 879,881	2,018,171	2,898,052	2,235,935
Contracted services	113,453	306,681	420,134	324,138
Rent	56,275	126,724	182,999	102,618
Technology/network	88,454	53,731	142,185	128,311
Travel	81,844	50,829	132,673	52,406
Equipment expense	62,467	8,094	70,561	33,173
Communication	43,761	14,458	58,219	15,662
Accounting	47,650	-	47,650	62,683
Meeting expense	31,509	10,346	41,855	19,695
Materials and supplies	38,430	1,685	40,115	23,116
Telephone	38,322	760	39,082	19,070
Memberships	30,745	1,500	32,245	20,660
Staff administration	23,563	203	23,766	25,721
Insurance	15,907	-	15,907	19,627
Legal	4,824	7,358	12,182	24,755
Bank fees	1,781	-	1,781	1,684
Publications	-	-	-	565
Total Operating Expenses	1,558,866	18,468,841	20,027,707	19,924,486
Depreciation	50,422	-	50,422	44,660
Total Functional Expenses	<u>\$ 1,609,288</u>	<u>\$ 18,468,841</u>	<u>\$ 20,078,129</u>	<u>\$ 19,969,146</u>

See independent auditors' report on supplementary information.

PARTNER4WORK

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	\$ 564,245	\$ 4,193,383
Adjustments to reconcile changes in net assets to net cash provided by (used in) operating activities:		
Depreciation expense	50,422	44,660
Changes in assets and liabilities:		
Contractual revenue receivable	624,990	(5,022,751)
Other assets	(28,591)	51,903
Due to subrecipients	(804,245)	212,347
Accounts payable and accrued liabilities	534,647	157,749
Net Cash Provided By (Used In) Operating Activities	<u>941,468</u>	<u>(362,709)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of computer software	<u>(18,622)</u>	<u>(43,812)</u>
Net Increase (Decrease) In Cash, Cash Equivalents And Restricted Cash	922,846	(406,521)
CASH, CASH EQUIVALENTS AND RESTRICTED CASH		
Beginning of year	<u>2,253,713</u>	<u>2,660,234</u>
End of year	<u>\$ 3,176,559</u>	<u>\$ 2,253,713</u>

See notes to consolidated financial statements.

PARTNER4WORK
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

NOTE 1 - DESCRIPTION OF ORGANIZATION

TRWIB, Inc. and Affiliate d/b/a Partner4Work (Organization) is a not-for-profit corporation chartered by the Commonwealth of Pennsylvania. The primary purpose of the Organization is to manage operations, carry out obligations in compliance with the Workforce Innovation and Opportunity Act and address other policy matters as they relate to workforce development. As an employer-driven board, the mission of the Organization is to lead the development, integration and implementation of a world-class workforce development system in Pittsburgh and Allegheny County.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied by management in the preparation of the accompanying consolidated financial statements follows:

Basis of Accounting - The consolidated financial statements of the Organization are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Principles of Consolidation - The consolidated financial statements include the accounts of Partner4Work and its affiliate, Regional Workforce Collaborative-SWPA (RWC-SWPA). The purpose of the RWC-SWPA is to support the workforce investment boards of southwestern Pennsylvania in implementing policy guidance, technical assistance and program oversight in economic and workforce development of the 11 counties of southwestern Pennsylvania to ensure the quality and depth of the labor force. RWC-SWPA shares common management, facilities and personnel with Partner4Work. All material intercompany transactions have been eliminated in consolidation.

Net Assets - The Organization classifies resources for accounting and reporting purposes into separate net asset classes based on the absence or existence of donor-imposed restrictions. In the accompanying consolidated financial statements, net assets that have similar characteristics have been consolidated into similar categories. A description of the net asset categories of the Organization is as follows:

Net Assets Without Donor Restrictions - Net assets not subject to donor-imposed restrictions or stipulations as to purpose or use.

Net Assets With Donor Restrictions - Net assets that are subject to donor-imposed restrictions, stipulations that may or will be met either by actions of the Organization or the passage of time, or restrictions of gift instruments requiring that the principal is invested in perpetuity and the income is used only to support programs of the Organization. There were no donor restricted net assets to be held in perpetuity for the years ended June 30, 2019 and 2018.

Use of Estimates - The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

With and Without Donor Restriction Revenue and Other Support - Contributions and grants received are recorded as with or without donor restricted support, depending on the existence and/or nature of any donor restrictions. Contractual revenue results from billings to various agencies for reimbursement of costs incurred during the operation of the programs related to its mission. All donor-restricted support is reported as an increase in net assets with donor restrictions. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions.

PARTNER4WORK
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Support funded by government grants is recognized as the Organization performs the contracted services or incurs outlays eligible for reimbursement under these agreements. Grant activities and outlays are subject to monitoring and acceptance by the granting agency and adjustments could be required.

The Organization's policy is to provide for future losses on uncollectible contractual revenue receivables based on an evaluation of the underlying receivables and such other factors that, in the Organization's judgment, merit consideration in estimating doubtful accounts. At June 30, 2019 and 2018, no allowance was considered to be necessary.

Cash and Cash Equivalents - The Organization maintains, at various financial institutions, cash that may exceed federally insured amounts at times. For purposes of cash flows, the Organization considers all highly liquid investments with original maturities of three months or less to be cash equivalents. Restricted cash consists of donor-restricted funds that are to be utilized for specific programs.

Furniture and Computer Software - Purchases of furniture and computer software having a unit cost of \$5,000 or more and an estimated useful life of three or more years are capitalized at the lower of cost or fair value. Depreciation is computed using the straight-line method over the estimated useful life of the assets ranging from 3 to 7 years. Depreciation expense for the years ended June 30, 2019 and 2018 was \$50,422 and \$44,660, respectively.

Due to Subrecipients - Certain grants funds are disbursed as sub-awards to subrecipients who are contracted by the Organization to perform some of the program activities required under the grants. The amounts due are recognized in the period that the subrecipient performs the services under the grant agreement.

Fair Value Measurement - The Fair Value Measurement topic of the Accounting Standards Codification (Codification) defines fair value, establishes a framework for its measurement and expands disclosures about fair value measurements.

U.S. GAAP established a hierarchy for which these assets and liabilities must be grouped, based on significant levels of inputs as follows:

Level 1 - Valuations are based on unadjusted quoted prices in an active market for identical assets or liabilities.

Level 2 - Valuations are based on quoted prices for similar assets or liabilities in active markets, or quoted prices in markets that are not active for which significant inputs are observable, either directly or indirectly.

Level 3 - Valuations are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Inputs reflect management's best estimate of what market participants would use in valuing the asset or liability at the measurement date.

The determination of where assets and liabilities fall within this hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The Organization's financial instruments consist primarily of cash and cash equivalents, contractual revenue receivable, accounts payable and accrued liabilities whose carrying value approximates fair value primarily because of the short maturity of such instruments.

Income Taxes - TRWIB, Inc. and RWC-SWPA are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and are exempt from federal income taxes pursuant to Section 501(a) of the IRC. The organizations are not classified as private foundations.

PARTNER4WORK
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Organization follows the Income Taxes topic of the Financial Accounting Standards Board (FASB) Codification, clarifying the accounting for uncertainty in income taxes recognized in an entity's consolidated financial statements. This topic requires a recognition threshold and measurement principles for financial statement disclosures of tax positions taken or expected to be taken on a tax return. The Organization has assessed the tax positions it has taken or expects to take in its tax returns, and no liability for uncertain tax positions has been recorded; further, the Organization has no unrecognized tax benefits. The Organization is no longer subject to examination of its tax returns for years before 2016.

Recently Adopted Accounting Pronouncement - During the year ended June 30, 2019, the Organization adopted ASU No. 2016-14 - Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. This guidance is intended to improve net asset classification requirements and the information presented in the financial statements and notes about a not-for-profit entity's liquidity, financial performance, and cash flows. The guidance also enhances disclosures for composition of net assets without donor restrictions, liquidity, and expenses by both their natural and functional classification. As part of the adoption, the Organization reclassified unrestricted net assets to net assets without donor restrictions, and reclassified temporarily restricted net assets to net assets with donor restrictions. The ASU has been applied retrospectively to all periods presented.

Recently Issued Accounting Pronouncements - In May 2014, the FASB issued ASU No. 2014-09 Revenue for Contract with Customers (ASU 2014-09), which changes accounting guidance related to revenue recognition. ASU 2014-09 will replace all current U.S. GAAP guidance on this topic and eliminate all industry-specific guidance. The new revenue recognition guidance provides a unified model to determine when and how revenue is recognized. The core principle is that a company should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration for which the entity expects to be entitled in exchange for those goods or services. In April 2015, the FASB issued a deferral on the implementation date, and this guidance will be effective for fiscal years beginning after December 15, 2018, and can be applied either retrospectively to each period presented or as a cumulative-effect adjustment as of the date of adoption. The Organization is currently evaluating the impact that ASU 2014-09 will have on its consolidated financial statements and related disclosures.

In February 2016, the FASB issued ASU No. 2016-02 Leases (Topic 842) (ASU 2016-02), which requires a lessee to recognize a liability to make lease payments (lease liability) and a right-of-use asset representing its right to use the underlying asset for the lease term initially measured at the present value of the lease payments. The lessee should also include payments to be made on an optional lease extension if it is reasonably certain that the extension will be exercised when measuring the asset and liability. Companies will be permitted to make an accounting policy election to not recognize leases with a term of 12 months or less. ASU 2016-02 is effective for annual reporting periods beginning after December 15, 2020. Early application is permitted. The Organization is currently evaluating the impact that ASU 2016-02 will have on its consolidated financial statements and related disclosures.

In June 2018, the FASB issued ASU No. 2018-08 Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (ASU 2018-08), to clarify and improve the scope and accounting guidance for contributions received and contributions made. The amendments in ASU 2018-08 should assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958 Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. ASU 2018-08 is effective for transactions in which the entity serves as the resource recipient for annual periods beginning after December 15, 2018. For transactions in which the entity serves as the resource provider, ASU 2018-08 is effective for annual periods beginning after December 15, 2019. The Organization is currently evaluating the impact that ASU 2018-08 will have on its consolidated financial statements.

PARTNER4WORK
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

NOTE 3 - LIQUIDITY

At June 30, 2019, financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year, comprise the following:

Cash and cash equivalents - unrestricted	\$	1,523,024
Contractual revenue receivable		<u>1,672,551</u>
Total financial assets available within one year	\$	<u>3,195,575</u>

As part of the Organization's liquidity management, it has a policy to segregate restricted cash and equivalents to be available as expenditures and other obligations become due.

NOTE 4 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions released during the years ended June 30 consisted of the following:

	<u>2019</u>	<u>2018</u>
Learn and Earn	\$ 2,244,650	\$ 2,294,632
EARN Program	755,738	797,750
Placed Based Strategies	235,075	163,523
Sector Strategies	177,101	238,260
Pittsburgh Works	154,583	272,546
Regional Workforce Strategies	4,574	169,660
CEO Search	-	75,000
	<u>\$ 3,571,721</u>	<u>\$ 4,011,371</u>

Net assets with donor restrictions at June 30 consist of the following:

	<u>2019</u>	<u>2018</u>
EARN Program	\$ 3,612,035	\$ 3,124,073
Learn and Earn	2,524,668	2,223,929
Placed Based Strategies	79,490	214,566
Pittsburgh Works	31,807	129,566
Sector Strategies	138,750	115,851
Regional Workforce Strategies	62,303	38,924
	<u>\$ 6,449,053</u>	<u>\$ 5,846,909</u>

NOTE 5 - FUNCTIONAL EXPENSES

Expenses are summarized and categorized based upon their functional classification as either program or supporting expenses. Specific expenses that are readily identifiable to a single program or activity are charged directly to that function. Certain categories of expenses that are attributable to more than one program or supporting function are allocated on a reasonable basis that is consistently applied. The primary expenses allocated are salaries, wages and benefits, which are allocated based on time and efforts and occupancy, which is allocated based on a percentage of salaries.

PARTNER4WORK
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

NOTE 6 - LEASES

The Organization has a lease for office space located at 650 Smithfield Street, Pittsburgh, Pennsylvania, which runs through August 31, 2022. The total rent expense for the years ended June 30, 2019 and 2018 was approximately \$183,000 and \$102,000, respectively.

Approximate future minimum lease payments are as follows:

Fiscal Year		
Ending June 30	Amount	
2020	\$ 209,000	
2021	215,000	
2022	222,000	
2023	<u>38,000</u>	
	\$ <u>684,000</u>	

NOTE 7 - EMPLOYEE RETIREMENT PLAN

The Organization maintains a salary reduction savings plan under IRC Section 401(k). The plan covers all full-time employees meeting certain service requirements. The Organization may make a discretionary contribution, which is divided among the participants eligible to share in the contribution for the plan year. The Organization authorized a discretionary contribution of approximately \$72,000 and \$65,000 for the years ended June 30, 2019 and 2018, respectively.

NOTE 8 - RELATED-PARTY TRANSACTIONS

The Organization engages in transactions with businesses whose executives are members of the Board of Directors (Board). When these transactions are disclosed or identified, the Organization's Conflict-of-Interest Policy outlines the appropriate Board member restrictions.

NOTE 9 - COMMITMENTS AND CONTINGENCIES

The Organization receives funds from federal, state and local governmental sources. Laws and regulations governing these programs are complex and subject to interpretation. The Organization believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made to the Organization, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and exclusion from governmental programs.

The Organization, in the ordinary course of business, could become involved in pending or threatened legal actions. In the opinion of management, after consultation of legal counsel, the ultimate disposition of any such matters will not have a material adverse effect on the Organization's consolidated financial position or results of operations.

PARTNER4WORK
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

NOTE 10 - SUBSEQUENT EVENTS

Subsequent events are defined as events or transactions that occur after the consolidated statement of financial position date, but before the consolidated financial statements are issued or are available to be issued. Management has evaluated subsequent events March 31, 2020, the date that the consolidated financial statements were available to be issued and determined that there have been no events that have occurred that would require adjustments to our disclosures in the consolidated financial statements except for the matter described in the following paragraph.

The coronavirus pandemic could materially and adversely affect the Organization and its operations. Government imposed travel restrictions and quarantines may result in direct operational and administrative disruptions to the Organization. Additionally, the Organization's grantors, donors, providers, partners, and the community and may be adversely affected by these disruptions, which in turn could negatively impact the Organization's net assets. The Organization is unable to accurately predict how the coronavirus will affect the results of its operations because the disease's severity and the duration of the outbreak are uncertain. However, while it is premature to accurately predict the ultimate impact of these developments, the Organization expects its results and impact for the year ended June 30, 2020 to be impacted.

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

TRWIB, INC.
650 SMITHFIELD STREET NO. 2600
PITTSBURGH, PA 15222

PREPARED BY:

SCHNEIDER DOWNS & CO., INC.
ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization TRWIB, INC.		D Employer identification number 25-1898851	
	Doing business as PARTNER4WORK		E Telephone number 412-552-7090	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 20,642,369.	
	650 SMITHFIELD STREET	2600	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15222		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: EARL BUFORD SAME AS C ABOVE		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527				
J Website: ▶ WWW.PARTNER4WORK.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 2001	
M State of legal domicile: PA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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)	32	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	32	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	109	
	6 Total number of volunteers (estimate if necessary)	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b Net unrelated business taxable income from Form 990-T, line 38	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 24,158,878.	Current Year 20,636,443.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,646.	5,926.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,162,524.	20,642,369.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,235,934.	2,898,051.
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)		17,733,212.	17,180,013.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,969,146.	20,078,064.	
19 Revenue less expenses. Subtract line 18 from line 12	4,193,378.	564,305.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,973,744.	End of Year 11,268,451.
	21 Total liabilities (Part X, line 26)	4,362,737.	4,093,139.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,611,007.	7,175,312.

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		
	EARL BUFORD, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	EUGENE J. LOGAN	EUGENE J. LOGAN		<input type="checkbox"/>	P00227231
Firm's name ▶ SCHNEIDER DOWNS & CO., INC.			Firm's EIN ▶ 25-1408703		
Firm's address ▶ ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222			Phone no. 412-261-3644		

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 [X]

1 Briefly describe the organization's mission: PARTNER4WORK MEETS THE NEEDS OF BUSINESSES AND JOB SEEKERS BY ANNUALLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT; TRAINING AND PLACING MORE THAN 20,000 JOB SEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES. WE LEAD THE DEVELOPMENT, INTEGRATION AND IMPLEMENTATION

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 [X] 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 [X] 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 \$ 14,286,342. including grants of \$) (Revenue \$) LEADING THE PUBLIC WORKFORCE SYSTEM:

ESTABLISHED BY THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, AND NATIONALLY RECOGNIZED FOR INNOVATION, PARTNER4WORK DELIVERS A MENU OF WORKFORCE SOLUTIONS FOR PITTSBURGH AND ALLEGHENY COUNTY TO ENSURE THE CURRENT AND FUTURE NEEDS OF BUSINESSES AND JOB SEEKERS ARE MET. THE CORNERSTONE OF THE LEGISLATION AND AT THE CORE OF OUR WORK IS THE ESTABLISHMENT OF A ONE-STOP SERVICE SYSTEM, LOCALLY BRANDED AS PA CAREERLINK PITTSBURGH/ALLEGHENY COUNTY. THIS ONE-STOP FOCUSES ON GETTING PEOPLE A FIRST JOB, A NEW JOB, OR THE NEXT STEP ON A CAREER PATHWAY SIMULTANEOUSLY HELPING BUSINESSES GROW. WITH MORE THAN 20,000 JOB

4b (Code:) (Expenses \$ 4,182,498. including grants of \$) (Revenue \$) LEARN & EARN AND PARTNERUP:

THE LEARN & EARN SUMMER YOUTH EMPLOYMENT PROGRAM IS COMMUNITY-WIDE EFFORT TO EMPOWER YOUTH AND YOUNG ADULTS IN ALLEGHENY COUNTY AND THE CITY OF PITTSBURGH TO GAIN THE SKILLS AND EXPERIENCE NECESSARY TO BECOME SUCCESSFUL MEMBERS OF OUR REGION'S WORKFORCE. LEARN & EARN LEVERAGES KNOWLEDGE AND RESOURCES FROM STAKEHOLDERS ACROSS ALLEGHENY COUNTY AND THE CITY OF PITTSBURGH FOR THE BENEFIT OF NEARLY 2,000 YOUNG PEOPLE AND THE REGION EACH YEAR. THIS PROGRAM IS ADMINISTERED BY PARTNER4WORK, IN PARTNERSHIP WITH ALLEGHENY COUNTY AND THE CITY OF PITTSBURGH, AND IS MADE POSSIBLE BY THE FINANCIAL SUPPORT OF SEVERAL PUBLIC AND PRIVATE SOURCES. LEARN & EARN PROVIDES MEANINGFUL WORK

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 18,468,840.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 32; 1b Enter the number of voting members included in line 1a... 32; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 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... X

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... X; 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? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 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 [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KRISTIN KRAMER - 412-552-7088
650 SMITHFIELD STREET, NO. 2600, PITTSBURGH, PA 15222

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILL ALLEN DIRECTOR	0.90 0.10	X						0.	0.	0.
(2) RICH BARCASKEY DIRECTOR	0.90 0.10	X						0.	0.	0.
(3) JOSEPH G. BELECHAK DIRECTOR	0.90 0.10	X						0.	0.	0.
(4) NATALIE BELL DIRECTOR	0.90 0.10	X						0.	0.	0.
(5) DONALD G. BLOCK DIRECTOR (EXITED 11/2018)	0.90 0.10	X						0.	0.	0.
(6) DR. QUINTIN BULLOCK DIRECTOR	0.90 0.10	X						0.	0.	0.
(7) CHRIS CAMINO DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(8) MARC CHERNA DIRECTOR	0.90 0.10	X						0.	0.	0.
(9) MARY FRANCES COOPER DIRECTOR	0.90 0.10	X						0.	0.	0.
(10) DAVID A. COPLAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(11) ANN DUGAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(12) MELISSA FERRARO DIRECTOR	0.90 0.10	X						0.	0.	0.
(13) IKE GITTLE DIRECTOR	0.90 0.10	X						0.	0.	0.
(14) CAREY HARRIS DIRECTOR (ENTERED 12/18)	0.90 0.10	X						0.	0.	0.
(15) MARCI KATONA DIRECTOR	0.90 0.10	X						0.	0.	0.
(16) MAJESTIC LANE DIRECTOR	0.90 0.10	X						0.	0.	0.
(17) STEVE MASSARO DIRECTOR	0.90 0.10	X						0.	0.	0.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAITLIN MCLAUGHLIN DIRECTOR	0.90 0.10	X						0.	0.	0.
(19) TOM MELCHER DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(20) BRANDON MENDOZA DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(21) JEFF NOBERS DIRECTOR	0.90 0.10	X						0.	0.	0.
(22) SCOTT PIPITONE DIRECTOR	0.90 0.10	X						0.	0.	0.
(23) JOSHUA POLLARD DIRECTOR	0.90 0.10	X						0.	0.	0.
(24) BETH POWERS DIRECTOR	0.90 0.10	X						0.	0.	0.
(25) MARK RENDULIC DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(26) FRANK STASZKO DIRECTOR (ENTERED 1/2018)	0.90 0.10	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								360,563.	0.	63,244.
d Total (add lines 1b and 1c)								360,563.	0.	63,244.

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 **3**

	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>		X
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>	X	
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>		X

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
UNITED LABOR AGENCY 11699 BROOKPARK ROAD, CLEVELAND, OH 44130 PHASE 4 AMERICA, INC.	DISLOCATED WORKER SERVICES	4,057,086.
5850 CENTRE AVENUE, PITTSBURGH, PA 15206 GOODWILL OF SOUTHWESTERN PA	YOUTH SERVICES	1,943,268.
118 52ND STREET, PITTSBURGH, PA 15201 THE SRS GROUP, LLC	YOUTH SERVICES	1,261,177.
1630 PRIMROSE LANE, DAUPHINE, PA 17018 EDUCATIONAL DATA SYSTEMS, INC., 15300	ADULT SERVICES	1,025,418.
COMMERCE DRIVE NORTH, DEARBORN, MI 48120	ADULT SERVICES	922,691.

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 **30**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN THOMAS DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(28) DR. NANCY WASHINGTON DIRECTOR	0.90 0.10	X						0.	0.	0.
(29) SAM WILLIAMSON DIRECTOR (ENTERED 6/2019)	0.90 0.10	X						0.	0.	0.
(30) MARK LATTEPNER CHAIR (EXITED 5/19)	4.90 0.10	X		X				0.	0.	0.
(31) DAVID SCHLOSSER VICE CHAIR (EXITED 12/18)	4.90 0.10	X		X				0.	0.	0.
(32) DAVE MALONE CHAIR (ENTERED 6/2019)	0.90 0.10	X		X				0.	0.	0.
(33) LAURA ELLSWORTH VICE CHAIR (ENTERED 6/2019)	0.90 0.10	X		X				0.	0.	0.
(34) DARRIN KELLY DIRECTOR (THRU 6/19), SECRETARY (AS OF 6/19)	0.90 0.10	X		X				0.	0.	0.
(35) ED HARTMAN TREASURER (EXITED 5/19)	4.90 0.10	X		X				0.	0.	0.
(36) LISA KUZMA, DIRECTOR (THRU 6/19), TREASURER (AS OF 6/19)	0.90 0.10	X		X				0.	0.	0.
(37) JESSICA TRYBUS SECRETARY (EXITED 6/19)	39.90 0.10	X		X				0.	0.	0.
(38) EARL BUFORD CEO	39.90 0.10			X				102,083.	0.	9,474.
(39) RAYMOND HERRON CFO	39.90 0.10			X				125,160.	0.	25,944.
(40) MCCRAE MARTINO COO	39.90 0.10				X			133,320.	0.	27,826.
Total to Part VII, Section A, line 1c								360,563.		63,244.

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 (1a-1g), Program Service Revenue (2a-2g), and Other Revenue (3-12).

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	361,973.	249,722.	112,251.	
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	1,957,821.	1,349,448.	608,373.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,169.	36,218.	19,951.	
9 Other employee benefits	316,817.	230,738.	86,079.	
10 Payroll taxes	205,271.	152,044.	53,227.	
11 Fees for services (non-employees):				
a Management				
b Legal	12,182.	7,358.	4,824.	
c Accounting	47,650.		47,650.	
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 Sch O.)	420,134.	306,681.	113,453.	
12 Advertising and promotion				
13 Office expenses	64,564.	963.	63,601.	
14 Information technology	142,185.	53,731.	88,454.	
15 Royalties				
16 Occupancy	182,999.	126,724.	56,275.	
17 Travel	132,673.	50,829.	81,844.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	41,855.	10,346.	31,509.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,422.		50,422.	
23 Insurance	15,907.		15,907.	
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 PROJECT COSTS	15,868,301.	15,868,301.		
b EQUIPMENT EXPENSE	70,561.	8,094.	62,467.	
c COMMUNICATION	58,219.	14,458.	43,761.	
d MATERIALS AND SUPPLIES	40,116.	1,685.	38,431.	
e All other expenses	32,245.	1,500.	30,745.	
25 Total functional expenses. Add lines 1 through 24e	20,078,064.	18,468,840.	1,609,224.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,941,402.	1	1,364,088.
	2 Savings and temporary cash investments	289,327.	2	1,789,547.
	3 Pledges and grants receivable, net		3	2,200,000.
	4 Accounts receivable, net	8,614,670.	4	5,789,680.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,580.	9	67,171.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 190,885.		
	b Less: accumulated depreciation	10b 132,920.	10c	57,965.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,973,744.	16	11,268,451.	
Liabilities	17 Accounts payable and accrued expenses	4,335,369.	17	4,065,771.
	18 Grants payable		18	
	19 Deferred revenue	27,368.	19	27,368.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,362,737.	26	4,093,139.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	764,098.	27	726,259.
	28 Temporarily restricted net assets	5,846,909.	28	6,449,053.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,611,007.	33	7,175,312.	
34 Total liabilities and net assets/fund balances	10,973,744.	34	11,268,451.	

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	20,642,369.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,078,064.
3	Revenue less expenses. Subtract line 2 from line 1	3	564,305.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,611,007.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,175,312.

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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **TRWIB, INC.** Employer identification number **25-1898851**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8726620.	13671041.	16332779.	24158878.	20636443.	83525761.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8726620.	13671041.	16332779.	24158878.	20636443.	83525761.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						83525761.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	8726620.	13671041.	16332779.	24158878.	20636443.	83525761.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,465.	3,449.	3,084.	3,646.	5,926.	18,570.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,168.					2,168.
11 Total support. Add lines 7 through 10						83546499.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.98 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization TRWIB, INC.	Employer identification number 25-1898851
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>10,807,626.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>5,687,386.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TRWIB, INC.	Employer identification number 25-1898851
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization TRWIB, INC.	Employer identification number 25-1898851
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization TRWIB, INC. **Employer identification number** 25-1898851

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax 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?

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)?

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		190,885.	132,920.	57,965.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				57,965.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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	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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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	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
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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.

PART X, LINE 2:

TRWIB, INC. AND RWC-SWPA ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC. THE ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

THE ORGANIZATION FOLLOWS THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (CODIFICATION), CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S COMBINED FINANCIAL STATEMENTS. THIS TOPIC REQUIRES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURES OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A

Part XIII Supplemental Information *(continued)*

TAX RETURN. THE ORGANIZATION HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS, AND NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED; FURTHER, THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2016.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **TRWIB, INC.** Employer identification number **25-1898851**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RAYMOND HERRON CFO	(i)	125,160.	0.	0.	6,258.	19,686.	151,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MCCRAE MARTINO COO	(i)	133,320.	0.	0.	6,666.	21,160.	161,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

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

2018

Open to Public
Inspection

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AT PARTNER4WORK, WE ENSURE THE NEEDS OF BUSINESSES AND JOB SEEKERS ARE
MET BY ANNUALLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT;
PLACING AND TRAINING MORE THAN 20,000 JOBSEEKERS; AND EXPOSING 1,000
YOUTH TO CAREER OPPORTUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF A WORLD-CLASS WORKFORCE DEVELOPMENT SYSTEM FOR PITTSBURGH AND
ALLEGHENY COUNTY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SEEKERS USING SERVICES ANNUALLY, CAREERLINK STAFF MEMBERS SUPPORT ADULT
JOB SEEKERS THROUGH THE JOB SEARCH PROCESS, INCLUDING COACHING AND
COUNSELING, JOB MATCHING AND PROVIDING ACCESS TO A DATABASE OF OVER
200,000 POSTED JOBS. CAREERLINK STAFF ALSO CAN CONNECT QUALIFIED JOB
SEEKERS TO FREE TRAINING AT COMMUNITY COLLEGES OR OTHER HIGH-QUALITY
INSTITUTIONS.

IN ADDITION, REGIONAL BUSINESSES CAN ACCESS A MENU OF FREE SERVICES.

SERVICES TO BUSINESSES INCLUDE FUNDING TO TRAIN NEW AND EXISTING
WORKERS; ACCESS TO A POOL OF PRE-SCREENED, MOTIVATED AND DIVERSE
TALENT; SPACE FOR CAREER FAIRS AND INTERVIEWS; LAYOFF AVERSION;
CUSTOMIZED LABOR MARKET DATA; AND OTHER RESOURCES. THROUGH THIS WORK,

WE CONNECT 13,000 PEOPLE TO EMPLOYMENT AND SERVE OVER 1,100 COMPANIES
ANNUALLY.

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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YOUTH WORKFORCE RELATED POLICY IS A PIVOTAL COMPONENT OF WIOA AND INVESTING IN THE FUTURE TALENT PIPELINE IS A KEY AREA OF FOCUS FOR US. IT'S CRITICAL THAT OUR YOUTH ARE EXPOSED TO THE RANGE OF AVAILABLE CAREERS TO FIND THEIR PASSION. THROUGH ITS YOUTH ADVISORY COMMITTEE, TRWIB PREPARES YOUTH WITH THE SKILLS TO DEVELOP A WORLD-CLASS WORKFORCE PIPELINE FOR THE REGION. WE FUND AS MANY AS 20 COMMUNITY PROGRAMS ANNUALLY THROUGH \$3 TO \$4 MILLION IN FEDERAL FUNDING THAT HELPS LAUNCH OUR YOUTH TO CAREERS. THROUGH A MIX OF MENTORING AND TRAINING SERVICES, THESE PROGRAMS HELP YOUTH EARN GEDS, PAY THEM FOR WORK, PROVIDE THEM OCCUPATIONAL SKILL TRAINING, IN ADDITIONAL TO OTHER LIFE SKILLS SUCH AS LEADERSHIP AND COMMUNICATIONS SKILLS.

EFFECTIVE JULY 1, 2017, PARTNER4WORK ASSUMED FISCAL AND ADMINISTRATIVE OVERSITE OF THE ALLEGHENY COUNTY EARN PROGRAM. EARN IS FUNDING BY TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) THROUGH THE PA DEPARTMENT OF HUMAN SERVICES. THIS PROGRAM IS DESIGNED TO ASSIST ADULTS IN TRANSITION FROM WELFARE TO THE WORKFORCE. EARN PROGRAM PROVIDES CASE MANAGEMENT, JOB PREPARATION, CAREER DEVELOPMENT AND JOB RETENTION SERVICES TO ELIGIBLE TANF RECIPIENTS. EARN AIMS TO DECREASE DEPENDENCY ON PUBLIC ASSISTANCE AND ESTABLISH SELF-SUFFICIENCY.

PARTNER4WORK ALSO ASSUMED FISCAL AND ADMINISTRATIVE AGENT OF ALLEGHENY COUNTY'S WORK READY PROGRAM, EFFECTIVE OCTOBER 1, 2017. WORK READY ALSO IS FUNDED BY TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) THROUGH THE PA DEPARTMENT OF HUMAN SERVICES (PA DHS). WORK READY AIMS TO SERVE PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT WHO WOULD OTHERWISE BE ENROLLED IN EARN BY PROVIDING ASSESSMENT, EVALUATION, SUPPORTIVE SERVICES, WORK-RELATED ACTIVITIES AND TRAINING SERVICES TO

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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HELP CLIENTS STABILIZE BARRIERS THAT MAY HINDER THEM FROM ACHIEVING
SELF-SUFFICIENCY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIENCE AND CAREER EXPOSURE TO LOW-INCOME YOUNG PEOPLE, AGES 14- 21,
BY CREATING POSITIVE WORK EXPERIENCES, INCREASING EXPOSURE TO CAREER
OPPORTUNITIES AND CRITICAL SKILLS, AND DEVELOPING SOFT SKILLS THROUGH
MEANINGFUL WORK-READINESS TRAINING. LEARN & EARN ALSO DEVELOPS A
PIPELINE OF EXPERIENCED YOUNG WORKERS FOR LOCAL BUSINESSES, PROVIDING
BUSINESSES THE OPPORTUNITY TO CULTIVATE FUTURE TALENT WITH SUPPORT FROM
YOUTH SERVICE PROVIDERS. THE PROGRAM SERVES TO HELP LOCAL BUSINESSES
UNDERSTAND THEIR FUTURE WORKFORCE AND ITS TRAINING NEEDS AND TO BUILD
LINKAGES BETWEEN BUSINESSES AND COMMUNITY ORGANIZATIONS. PARTNER4WORK
ALSO CONTINUES TO BE A KEY DRIVER AND PARTNER IN THE PARTNERUP PROGRAM
TO OFFER CAREER-READINESS CLASSES AND A PIPELINE TO JOBS FOR HIGH
SCHOOL STUDENTS. THIS FORWARD-THINKING PROGRAM DEVELOPED BY PNC (THE
FIRST OF ITS KIND IN PITTSBURGH) PROVIDES YOUNG JOB SEEKERS WITH
HANDS-ON EDUCATION PROGRAMS AND EMPLOYER TRAINING SEMINARS THAT PREPARE
JOB SEEKERS FOR REAL-WORLD ENTRY-LEVEL POSITIONS. ADDITIONALLY, THIS
PROGRAM INTRODUCES RECENT HIGH-SCHOOL GRADUATES TO PARTNER COMPANIES
THAT HELP MAKE THE PROGRAM POSSIBLE. GRADUATES OF THE PROGRAM HAVE BEEN
HIRED AT PNC, ALLEGHENY HEALTH NETWORK, COMCAST, PEOPLE GAS, GIANT
EAGLE, AND OTHERS. THE PARTNERUP PROGRAM IS EXPECTED TO EXPAND INTO
NEIGHBORING WESTERN PA COUNTIES IN 2020.

BANKWORKS, INTRO TO THE CONSTRUCTION TRADES, AND STRATEGIC INDUSTRY
ENGAGEMENT: IN 2019, UNDER THE LEADERSHIP OF CEO EARL BUFORD, THE BOARD
OF DIRECTORS, AND IN PARTNERSHIP LABOR ORGANIZATIONS, TRAINING

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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PROVIDERS AND TRADE SCHOOLS, COMMUNITY AGENCIES AND ECONOMIC DEVELOPMENT ORGANIZATIONS, PARTNER4WORK CONTINUES TO MAKE SIGNIFICANT STRIDES IN BUILDING AND EXPANDING STRATEGIC PARTNERSHIPS IN NINE KEY INDUSTRIES INCLUDING FINANCIAL SERVICES, CONSTRUCTION, TRANSPORTATION AND LOGISTICS, AND OTHERS. AS EXAMPLES OF INDUSTRY ENGAGEMENT SUCCESSES, PARTNER4WORK, THE PA BANKERS ASSOCIATION, AND 13 OF THE REGION'S LARGEST FINANCIAL INSTITUTIONS BROUGHT BANKWORKS TO THE REGION TO BUILD A DIVERSE TALENT PIPELINE AND PROVIDE CAREER PATHWAY OPPORTUNITIES FOR DISADVANTAGED POPULATIONS. THIS NATIONALLY RECOGNIZED PROGRAM, LAUNCHED IN THE FALL OF 2019, STRATEGICALLY EQUIPS INDIVIDUALS WITH THE SKILLS NECESSARY FOR ENTRY- LEVEL POSITIONS IN RETAIL BANKING. OF THE FIRST GRADUATING CLASS, 80 PERCENT REMAIN EMPLOYED AS OF TODAY. AT LEAST FOUR COHORTS ARE EXPECTED TO BE TRAINED THROUGH BANKWORKS IN 2020. OPERATED BY THE BUILDERS GUILD OF WESTERN PA, THE INTRO TO THE CONSTRUCTION TRADES (I2TT) PROGRAM IS THE REGION'S ONLY INDUSTRY-RECOGNIZED, REGISTERED PRE-APPRENTICESHIP PROGRAM FOR THE CONSTRUCTION TRADES. THE I2TT CURRICULUM ALIGNS WITH NORTH AMERICA'S BUILDING TRADES UNION'S MULTI-CRAFT CORE (MC3) PROGRAM, ENDORSED NATIONWIDE BY THE CONSTRUCTION INDUSTRY. THROUGH AN ARTICULATION AGREEMENT DEVELOPED BY PARTNER4WORK AND THE BUILDERS GUILD, THE I2TT PROGRAM PROVIDES GRADUATES GUARANTEED PLACEMENT INTO ONE OF 16 AFFILIATED TRADE UNIONS AS APPRENTICES OR JOURNEYMAN LABORERS. THE I2TT PROGRAM CREATES A GUARANTEED PATHWAY TO HIGH-DEMAND JOBS WITH FAMILY-SUSTAINING WAGES FOR LOW-INCOME INDIVIDUALS WITH BARRIERS TO EMPLOYMENT AND DELIVERS A DIVERSE PIPELINE OF SKILLED TALENT FOR THE INDUSTRY.

WORKFORCE CLEARINGHOUSE DEVELOPMENT: PARTNER4WORK (P4W) IN CLOSE

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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COLLABORATION WITH THE PITTSBURGH ARENA REAL ESTATE REDEVELOPMENT, THE ALLEGHENY COUNTY AIRPORT AUTHORITY, AND THE PITTSBURGH REGIONAL BUILDING AND CONSTRUCTION TRADES COUNCIL, WILL LEAD AND IMPLEMENT A WORKFORCE DEVELOPMENT STRATEGY THAT SIMULTANEOUSLY ATTENDS TO THE NEEDS OF RESIDENTS AND EMPLOYERS ENGAGED IN ALL PHASES OF THE DEVELOPMENT OF THE FORMER CIVIC ARENA 28-ACRE SITE LOCATED IN THE CITY'S LOWER HILL DISTRICT AND THE TERMINAL BUILDING AT THE PITTSBURGH INTERNATIONAL AIRPORT. AS THE DESIGNATED FIRST SOURCE ENTITY FOR THESE PROJECTS, PARTNER4WORK WILL SERVE AS THE CLEARINGHOUSE FOR TRAINING AND EMPLOYMENT OPPORTUNITIES ASSOCIATED WITH BOTH THE CONSTRUCTION PHASE AND END-USE JOBS. PARTNER4WORK WILL ESTABLISH A PIPELINE OF INTERESTED CANDIDATES INTO THE INTRO TO THE CONSTRUCTION TRADES PROGRAM BY COORDINATING WITH PA CAREERLINK PITTSBURGH/ALLEGHENY COUNTY AND ORGANIZATIONS SUCH AS THE A. PHILIP RANDOLPH INSTITUTE, ENSURING A SUPPLY OF SKILLED WORKERS TO MEET THE NEEDS OF THE INDUSTRY. ADDITIONALLY, PARTNER4WORK AND LITERACY PITTSBURGH, THE ADULT BASIC EDUCATION PROVIDER FOR THE PITTSBURGH REGION, WILL DEVELOP AND IMPLEMENT A CONSTRUCTION MATH TUTORING PROGRAM TO SUPPORT INTERESTED RESIDENTS WHO HAVE SKILLS GAPS IN MEETING THE BASIC ENTRANCE REQUIREMENTS FOR THE I2TT PROGRAM. PARTNER4WORK WILL WORK CLOSELY WITH THE DEVELOPERS AND SEIU 32BJ TO IDENTIFY POST-CONSTRUCTION EMPLOYMENT OPPORTUNITIES (E.G. "END-USE JOBS") ON THE LOWER HILL REDEVELOPMENT AND TERMINAL BUILDING SITES. AS END-USE JOBS ARE IDENTIFIED, PARTNER4WORK WILL DEVELOP AND IMPLEMENT WORKFORCE DEVELOPMENT STRATEGIES CUSTOMIZED TO THE SPECIFIC OCCUPATIONS REQUIRED. FOR END-USE JOBS THAT REPRESENT UNIONIZED LABOR, SUCH AS BUILDING MAINTENANCE AND HOSPITALITY, PARTNER4WORK WILL COORDINATE CLOSELY WITH SEIU 32BJ, UNITE HERE LOCAL 57, AND THE ALLEGHENY COUNTY LABOR COUNCIL TO IDENTIFY ONE OR MORE

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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PRE-EMPLOYMENT TRAINING PROGRAMS OF CHOICE THAT WILL EQUIP INDIVIDUALS WITH THE NECESSARY SKILLS FOR EMPLOYMENT IN THE TARGETED OCCUPATIONS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS THREE SPECIFIC FUNCTIONS: 1) PREPARES AN ANNUAL REPORT ON THE ORGANIZATION'S PERFORMANCE AND CONFIRMS THE ORGANIZATION'S COMPLIANCE WITH EXISTING LEGAL, REGULATORY, AND FINANCIAL REPORTING REQUIREMENTS. 2) WORKS WITH THE FINANCE/AUDIT COMMITTEE TO PREPARE THE ORGANIZATION'S BUDGET AND ACCESS THE ORGANIZATION'S FINANCIAL PERFORMANCE IN RELATION TO THE BUDGET AT LEAST FOUR TIMES PER YEAR. 3) HIRING, ESTABLISHING COMPENSATION, AND ANNUALLY EVALUATING THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ALLEGHENY COUNTY CHIEF EXECUTIVE AND THE MAYOR OF PITTSBURGH, SHALL APPOINT MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE AFFAIRS OF THE ORGANIZATION SHALL BE UNDER THE GENERAL DIRECTION OF THE EXECUTIVE COMMITTEE, WHICH SHALL ADMINISTER, MANAGE, PRESERVE, AND PROTECT THE PROPERTY OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE PERFORMS AN IN-DEPTH REVIEW OF FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS EACH BOARD MEMBER CONFIRM ANNUALLY THAT HE OR SHE DOES

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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NOT HAVE ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPROVES, AND ANNUALLY REVIEWS, THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ARE AVAILABLE ON SITE BY REQUEST.

FORM 990, PART XII, LINE 2(C), RESPONSIBILTY OF OVERSIGHT:

PARTNER4WORK DID NOT CHANGE THEIR OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

FORM 990, PART I, LINE 19, REVENUE LESS EXPENSES, PART XI LINE 3

UNRESTRICTED PORTION: \$-37,834

TEMPORARILY RESTRICTED: \$4,231,212

TOTAL: \$4,193,378

**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

2018

Open to Public Inspection

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

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
REGIONAL WORKFORCE COLLABORATIVE - SWPA - 20-1967716, 650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA 15222	WORKFORCE DEVELOPMENT	PENNSYLVANIA	501(C)(3)	7	TRWIB, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. TRWIB, INC.	Employer identification number (EIN) or 25-1898851
	Number, street, and room or suite no. If a P.O. box, see instructions. 650 SMITHFIELD STREET, NO. 2600	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15222	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KRISTIN KRAMER

- The books are in the care of ▶ **650 SMITHFIELD STREET, NO. 2600 - PITTSBURGH, PA 15222**
Telephone No. ▶ **412-552-7088** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.