

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

TRWIB, INC.
650 SMITHFIELD STREET 2400
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-TE 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. TRWIB, INC.	Taxpayer identification number (TIN) 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, 2400	
	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 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
Form 990-T (corporation)	07		

KRISTIN KRAMER

- The books are in the care of ▶ **650 SMITHFIELD STREET, 2400 - 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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-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-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ 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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 2400 City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15222 F Name and address of principal officer: KRISTIN KRAMER SAME AS C ABOVE	D Employer identification number 25-1898851 E Telephone number 412-552-7090 G Gross receipts \$ 22,963,949. 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 31
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 67
	6	Total number of volunteers (estimate if necessary)	6 37
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	24,320,934. 22,962,591.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,459. -3,082.
	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)	24,322,393. 22,959,509.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	3,684,180. 3,896,939.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,366.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,610,704. 19,378,578.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,294,884. 23,275,517.
	19	Revenue less expenses. Subtract line 18 from line 12	27,509. -316,008.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,039,682. 14,392,055.
	21	Total liabilities (Part X, line 26)	5,252,944. 5,921,325.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,786,738. 8,470,730.

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 KRISTIN KRAMER, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ELENA FAURIE	Preparer's signature ELENA FAURIE
	Date	Check if self-employed <input type="checkbox"/> PTIN P01684710
	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 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 \$ 16,947,852. 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 ADVANCING ON A CAREER PATHWAY WHILE SIMULTANEOUSLY HELPING BUSINESSES GROW. WITH MORE THAN 20,000 JOB

4b (Code:) (Expenses \$ 4,436,053. 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,383,905.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 14. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 17 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 on 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 (32), 1b (31), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
19 Describe on 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, 2400, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSIE PUSKAR CHIEF PROGRAM OFFICER	40.00 0.00				X		167,900.	0.	25,729.	
(2) JEN PAJEWSKI CHIEF OF STAFF	40.00 0.00				X		133,902.	0.	21,911.	
(3) KRISTIN KRAMER CFO	39.90 0.10			X			121,990.	0.	31,475.	
(4) ROBERT CHERRY CEO (ENTERED 7/2021)	39.90 0.10			X			78,462.	0.	8,033.	
(5) DEBRA CAPLAN, INTERIM CEO (THRU 7/21), DIRECTOR (AS OF 7/21)	0.90 0.10	X		X			73,500.	0.	0.	
(6) DAVE MALONE CHAIR	4.90 0.10	X		X			0.	0.	0.	
(7) LAURA ELLSWORTH VICE CHAIR	0.90 0.10	X		X			0.	0.	0.	
(8) DARRIN KELLY SECRETARY	4.90 0.10	X		X			0.	0.	0.	
(9) KEVIN ACKLIN DIRECTOR	0.90 0.10	X					0.	0.	0.	
(10) WILL ALLEN DIRECTOR	0.90 0.10	X					0.	0.	0.	
(11) RICH BARCASKEY DIRECTOR	0.90 0.10	X					0.	0.	0.	
(12) DR. QUINTIN BULLOCK DIRECTOR	0.90 0.10	X					0.	0.	0.	
(13) RICH CASOLI DIRECTOR	0.90 0.10	X					0.	0.	0.	
(14) MARY FRANCES COOPER DIRECTOR (EXITED 12/21)	0.90 0.10	X					0.	0.	0.	
(15) DAVID A. COPLAN DIRECTOR	0.90 0.10	X					0.	0.	0.	
(16) TOM CROFT DIRECTOR (EXITED 12/21)	0.90 0.10	X					0.	0.	0.	
(17) ERIN DALTON 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CLARENCE DOZIER DIRECTOR (ENTERED 12/21)	0.90 0.10	X						0.	0.	0.
(19) IKE GITTLIN DIRECTOR	0.90 0.10	X						0.	0.	0.
(20) GABRIELLE GONZALEZ DIRECTOR (ENTERED 12/21)	0.90 0.10	X						0.	0.	0.
(21) CAREY HARRIS DIRECTOR	0.90 0.10	X						0.	0.	0.
(22) TIMOTHY HOLT DIRECTOR	0.90 0.10	X						0.	0.	0.
(23) MARCI KATONA DIRECTOR	0.90 0.10	X						0.	0.	0.
(24) MAJESTIC LANE DIRECTOR (EXITED 12/21)	0.90 0.10	X						0.	0.	0.
(25) STEVE MASSARO DIRECTOR	0.90 0.10	X						0.	0.	0.
(26) KATHERINE MCEVILLY DIRECTOR (ENTERED 12/21)	0.90 0.10	X						0.	0.	0.
1b Subtotal								575,754.	0.	87,148.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								575,754.	0.	87,148.

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, 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
DB GRANT ASSOCIATES, INC. 30 BROADWAY FLOOR 31, NEW YORK, NY 10006	DISLOCATED WORKER SERVICES	3,343,124.
PHASE 4 AMERICA INC. 5850 CENTRE AVENUE, PITTSBURGH, PA 15206	YOUTH SERVICES	2,952,034.
EDUCATIONAL DAAT SYSTEMS, INC., 15300 COMMERCE DRIVE NORTH, DEARBORN, MI 48120	ADULT SERVICES	1,653,426.
DYNAMIC WORKFORCE SOLUTIONS 237 SOUTH ST, WAUKESHA, WI 53186	DISLOCATED WORKER SERVICES	1,541,205.
GOODWILL OF SOUTHWESTERN PA 118 52ND ST, PITTSBURGH, PA 15201	YOUTH SERVICES	1,335,228.

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 VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	21,988,729.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	973,862.		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		22,962,591.		
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)		1,358.		1,358.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses				
	6 c	Rental income or (loss)				
		Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	7 b	Less: cost or other basis and sales expenses		4,440.		
	7 c	Gain or (loss)		-4,440.		
	Net gain or (loss)		-4,440.		-4,440.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
8 b	Less: direct expenses	8b				
	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a				
9 b	Less: direct expenses	9b				
	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a				
10 b	Less: cost of goods sold	10b				
	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code			
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		22,959,509.	0.	0.	-3,082.

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	573,792.	388,003.	185,582.	207.
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	2,587,791.	1,723,122.	863,586.	1,083.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	109,667.	77,537.	32,130.	
9 Other employee benefits	377,106.	248,659.	128,447.	
10 Payroll taxes	248,583.	172,192.	76,391.	
11 Fees for services (nonemployees):				
a Management				
b Legal	15,354.	106.	15,248.	
c Accounting	66,438.		66,438.	
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.)	310,959.	236,037.	74,922.	
12 Advertising and promotion				
13 Office expenses	67,432.	14,163.	53,269.	
14 Information technology	139,877.	33,356.	106,521.	
15 Royalties				
16 Occupancy	294,818.	181,418.	113,324.	76.
17 Travel	28,671.	22,157.	6,514.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,616.	1,011.	7,605.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,645.		25,645.	
23 Insurance	18,239.		18,239.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECT COSTS	17,889,575.	17,889,575.		
b MATERIALS AND SUPPLIES	426,381.	391,134.	35,247.	
c MEMBERSHIPS	41,696.		41,696.	
d EQUIPMENT EXPENSE	27,842.		27,842.	
e All other expenses	17,035.	5,435.	11,600.	
25 Total functional expenses. Add lines 1 through 24e	23,275,517.	21,383,905.	1,890,246.	1,366.
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	57,428.	1	56,342.
	2 Savings and temporary cash investments	5,566,003.	2	6,259,769.
	3 Pledges and grants receivable, net	1,428.	3	0.
	4 Accounts receivable, net	8,115,625.	4	7,873,459.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	140,291.	9	73,663.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 330,578.		
	b Less: accumulated depreciation	10b 201,756.	158,907.	10c 128,822.
	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 33)		14,039,682.	16	14,392,055.
Liabilities	17 Accounts payable and accrued expenses	5,252,944.	17	5,921,325.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		5,252,944.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	898,492.	27	852,647.
	28 Net assets with donor restrictions	7,888,246.	28	7,618,083.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,786,738.	32	8,470,730.
	33 Total liabilities and net assets/fund balances	14,039,682.	33	14,392,055.

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	22,959,509.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,275,517.
3	Revenue less expenses. Subtract line 2 from line 1	3	-316,008.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,786,738.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,470,730.

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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	
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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24158878.	20636443.	24310620.	24320934.	22962591.	116389466
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	24158878.	20636443.	24310620.	24320934.	22962591.	116389466
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.						116389466

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	24158878.	20636443.	24310620.	24320934.	22962591.	116389466
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,646.	5,926.	6,602.	1,459.	1,358.	18,991.
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.)						
11 Total support. Add lines 7 through 10						116408457
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.98	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.98	%
16a 33 1/3% support test - 2021. 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	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. 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	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. 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	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. 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	▶ <input type="checkbox"/>		
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	▶ <input type="checkbox"/>		

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

DRAFT 03/22/2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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.S DEPARTMENT OF LABOR 7 PARKWAY CTR #290 PITTSBURGH, PA 15220	\$ 10,551,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20201	\$ 7,085,838.	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.)
	_____ _____ _____	\$ _____	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
_____	_____
_____	_____
_____	_____

(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
_____	_____
_____	_____
_____	_____

(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
_____	_____
_____	_____
_____	_____

(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
_____	_____
_____	_____
_____	_____

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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 make 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 program
 - 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 Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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		330,578.	201,756.	128,822.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				128,822.

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 FASB 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 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

Part XIII Supplemental Information *(continued)*

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 2019.

DRAFT 03/22/2023

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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) 2021

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 and/or 1099-NEC 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) SUSIE PUSKAR CHIEF PROGRAM OFFICER	(i)	167,900.	0.	0.	9,604.	16,125.	193,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEN PAJEWSKI CHIEF OF STAFF	(i)	133,902.	0.	0.	8,034.	13,877.	155,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTIN KRAMER CFO	(i)	121,990.	0.	0.	7,319.	24,156.	153,465.	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)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

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
THOUSANDS OF POSTED JOBS. CAREERLINK STAFF ALSO CAN CONNECT QUALIFIED
JOB SEEKERS TO NO-COST TRAINING AT COMMUNITY COLLEGES OR OTHER
HIGH-QUALITY INSTITUTIONS.

IN ADDITION, REGIONAL BUSINESSES CAN ACCESS A MENU OF NO-COST SERVICES
INCLUDING 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 THOUSANDS OF PEOPLE TO
EMPLOYMENT AND SERVE OVER 1,100 COMPANIES ANNUALLY. AS A RESULT OF THE

COVID-19 PANDEMIC AND RECORD UNEMPLOYMENT, P4W AND PA CAREERLINK

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

Schedule O (Form 990) 2021

Name of the organization TRWIB, INC.	Employer identification number 25-1898851
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LAUNCHED VIRTUAL RE-EMPLOYMENT SERVICES VIA AN ONLINE LEARNING HUB.

THROUGH THIS HUB, JOB SEEKERS WERE ABLE TO ACCESS SURGE HIRING

OPPORTUNITIES, VIRTUAL LEARNING TOOLS AND RESOURCES, AND ONE-TO-ONE

CAREER COUNSELING AND COACHING VIA TRAINED WORKFORCE PROFESSIONALS. THE

ONLINE LEARNING HUB WILL BE MAINTAINED POST-PANDEMIC.

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,

PARTNER4WORK PREPARES YOUTH WITH THE SKILLS TO DEVELOP A WORLD-CLASS

WORKFORCE PIPELINE FOR THE REGION. WE FUND MORE THAN 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 ADDITION TO OTHER

LIFE SKILLS SUCH AS LEADERSHIP AND COMMUNICATIONS SKILLS.

EFFECTIVE JULY 1, 2017, PARTNER4WORK ASSUMED FISCAL AND ADMINISTRATIVE

OVERSIGHT 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

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

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 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.

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

BANKWORK\$, INTRO TO THE CONSTRUC 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 PRE-EMPLOYMENT TRAINING PROGRAMS OF CHOICE THAT WILL EQUIP INDIVIDUALS WITH THE NECESSARY SKILLS FOR EMPLOYMENT IN THE TARGETED OCCUPATIONS. ALSO, IN 2019, P4W ESTABLISHED THE PITTSBURGH AREA WORKFORCE FUNDING COLLABORATIVE, A CONSORTIUM OF SIX REGIONAL PHILANTHROPIES UNITED COORDINATED AND ALIGNED IN ITS EFFORTS TO FUND STRATEGIC WORKFORCE SOLUTIONS TO ADVANCE THE REGION'S JOB SEEKERS AND BUSINESSES. THE COLLABORATIVE'S INITIAL FOCUS INCLUDES JOB QUALITY; DIVERSISTY, EQUITY, AND INCLUSION; AND THE ACCELERATION OF SMALL BLACK-OWNED BUSINESSES, PARTICULARLY IN LIGHT OF THE COVID-19 PANDEMIC.

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

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

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

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 4:
PARTNER4WORK BYLAWS WERE AMENDED ON DECEMBER 17, 2021. A SUMMARY OF THE MOST SIGNIFICANT CHANGES ARE AS FOLLOWS:

1. THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE GOVERN THE CORPORATION. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE ACKNOWLEDGED BY THE FULL BOARD. CHANGED FROM THE MEMBERS AND THE EXECUTIVE COMMITTEE GOVERNING THE CORPORATION.

2. ARTICLE III OF THE BYLAWS NOW INCLUDES INFORMATION ON CONFORMANCE WITH FEDERAL AND STATE LAWS. PREVIOUS ARTICLE III MEMBERSHIP HAS BEEN REMOVED.

3. ARTICLE IV HAS BEEN ADDED TO INCLUDE INFORMATION ABOUT DIRECTORS. BOARD OF DIRECTORS IS APPOINTED NOW INSTEAD OF MEMBERS. PREVIOUS ARTICLE IV GOVERNING STRUCTURE IS NOW ARTICLE V.

4. OTHER AMENDMENTS INCLUDE VARIOUS WORDING CHANGES, ADDITION OF THE TELEPHONE, VIDEO CONFERENCING OR OTHER TECHNOLOGY USE AS AN OPTION FOR PARTICIPATING IN MEETINGS.

FORM 990, PART VI, SECTION A, LINE 7A:
THE ALLEGHENY COUNTY CHIEF EXECUTIVE AND THE MAYOR OF PITTSBURGH, SHALL

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

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 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

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 2400, 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) 2021

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

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

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

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

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

TRWIB, INC.
650 SMITHFIELD STREET 2400
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, 2023

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. 2/2022)

Fee: See instructions

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

Fiscal year ended: 06/30/2022
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. Principal address of organization: _____ Mailing address: (if different than principal address): _____

650 SMITHFIELD STREET, NO. 2400

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 2400, 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. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.

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.):

SOLICITATIONS ARE MADE THROUGH GRANT PROPOSAL.

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 organizations only uses or intend to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: 11/16/2001
SEE STATEMENT 1
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)

SEE STATEMENT 2

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)

SEE STATEMENT 3

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

PARTNER4WORK DID NOT HAVE ANY COMMERCIAL COVENTURERS DURING FISCAL YEAR ENDED JUNE 30, 2022

- 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 4

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:

KRISTIN KRAMER650 SMITHFIELD STREET, SUITE 2400 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

KRISTIN KRAMER, CHIEF FINANCIAL 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:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- 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, 2, 3~~
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.

DRAFT 03/22/2023

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 2

NAME AND ADDRESS

PARTNER4WORK DID NOT HAVE ANY PROFESSIONAL SOLICITORS DURING
FISCAL YEAR ENDED JUNE 30, 2022

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 3

NAME AND ADDRESS

PARTNER4WORK DID NOT HAVE ANY PROFESSIONAL FUNDRAISING
COUNSEL DURING FISCAL YEAR ENDED JUNE 30, 2022

DRAFT 03/22/2023

NAME AND ADDRESS

TITLE

SUSIE PUSKAR
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

CHIEF PROGRAM OFFICER

NAME AND ADDRESS

TITLE

KRISTIN KRAMER
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

CFO

NAME AND ADDRESS

TITLE

ROBERT CHERRY
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

CEO (ENTERED 7/2021)

DRAFT 03/22/2023

NAME AND ADDRESS

DEBRA CAPLAN, INTERIM CEO
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

(THRU 7/21), DIRECTOR (AS OF
7/21)

NAME AND ADDRESS

DAVE MALONE
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

CHAIR

NAME AND ADDRESS

LAURA ELLSWORTH
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

VICE CHAIR

NAME AND ADDRESS

DARRIN KELLY
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

SECRETARY

NAME AND ADDRESS

KEVIN ACKLIN
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

WILL ALLEN
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

RICH BARCASKEY
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

DR. QUINTIN BULLOCK
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

RICH CASOLI
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MARY FRANCES COOPER
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR (EXITED 12/21)

NAME AND ADDRESS

DAVID A. COPLAN
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

TOM CROFT
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR (EXITED 12/21)

NAME AND ADDRESS

ERIN DALTON
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

CLARENCE DOZIER
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 12/21)

NAME AND ADDRESS

IKE GITTLEN
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

GABRIELLE GONZALEZ
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 12/21)

NAME AND ADDRESS

CAREY HARRIS
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

TIMOTHY HOLT
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MARCI KATONA
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MAJESTIC LANE
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

TITLE

DIRECTOR (EXITED 12/21)

NAME AND ADDRESS

TITLE

STEVE MASSARO
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESS

TITLE

KATHERINE MCEVILLY
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

DIRECTOR (ENTERED 12/21)

NAME AND ADDRESS

TITLE

CAITLIN MCLAUGHLIN
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESS

TITLE

TOM MELCHER
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESS

TITLE

BRANDON MENDOZA
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESS

TITLE

JEFF NOBERS
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESS

TITLE

SCOTT PIPITONE
650 SMITHFIELD STREET, 2400
PITTSBURGH, PA 15222

DIRECTOR

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