

May 14, 2018

Mr. Raymond F. Herron Chief Financial Officer TRWIB, Inc. 650 Smithfield Street Pittsburgh, PA 15222

Dear Mr. Herron:

We have prepared, based on information provided by you without verification by us, the following exempt organization returns on behalf of TRWIB, Inc. for the year ended June 30, 2017:

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

Your Form 990 has been prepared for electronic filing. After reviewing your return, please sign, date and return Form 8879-EO to our office as soon as possible but no later than May 15, 2018 via fax at (412) 697-5050 or pdf e-mail attachment to (<u>sdEfile@schneiderdowns.com</u>). The signature authorization form must be received by our office in order to authorize Schneider Downs to submit the electronic return to the IRS. Upon receipt of the form, we will submit your electronic return to the IRS. Do not mail the paper copy of the return to the IRS, it should be retained for your files.

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

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



One PPG Place, Suite 1700 Pittsburgh, PA 15222 TEL 412.261.3644 FAX 412.261.4876 65 E. State Street, Suite 2000 Columbus, OH 43215 TEL 614.621.4060 FAX 614.621.4062 May 14, 2018 Mr. Raymond F. Herron Page 2

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

Very truly yours,

Schneider Downs & Co., Unc.

Certified Public Accountants

JPP/mbj Ref.: 25168-24000 Enclosures

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	
	TRWIB, INC. 650 SMITHFIELD STREET NO. 2600 PITTSBURGH, PA 15222
Prepared by	SCHNEIDER DOWNS & CO., INC. ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

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Form	00	19-	C '	U

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

endar year 2016, or fiscal year beginning $ JUL 1 $, 2016, and ending $ JUN $ 30						
	endar year 2016, or fiscal year beginning	JUL	1	, 2016, and ending	JUN	30

Do not send to the IRS. Keep for your records.

2016

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.
Employer identification number

, 20**17**

TRWIB, INC. Name and title of officer 25-1898851

RAYMOI	ND F	HERRON	1	
CHIEF	FINZ	ANCIAL	OFFICER	

For cale

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

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

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	16,335,863.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		_	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize SCHNEIDER DOWNS CO	INC	to enter my PIN 25168
	ERO firm name	Enter five numbers, but do not enter all zeros
	6 electronically filed return. If I have indicated withir arities as part of the IRS Fed/State program, I also a reen.	. ,
	l as my signature on the organization's tax year 201 n is being filed with a state agency(ies) regulating ch ure consent screen.	
Officer's signature 🕨	Date 🕨	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identific	ation	
number (EFIN) followed by your five-digit self-selected PIN.	2533051850 do not enter all zero	
I certify that the above numeric entry is my PIN, which is my confirm that I am submitting this return in accordance with the <i>e-file</i> Providers for Business Returns.	.	
ERO's signature 🕨	Date 🕨	
	etain This Form - See Instructions orm To the IRS Unless Requested To I	Do So
LHA For Paperwork Reduction Act Notice, see instruction	ns.	Form 8879-EO (2016)

	0	an	Return of Organization Exempt Fror		OMB No. 1545-0047
Form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					
		of the Treasury	Do not enter social security numbers on this form as it n		Open to Public
		enue Service	Information about Form 990 and its instructions is at www.		Inspection
				JUN 30, 2017	
В	Check i applicat	f C Name of	organization	D Employer identifica	ation number
	Addr chan	ge TRWI	B, INC.		
	Nam chan	e ge Doing bu	usiness as PARTNER4WORK		98851
	Initia retur Final retur	Number	and street (or P.O. box if mail is not delivered to street address) Room/3 SMITHFIELD STREET 2600		52-7090
_	term ated	n- City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	16,335,863.
Ľ	Ame	n <u>Б</u>ттт	SBURGH, PA 15222	H(a) Is this a group ret	
	Appl tion penc	F Name a	nd address of principal officer: RAYMOND F. HERRON	for subordinates?	Yes X No
		050 S	MITHFIELD STREET, SUITE 2600, PITTSBU		
		empt status:			st. (see instructions)
			PARTNER4WORK.ORG	H(c) Group exemption	
		of organization:	X Corporation Trust Association Other ► L	Year of formation: 2001 M	State of legal domicile: PA
P	art I				
e	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHE	SDULE O	
anc					
Activities & Governance	2		x I if the organization discontinued its operations or disposed of		
Š	3		ing members of the governing body (Part VI, line 1a)		30
ي ھ	4		ependent voting members of the governing body (Part VI, line 1b)		30
ies	5		of individuals employed in calendar year 2016 (Part V, line 2a)		67
ivit	6		of volunteers (estimate if necessary)		0
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	13,671,041.	16,332,779.
Revenue	9	-	ce revenue (Part VIII, line 2g)	0.	0.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,084.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,674,490.	16,335,863.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1,590,101.	1,856,904.
ens	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Expens	b		ng expenses (Part IX, column (D), line 25)		14 704 201
_	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	11,584,269.	14,794,201.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,174,370. 500,120.	<u>16,651,105.</u> -315,242.
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		· · · · ·
Net Assets or Fund Balances				Beginning of Current Year	End of Year
	20	Total assets (F		6,722,480.	6,410,270.
et A	21		(Part X, line 26)	3,989,609.	3,992,641.
			fund balances. Subtract line 21 from line 20	2,732,871.	2,417,629.
	art II	•			
	•		declare that I have examined this return, including accompanying schedules and st		knowledge and belief, it is
true	e, corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	parer nas any knowledge.	
.		Signature	e of officer	Date	
Sig		,			
He	re	KAYM	OND F. HERRON, CHIEF FINANCIAL OFFICE	AL A	

	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	EUGENE J. LOGAN	EUGENE J. LOGAN		self-employed P00227231		
Preparer	Firm's name SCHNEIDER DOWNS			Firm's EIN 25-1408703		
Use Only	Firm's address ONE PPG PLACE SU	ITE 1700				
	PITTSBURGH, PA 1	5222		Phone no. (412)261-3644		
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT; TRAINING AND PLACT MORE THAN 20,000 JOB SEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES. WE LEAD THE DEVELOPMENT, INTEGRATION AND IMPLEMENTATI 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 11 "Ves." (secribe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		n 990 (2016) TRWIB, INC. 25-1898851 Pa
1 Bielly describe the organization's mission. PARTNERAWORK MEETS THE NEEDS OF BUSINESSES AND JOB SEEKERS BY ANNUAL CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT; TRAINING AND PLACI MORE THAN 20,000 JOB SEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES. WE LEAD THE DEVELOPMENT, INTEGRATION AND IMPLEMENTATI 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "ves." (describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "ves." (describe these changes on Schedule 0. 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, a revenue, if any, for each program service reported. 4 (code: 12,144,973. include grant of all program services (SULTIONS FOR FOR INNOVATION, 3RWIB DELIVERS A MENU OF WORKFORCE SOLUTIONS FOR PITTSBURGH AND ALLEGHENY COUNTY TO ENSURE THE CURRENT AND FUTURE NEE OF BUSINESSES AND JOB SEEKERS ARE MET. THE CORNESTONE OF THE LEGISLATION AND AT THE CORE OF OLU 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 BACK TO WORK WHILE HELPING BUSINESSES GROW. WITH MORE THAN 20,000 JOC SEEKERS USING SERVICES ANNUALLY, CAREERLINK STAFF MEMBERS SUPPORT AI (code:) (freenees 3, 046,530. 40 (code:)	_	
PARTNER4WORK MEETS THE NEEDS OF BUSINESSES AND JOB SEEKERS BY ANNUAL CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT; TRAINING AND PLACT MORE THAN 20,000 JOB SEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES. WE LEAD THE DEVELOPMENT, INTEGRATION AND IMPLEMENTAT 2 Dd the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? if 'Yes,' describe these new services on Schedule 0. 2 Dd the organization cates conducting, or make significant changes in how it conducts, any program services? 2 Dd the organization cates conducting, or make significant changes in how it conducts, any program services? 3 Dd the organization cates accompletiments for each of its three largest program services, as measured by expenses. 3 Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, 3 section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, 3 a revenue, flary, for each program service SYSTEM:		Check if Schedule O contains a response or note to any line in this Part III
OPPORTUNITIES. WE LEAD THE DEVELOPMENT, INTEGRATION AND IMPLEMENTATI 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-2? Implement Program Services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any 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, a revenue, if ary, for each program service exported. 4a (code:) [tipements 12,144,973. including grants of s) (nevenue s ESTABLISHED BY THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY THE WORKFORCE INVESTMENT ACT, AND NATIONALLY RECOGNI FOR INNOVATION, 3RWIB DELIVERS A MENU OF WORKFORCE SOLUTIONS FOR PITTSBURGH AND ALLEGHENY COUNTY TO ENSURE THE CURRENT AND FUTURE NEE 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 BACK TO WORK WHILE HELPING BUSINESSES GROW. WITH MORE THAN 20,000 JC SEEKERS USING SERVICES ANNUALLY, CAREERLINK STAFF MEMBERS SUPPORT AI INNOVATIVE INITIATIVES: LEARN AND EARN - LEARN AND EARN IS A \$4.5 MILLION SUMMER YOUTH EMPLOYMENT PROGRAM DELIVERED IN CONJUNCTION WITH THE CITY OF PITTSBUR AND ALLEGHENY COUNTY. IT AIMS TO SET YOUNG PEOPLE ON THE PATH TO A SUCCESSFUL FUTURE THROUGH A 6-WEEK, PAID SUMMER EMPLOYMENT PROGRAM. YOUNG PEOPLE WHO ARE BETWEEN THE AGES OF 14 AND 21 AND WI MEET INCOME AND RESIDENCY REQUIREMENTS. YOUNG PEOPLE WORK AT SITES ACCONST THE CONTY IN CORPORATIONS, NONPROFITS, AND COMMUNITY PASED ORGANIZATIONS. TO DATE, ALMOST 4,000 YOUNG P	1	PARTNER4WORK MEETS THE NEEDS OF BUSINESSES AND JOB SEEKERS BY ANNUALLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT; TRAINING AND PLACING
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		UNITED MORE THAN 80 WORKFORCE DEVELOPMENT ORGANIZATIONS AND DEVELOPED
		COMMON PLATFORM TO ASSESS AND PATH JOB SEEKERS INTO JOBS. PITTSBURGH
WORKS HAS MADE AN OVERALL INVESTMENT IN PITTSBURGH'S		
		REGIONAL WORKFORCE OF MORE THAN \$1.3 MILLION. AS A RESULT, PITTSBURGH
		WORKS-RELATED PROGRAMS HAVE SERVED MORE THAN 900 EMPLOYERS, TRAINED 4
		JOB SEEKERS, DEVELOPED SEVEN SHORT-TERM EMPLOYER-LED TRAINING PROGRAM
AND HELPED MORE THAN A THOUSAND JOB SEEKERS FIND QUALITY JOBS.		AND HELPED MORE THAN A THOUSAND JOB SEEKERS FIND QUALITY JOBS.
4d Other program services (Describe in Schedule O.)		Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)	4d	(Expenses \$ including grants of \$) (Revenue \$)
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4e Total program service expenses ► 15,455,091.		Total program service expenses 15,455,091.
	4e	Form 990 (

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Form 990 (2016) TRWIB, INC.
Part IV Checklist of Required Schedules

1 Its be organization described in section 501(k) other than a private foundation? I X 2 Its be organization required to complete Schedule <i>B</i> , Schedule <i>G</i> Contributord? 2 X 2 Its be organization required to complete Schedule <i>B</i> , Schedule <i>G</i> , Cantributord? 3 X 3 Section 501(c)(3) organizations engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>H</i> ¹ /se, ⁻ complete Schedule <i>C</i> , Part <i>H</i> 4 X 5 Its the organization assettion 501(c)(d) (c)(d), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts in such that on amounts in such thads or accounts? <i>H</i> ⁻¹ /se, ⁻ complete Schedule <i>D</i> , Part <i>H</i> 6 X 7 Did the organization metason and vised funds or any similar funds or accounts? <i>H</i> ⁻¹ /se, ⁻¹ complete Schedule <i>D</i> , Part <i>H</i> 6 X 7 Did the organization metason and vised funds or any similar funds or accounts? <i>H</i> ⁻¹ /se, ⁻¹ complete Schedule <i>D</i> , Part <i>H</i> 7 X 8 Did the organization metason anount in Part X, line 21, for secrow or custodial account lability, serve as a custodiaf for amounts nust line to funds or accounts? <i>H</i> ⁻¹ /se, ⁻¹ complete Schedule <i>D</i> , Part <i>H</i> 7 X 10 Did the organization directly or through a related organization is 'tes, 'then complete Schedule <i>D</i> , Part <i>N</i> 10 X 11 <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
2 Is the organization required to complete Schedule B, Schedule O Contributord 2 X 3 Did the organization required to complete Schedule C, Part II 3 X 4 Section SO1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section SO1(b) election in effect during the taxy earl IV 'res, 'complete Schedule C, Part II 4 X 5 It the organization ascience SO1(c)(4, SO1(c)(5), or SO1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Neeuwe Procedure Rev Part IV 5 X 6 Did the organization maintain any done advised funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization maintain any done advised funds or an accounts? II 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization maintain any done advised funds or an account alphality evers as a custodian for amounts in such funds or accountary. II 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization amount for Part X, the 21, for account cert repair, or debt negotiation services? 9 X 10 Did the organization amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in P	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public ottica? If "vis," complete Schedule C, Part I 3 X 3 Section SO1(K)3 organizations. Did the organization engage in lobbying activities, or have a section SO1(h) election in effect during the tax year? If "vis," complete Schedule C, Part II 4 X 4 Did the organization maxima and up door advised funds or any similar funds or accounts for which doors have the right to the provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to the provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization martian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization memory for provide cardit conselling, doth management, credit meapir, or dath regolitation services? 7 X 9 Did the organization, encore to rourody a related organization, hidd assets in temporarily restricted endowments, or quasiendowments? 7 X 10 Did the organization neerory in amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V 10 X 11 If the organization engori an amount for other assets in Part X, line 12? If			1		
public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) or ganizations. Did the organization magnetic the magnetic during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar mounts as defined in Revenue Proceedure 98:197 If "Yes," complete Schedule C, Part II 4 X 6 Did the organization maintain any denor advised funds or any similar funds or accounts for which dorons have the right to provide advice on the distlution or investment of amounts in such funds or accounts for which dorons have the right to provide advice on the distlution or investment of amounts in such funds or accounts for which dorons have the right to provide advice on the distlution or investment of amounts in such funds or accounts for Wice; complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 10 Did the organization mount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on the investments? If "Yes," complete Schedule D, Part IV 8 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? If Yes," complete Schedule C, Part II. 4 X 5 Is the organization a section 501(c)(A). 501(c)(5), 00 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If Yes," complete Schedule C, Part III. 6 X 7 Did the organization maintain and y donra divised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to the environment, historic land areas, or historic structures II 'Yes,' complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II 'Yes,' complete Schedule D, Part IV. 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, personant endowments? II 'Yes,' complete Schedule D, Part IV. 10 X 10 Did the organization report an amount for leads, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part W. 11a X 11 If the organization report an amount for investments - organized and part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 IF 'Yes,' complete Schedule D, Part XIIII 11a	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year // Yes," complete Schedule C, Part II 4 X 5 is the organization a section S01(c)(a), o501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in the second means, or historic or structures // If 'Yes,' complete Schedule D, Part II 6 X 7 X 8 X 9 7 X 8 Did the organization memory in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on titlete in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for levestments - organized ton Part X, line 102 If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for levestments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X			3		<u> </u>
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e Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X and XII</i> 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 11e X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? <i>If</i> "Yes," <i>complete Schedule E</i> 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization	d	· · ·			v
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18				v
	40		18		
	19		19		x

Form **990** (2016)

Form	aan	(2016)	
FUIII	990	(2010)	

 Form 990 (2016)
 TRWIB, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		XX
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	01		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		┣──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

Form	990 (2016) TRWIB, INC.	25-1898	851	Р	age 5
Pa					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 15			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	-		
-	(gambling) winnings to prize winners?		1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 67			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned to the second sec		2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions				
3a		<i>י</i>	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		x
b	If "Yes," enter the name of the foreign country:				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
ou	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
Ŭ	to file Form 8282?	ao required	7c		x
h	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi		7g	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	/ -		,	F
Ũ		,,	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	······			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	100	-		
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		-		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.		104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		<u> </u>
		~ ~		990	(2016

0	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			
ec	tion A. Governing Body and Management				Τ.
4		30	_	Yes	-
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
h		30			
	Enter the number of voting members included in line 1a, above, who are independent 1b				1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				t
2	officer, director, trustee, or key employee?	–	2		ł
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		3		
4	of officers, directors, or trustees, or key employees to a management company or other person?		4	Х	t
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		t
5 6		···· —	6		t
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	··· ⊢'	0		t
/ d		-	70	х	l
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	··· -	7a		ł
D		-	7b	х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	···			ł
			Ba	х	l
	The governing body? Each committee with authority to act on behalf of the governing body?		3b	X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		30		t
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	'	<u> </u>		
				Yes	1
0a	Did the organization have local chapters, branches, or affiliates?	1	0a	100	1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	··· ··			1
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	1	0b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		1a	Х	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	· -			1
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	1	2a	Х	Ī
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	····	2b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	–			t
-	in Schedule O how this was done	1	2c	х	
3	Did the organization have a written whistleblower policy?		13	Х	t
4	Did the organization have a written document retention and destruction policy?		14	Х	1
	Did the process for determining compensation of the following persons include a review and approval by independent	··· 🛏			1
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				I
а	The organization's CEO, Executive Director, or top management official	1	5a	Х	Ì
	Other officers or key employees of the organization	····	5b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	–			t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				I
	taxable entity during the year?	1/	6a		Ī
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	–			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				I
	exempt status with respect to such arrangements?	1/	6b		1
ec	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	ılv) ava	ailabl	e	-
-	for public inspection. Indicate how you made these available. Check all that apply			-	
~	Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	and fil	nano	iai	
0	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: ► _ RAYMOND F. HERRON, CPA - 412-552-7092				_
	650 SMITHFIELD STREET, NO. 2600, PITTSBURGH, PA 15222				_
000		r	orm	990	_
2006	§ 11-11-16	F		330	(
	б				
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TRWIB, INC.

Form 990 (2016)

Part VII	Compensation of Officers, Directors, Tru	ustees, Key Employ	yees, Highest C	ompensated	
	Employees, and Independent Contractor	rs			

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title				Posi	ر ition	ı				
Name and Title	Average hours per		not c	heck ss pe	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week			nd a d				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	- direc				eq		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	l trus	nal tr		oyee	duo				and related
	below	Individual trustee or director	In stitutional trustee	cer	Key employee	Highest compensated employee	mer			organizations
	line)	Ind	lns	Officer	Key	Hig	For			
(1) RICH BARCASKEY	0.90									
DIRECTOR	0.10	X						0.	0.	0.
(2) JOSEPH G. BELECHAK	0.90									_
DIRECTOR	0.10	Х						0.	0.	0.
(3) DONALD G. BLOCK	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(4) DR. QUINTIN BULLOCK	0.90									
DIRECTOR	0.10	X						0.	0.	0.
(5) DEBRA CAPLAN	0.90									
DIRECTOR	0.10	X						0.	0.	0.
(6) DON CHARLTON	0.90									
DIRECTOR	0.10	X						0.	0.	0.
(7) MARC CHERNA	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(8) MARY FRANCES COOPER	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(9) DAVID A. COPLAN	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(10) ANN DUGAN	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(11) MELISSA FERRARO	0.90									
DIRECTOR (ENTERED 12/16)	0.10	x						0.	0.	0.
(12) JASON FINCKE	0.90									
DIRECTOR (EXITED 3/17)	0.10	x						0.	0.	0.
(13) LAURA FISHER	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(14) IKE GLITTLEN	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(15) RON GDOVIC	0.90									
DIRECTOR (EXITED 10/16)	0.10	x						0.	0.	0.
(16) DR. LINDA HIPPERT	0.90	<u> </u>								
DIRECTOR	0.10	x						0.	0.	0.
(17) RAZI IMAM	0.90	<u> </u>								
DIRECTOR (EXITED 10/16)	0.10	x						0.	0.	0.
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Form 990 (2	2016)
Dart VII	• •

Part VII Section A. Officers, Directors, Trus		ploy	ees			Ighe	st (1		1		
(A)	(B)			-	C)	•		(D)	(E)		(F)	
Name and title	Average		not c		more	e than		Reportable	Reportable		stimat	
	hours per week					is bot or/trus		compensation	compensation	ar	nount	
	(list any						É	from the	from related organizations	000	other pens	
	hours for	direct				_		organization	(W-2/1099-MISC)		rom th	
	related	se or (stee			nsated		(W-2/1099-MISC)	(112/1000 11100)		janiza	
	organizations	Individual trustee or director	Institutional trustee		yee	npe		(· ·	d rela	
	below	idual	tution	ы	ƙey employee	est co lo yee	ler			org	anizat	ions
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former					
(18) MARCI KATONA	0.90											
DIRECTOR	0.10	Х						0.	0.			0.
(19) LISA KUZMA	0.90											
DIRECTOR	0.10	Х						0.	0.			0.
(20) JEFF NOBERS	0.90								_			
DIRECTOR (ENTERED 4/17)	0.10	Х						0.	0.			0.
(21) STEVE NOLDER	0.90											
DIRECTOR	0.10	Х						0.	0.			0.
(22) STEVE MASSARO	0.90											•
DIRECTOR (ENTERED 4/17)	0.10	Х						0.	0.			0.
(23) SCOTT PIPITONE	0.90								0			•
DIRECTOR	0.10	Х						0.	0.			0.
(24) JOSHUA POLLARD	0.90	x						0.	0.			0.
DIRECTOR (ENTERED 4/17)	0.10	^				-	-	0.	0.			0.
(25) BETH POWERS DIRECTOR	0.30	x						0.	0.			0.
(26) DAVID SCHLOSSER	0.90	~						0.	0.			
DIRECTOR (ENTERED 7/16)	0.10	x						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part V								466,141.	0.	8	5,2	279.
d Total (add lines 1b and 1c)								466,141.	0.			279.
2 Total number of individuals (including but n									0.000 of reportable	1		
compensation from the organization						-,		•••••	,			1
											Yes	No
3 Did the organization list any former officer,	director, or tru	iste	e, ke	ev er	nplo	ovee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual				•			•		3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edul	e J	for such individual		4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	n any	y uni	relat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	for si	uch	pers	son				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co										sation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	vithi	n the organization's tax	year.			
(A) Name and business	addraaa	3.7/	~***	-				(B) Description of s) Compe	C)	
	aduress	N	ONI	5						Jointpe	IISau	лт ————————————————————————————————————
2 Total number of independent contractors (i		ot li	mite	d to	tho	ose li: ∩	steo	d above) who received m	nore than			
\$100,000 of compensation from the organi SEE PART VII, SECTION		ידי		<u>.</u>		N (ਤਸ	EETS		Form	990	(2016)
\mathcal{O}					- 01	- 1 }	~ * *			LOUID	330	(2010)

Part VII Section A. Officers, Directors,	Trustees, Kev Er	npla	ovee	s. a	nd H	liah	est	Compensated Employ	ees (continued)	
(A)	(B)	- 	.,)			(D)	(E)	(F)
Name and title	Average			Pos	-			Reportable	Reportable	Estimated
Name and the	hours					app	۱v)	compensation	compensation	amount of
	per		lecr		linat	app T	iy <i>)</i>	from	from related	other
	week					8		the	organizations	compensatio
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	related	ee or	stee			n sate		(and related
	organizations	trust	al tru		yee	mpe				organizations
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			Ũ
	line)	Indiv	Instit	Officer	Keye	High	Former			
(27) JACK SHEA	0.90									
DIRECTOR	0.10	x						0.	0.	0
28) LATRENDA LEONARD SHERRILL	0.90									
DIRECTOR (EXITED 6/17)	0.10	x						0.	0.	0
(29) CRAIG STAMBAUGH	0.90									
DIRECTOR	0.10	X						0.	0.	0
(30) DR. NANCY WASHINGTON	0.90									
DIRECTOR (ENTERED 9/16)		X						0.	0.	(
(31) MARK LATTERNER	4.90									
CHAIR	0.10	Х		Х				0.	0.	(
(32) LAURA ELLSWORTH	4.90									
/ICE CHAIR	0.10	Х		Х				0.	0.	(
(33) ED HARTMAN	4.90									
TREASURER	0.10	X		Х				0.	0.	(
(34) JESSICA TRYBUS	4.90	.,							0	
SECRETARY	0.10	X		X				0.	0.	0
(35) STEFANI PASHMAN	0.10			x				171 017	0.	20 100
CEO	39.90							171,917.	0.	28,185
(36) RAYMOND HERRON	0.10			x				54,224.	0.	11,727
CFO (37) MARTINO MCCRAE	39.90			^				54,224.	0.	11,72
200	0.10					x		125,000.	0.	25 830
	39.90	<u> </u>						125,000.	0.	25,839
(38) VERA KROFCHECK	0.10					x		115,000.	0.	10 500
CSO	0.10					^		115,000.	0.	19,528
		<u> </u>								
		1								
otal to Part VII, Section A, line 1c								466,141.		85,27

Form	ı 99	0 (;	2016) TRWIE	B, INC.				25-1898	851 Page 9
Ра	rt V	/11	Statement of Rever	nue					
			Check if Schedule O cont	tains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
a, (Fundraising events						
Giff		d	Related organizations	1d					
imi,		е	Government grants (contribut	tions) 1e	15,527,644.				
rior ≝		f	All other contributions, gifts, gran	its, and					
the			similar amounts not included abo	ve 1f	805,135.				
ud O		g	Noncash contributions included in lines	a 1a-1f: \$					
a Č		h	Total. Add lines 1a-1f			16,332,779.			
					Business Code				
ice	2	а							
erv		b							
n S /en		С							
jraı Re∖		d							
Program Service Revenue		е	<u> </u>						
			All other program service reve						
	3		Investment income (including			3,084.			3,084.
	4		other similar amounts)			5,004.			5,004.
	5		Royalties		r i i i i i i i i i i i i i i i i i i i				
	5		Noyanes	(i) Real	(ii) Personal				
	6	а	Gross rents		(ii) i eisonai				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		с	Gain or (loss)						
		d	Net gain or (loss)		►				
Other Revenue	8	а	Gross income from fundraisin including \$	•					
eve			contributions reported on line						
r B			Part IV, line 18	a					
the		b	Less: direct expenses						
0		с	Net income or (loss) from fund	draising events	►				
	9	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19						
			Less: direct expenses						
		С	Net income or (loss) from gam	ning activities	····· ►				
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
	4.4		Miscellaneous Revenu		Business Code				
	11				├				
		b			├				
		с С	All other revenue						
		d o	All other revenue						
	12		Total revenue. See instructions.			16,335,863.	0.	0.	3,084.
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TRWIB, INC.

Part IX Statement of Functional Expenses

De	Check if Schedule O contains a respons	(A)	this Part IX	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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	330,639.	201,718.	128,921.	
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,201,434.	712,082.	489,352.	
' 8	Pension plan accruals and contributions (include	_,_01,1010	2 , 0 0 2 0		
0	section 401(k) and 403(b) employer contributions)	43,378.	27,972.	15,406.	
~		160,376.	116,810.	43,566.	
9	Other employee benefits	121,077.	89,686.	31,391.	
0	Payroll taxes	121,077•	09,000.	51,591.	
1	Fees for services (non-employees):				
a	Management	32,896.	21,543.	11,353.	
b	F	63,379.			
	Accounting	03,3/9.	2,500.	60,879.	
d	Lobbying				
е	с с с с с с с с с с с с с с с с с с с				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	123,673.	118,251.	5,422.	
2	Advertising and promotion				
3	Office expenses	33,002.	7,054.	25,948.	
4	Information technology	82,764.	43,085.	39,679.	
5	Royalties				
6	Occupancy	112,153.	4,000.	108,153.	
7	Travel	29,208.	8,546.	20,662.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	31,491.	19,403.	12,088.	
0	Interest	-		· · · · ·	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	37,837.		37,837.	
2 3		18,957.		18,957.	
3 4	Other expenses, Itemize expenses not covered	_0,001.			
•	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	14 007 077	14 007 077		
а	PROJECT COSTS	14,007,977.		22 470	
b	COMMUNICATION	88,785.	65,306.	23,479.	
С	MATERIALS AND SUPPLIES	46,299.	5,671.	40,628.	
d	EQUIPMENT EXPENSE	44,205.	2,793.	41,412.	
е	All other expenses	41,575.	694.	40,881.	
5	Total functional expenses. Add lines 1 through 24e	16,651,105.	15,455,091.	1,196,014.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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TRWIB, INC.

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	Check if Schedule O contains a response or not Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectior employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	prmer offic ated emplo fied perso a 4958(c)(3 tion 501(c) Complete	ers, directors, byees. Complete ns (as defined under b)(B), and contributing (9) voluntary e Part II of Sch L	(A) Beginning of year 1,593,805. 289,448. 458,753. 4,177,304.	1 2 3 4 5 6 7 8	(B) End of year 2,347,732. 289,523. 0. 3,591,919.
2 3 4 5 6 7 8 9 10a	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	fied perso a 4958(c)(3 complete	ers, directors, pyees. Complete ns (as defined under b)(B), and contributing (9) voluntary e Part II of Sch L	Beginning of year 1,593,805. 289,448. 458,753. 4,177,304.	2 3 4 5 6 7 8	End of year 2,347,732. 289,523. 0.
2 3 4 5 6 7 8 9 10a	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	fied perso a 4958(c)(3 complete	ers, directors, pyees. Complete ns (as defined under b)(B), and contributing (9) voluntary e Part II of Sch L	1,593,805. 289,448. 458,753. 4,177,304.	2 3 4 5 6 7 8	2,347,732. 289,523. 0.
2 3 4 5 6 7 8 9 10a	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	fied perso a 4958(c)(3 complete	ers, directors, pyees. Complete ns (as defined under b)(B), and contributing (9) voluntary e Part II of Sch L	289,448. 458,753. 4,177,304.	2 3 4 5 6 7 8	289,523. 0.
3 4 5 6 8 9 10a	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	prmer offic ated emplo fied perso a 4958(c)(3 tion 501(c) Complete	ers, directors, byees. Complete ns (as defined under b)(B), and contributing (9) voluntary e Part II of Sch L	458,753. 4,177,304.	3 4 5 6 7 8	0.
4 5 8 8 9 10a	Accounts receivable, net	prmer offic ated emplo fied perso a 4958(c)(3 tion 501(c) Complete	ers, directors, byees. Complete ns (as defined under b)(B), and contributing (9) voluntary e Part II of Sch L	4,177,304.	4 5 6 7 8	3,591,919.
5 8 8 9 10a	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	prmer offic ated emplo fied perso a 4958(c)(3 tion 501(c) Complete	ers, directors, byees. Complete ns (as defined under b)(B), and contributing (9) voluntary Part II of Sch L		5 6 7 8	3,391,919.
6 Assets 7 8 9 10a	trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ated emplo fied perso a 4958(c)(3 tion 501(c) Complete	byees. Complete ns (as defined under b)(B), and contributing (9) voluntary Part II of Sch L	89 660	6 7 8	
Steets 8 9 10a	Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	fied perso a 4958(c)(3 tion 501(c) Complete	ns (as defined under b)(B), and contributing (9) voluntary Part II of Sch L	89 660	6 7 8	
Steets 8 9 10a	Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	fied perso a 4958(c)(3 tion 501(c) Complete	ns (as defined under)(B), and contributing (9) voluntary Part II of Sch L	89 660	6 7 8	
Stats 4856ts 9 10a	section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 4958(c)(3 tion 501(c) Complete	9)(B), and contributing (9) voluntary 9 Part II of Sch L	89 660	7 8	
9 10a	employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	tion 501(c) Complete	(9) voluntary Part II of Sch L	89 660	7 8	
9 10a	employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	Complete	Part II of Sch L	89 660	7 8	
9 10a	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			80 660	7 8	
9 10a	Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			80 660	8	
9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			80 660		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			80 660		
	basis. Complete Part VI of Schedule D	100		09,000.	9	90,483.
	basis. Complete Part VI of Schedule D Less: accumulated depreciation	100				
I	Less: accumulated depreciation	10a	128,450.			
b		10b	37,837.	0.	10c	90,613.
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			113,510.	15	0.
16	Total assets. Add lines 1 through 15 (must equ			6,722,480.	16	6,410,270.
17	Accounts payable and accrued expenses			3,989,609.	17	3,965,273.
18	Grants payable				18	
19	Deferred revenue				19	27,368.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
<u>ທ</u> 22	Loans and other payables to current and former	officers, o	directors, trustees,			
Liabilities	key employees, highest compensated employee					
abi	Complete Part II of Schedule L				22	
ت ₂₃	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	- s 17-24). C	omplete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			3,989,609.	26	3,992,641.
	Organizations that follow SFAS 117 (ASC 958), check ł	nere 🕨 🗴 and			
ş	complete lines 27 through 29, and lines 33 an					
Ĕ 27	Unrestricted net assets			897,065.	27	801,932.
<u>a</u> 28	Temporarily restricted net assets		1,835,806.	28	1,615,697.	
Fund Balances 66 67 68 68 63 64 64 64 64 64 64 64 64 64 64 64 64 64				29		
"	Organizations that do not follow SFAS 117 (A					
ъ –	and complete lines 30 through 34.					
Net Assets or 30 31 32 32	Capital stock or trust principal, or current funds				30	
8 S 31	Paid-in or capital surplus, or land, building, or ec				31	
¥ 32	Retained earnings, endowment, accumulated in				32	
ž 33	Total net assets or fund balances			2,732,871.	33	2,417,629.
34	Total liabilities and net assets/fund balances			6,722,480.	34	6,410,270.
				· , · · - , - · · ·		Form 990 (2016)

12040514 786250 25168-24000 2016.05070 TRWIB, INC.

Form	1990 (2016) TRWIB, INC.	25-	1898851	Pag	ge 12
Pa	rt 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	16,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,651		
3	Revenue less expenses. Subtract line 2 from line 1	3	-31!		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,732	2,8	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,41	7,6	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit		
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2016)

SCHEDULE A	
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Department of the Treasury

(Form 990	or 9	90-EZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

947(a)(1) nonexe	mpt cn	aritab	e trust.
Attach	to Form	990 or	Form	990-EZ.

Open to Public

OMB No. 1545-0047

2016

Internal Rev	enue Service	Informati	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at ^w	ww.irs.gov/f	orm990.	Inspection
Name of	the organizat								r identification number
			B, INC.						5-1898851
Part I	Reason	for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructior	IS.	
The orga	nization is not a	a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3 🔄	A hospital or	a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4	A medical re	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	\)(iii). Enter	the hospital's name,
	city, and stat	te:							
5	An organizat	ion operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	ate, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizat	ion that norma	Illy receives a substa	intial part of its support t	irom a gov	ernmental	unit or from	the general	public described in
	section 170	(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	a land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state o	of the colleg	je or
	university:								
10	An organizat	ion that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membei	ship fees, a	and gross receipts from
	activities rela	ated to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% o	f its suppor	t from gross investment
	income and i	unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the c	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11 📃	An organizat	ion organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12	An organizat	ion organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	y supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
_	_lines 12a thro	ough 12d that	describes the type o	of supporting organization	n and con	nplete line	s 12e, 12f, ar	nd 12g.	
a	_ Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
_	organizatio	on. You must c	complete Part IV, Se	ections A and B.					
b	Type II. As	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
	control or r	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
_	organizatio	on(s). You mus	t complete Part IV,	Sections A and C.					
c 🗆	_ Type III full	nctionally inte	grated. A supporting	g organization operated	in connec	tion with,	and function	ally integrate	ed with,
_	its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d	_ Type III no	on-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its suppo	orted organi	ization(s)
			с с	zation generally must sa	-		•	nd an attent	iveness
_	requiremer	nt (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	, and Part	۷.		
e		•		written determination fro			а Туре I, Тур	e II, Type III	
				nally integrated support	ing organi	zation.			
	ter the number		•						
g Pro			n about the supporte		(iv) Is the orac	inization listed	(.) (
	(i) Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see i	-	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No	Support (See		
Total	.				000 ==				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 14

Schedule A (Form 990 or 990 EZ) 2016 TRWIB, INC.

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
2	Tax revenues levied for the organ-						
	ization'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	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
5	•	, ,	, ,	, ,		, ,	
-	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							58,719,381.
	Public support. Subtract line 5 from line 4. ction B. Total Support						50,715,501.
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
		9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
	Amounts from line 4	5,555,001.	10,033,200.	0,720,020.	13,071,041.	10,332,773.	50,719,501.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2,784.	3,205.	2,465.	3,449.	3,084.	14,987.
_	and income from similar sources	2,/04.	5,205.	2,403.	5,449.	3,004.	14,90/.
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			0 1 6 0			0 1 6 0
	assets (Explain in Part VI.)			2,168.			2,168.
11	Total support. Add lines 7 through 10						58,736,536.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publ						
	Public support percentage for 2016 (I					14	99.97 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	99.97 %
16 a	1 33 1/3% support test - 2016. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	s box and stop h	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	ublicly supported	l organization		
b	0 10% -facts-and-circumstances tes	t - 2015. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						<u>s</u>

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

15 12040514 786250 25168-24000 2016.05070 TRWIB, INC. (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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(a) 2016	(f) Total
	Amounts from line 6	(a) 2012	(b) 2013	(0) 2014	(0) 2015	(e) 2016	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (ine 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organizatio	n ▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
63202	23 09-21-16			16	Sch	edule A (Form 99	90 or 990-EZ) 2016

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2016.05070 TRWIB, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

	Supporting Organizations (continued)		Vee	NI-
44	Has the organization acconted a diff or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
d	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
000	tion B. Type roupporting organizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ	2016
	18			

Schedule A (Form 990 or 990-EZ) 2016 TRWIB, INC.

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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions		(oontinuou)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets	·· · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
~	Electer i on Eoro			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A	(Form 990 or 990	EZ 2016 TRWIB,	INC.		25-1898851 _{Pag}
Part VI	Part IV, Section J line 1; Part IV, Se	A, lines 1, 2, 3b, 3c, 4t ection D, lines 2 and 3	o, 4c, 5a, 6, 9a, 9b, 9c, ; Part IV, Section E, line	11a, 11b, and 11c; Part IV, es 1c, 2a, 2b, 3a, and 3b; P	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
	(See instructions	5, 6, and 6, and Fart V S.)	, Section E, lines 2, 5, a	and 6. Also complete this p	
	c				Schedule A (Form 990 or 990-EZ)
32028 09-21-1				21	
40514	786250 2	5168-24000	2016.05070	O TRWIB, INC.	25168-

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Na

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

25-1898851
I 77-T03007T

ime	στ	the	organization	

TRWIB

INC.

Organization type(check one):									
Filers of:	Section:								
Form 990 or 990-EZ	X 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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

TRWIB, INC.

Page 2

Employer identification number

25-1898851

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 U.S DEPARTMENT OF LABOR 7 PARKWAY CTR #290 PITTSBURGH, PA 15220	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b) Name address and ZID : 4	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20201	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$718,264.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222-5414	\$347,112.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1	8-16	\$ Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016
	23	,	

12040514 786250 25168-24000 2016.05070 TRWIB, INC.

	INC.		25-1898851
Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed	J.
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions)	Data received
Part I		(See instructions)	,
		\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	
—		<u> </u>	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions)	,
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	
Part I			
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
Part I			'
		\$	
3453 10-18-	1624		(Form 990, 990-EZ, or 990-PF

) No.	Use duplicate copies of Part III if additiona	l space is needed.	
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
i) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	t 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 gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
i) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE	D
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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.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization TRWIB, INC •				Employer identification number 25-1898851
Pa		d Funds o	or Other Similar F	unde or A	
Fa					ccounts.complete il trie
	organization answered "Yes" on Form 990, Part IV, lin		onor advised funds		b) Funds and other accounts
-	Total number at and of year	(a) D			
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		a ana ta balalia alaway		ala
5	Did the organization inform all donors and donor advisors in	-			
~	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor of				
				-	
Pa					
1	Purpose(s) of conservation easements held by the organizat	-		550,1 art 10,	
•	Preservation of land for public use (e.g., recreation or e	-		a historically	important land area
	Protection of natural habitat	Suucation	Preservation of		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	find concorva	tion contribution in the	form of a co	peopletion assemble on the last
2	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
c	Number of conservation easements on a certified historic str				2c
d	Number of conservation easements included in (c) acquired				
u	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re				
-	year >		J anon 10 a, or 10 million arou	a) and organ	
4	Number of states where property subject to conservation ea	sement is loc	ated ►		
5	Does the organization have a written policy regarding the pe			na of	
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	►	e e	,	0	3
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violati	ons, and enforcing con	servation ea	sements during the year
	▶\$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of sectio	n 170(h)(4)(E	B)(i)
	and section 170(h)(4)(B)(ii)?				Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organiza	tion's financia	al statements that desc	ribes the org	ganization's accounting for
	conservation easements.				
Pa	t III Organizations Maintaining Collections o	of Art, Histo	orical Treasures,	or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV,	, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not t	o report in its revenue	statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, educ	ation, or research in fu	rtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these ite	ms.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to re	port in its revenue state	ement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or r	esearch in furtherance	of public ser	vice, provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
					► \$
2	If the organization received or held works of art, historical tre	asures, or oth	ner similar assets for fir	nancial gain,	
	the following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1				► \$
	Assets included in Form 990, Part X				► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 9	90.		Schedule D (Form 990) 2016
63205	08-29-16				

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12040514 786250 25168-24000 2016.05070 TRWIB, INC.

Sche	dule D (Form 990) 2016 TRWIB ,							25-18			age 2
Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, o	or Oth	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a s	significant	use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	c	ı []	Loan or exc	hange progra	ms					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizatio	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
	to be sold to raise funds rather than to be m		<u>v</u>						Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" or	n Form 990	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-						-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance										
	Did the organization include an amount on F								Yes		_ No
	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete							<u></u>			<u></u>
1 0					(c) Two years			/ears back		voare	hack
10	Pagipping of year balance	(a) Current year	(0) P	rior year	(C) Two years	S DAUN	(a) Thee y	JEAIS DAUK	(e) i ou	years	Dauk
la k	Beginning of year balance										
u o	Contributions										
ט ה	Net investment earnings, gains, and losses										
u	Grants or scholarships Other expenditures for facilities										
e											
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the cur	rrent vear end balance	l ne (line 1	a column (l a)) held as:						
-	Board designated or quasi-endowment	from your ond balance	%	g, column (a							
h	Permanent endowment	%									
c	Temporarily restricted endowment	%									
Ū	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that	at are held a	and administer	red for t	he organi	zation			
	by:								1	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV	V, line 11a. S	See Form 990	, Part X	, line 10.				
	Description of property	(a) Cost or c			t or other		ccumulate	ed	(d) Boo	k valu	e
		basis (investr	ment)	basis	(other)	de	preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			12	8,450.		37,8	37.		0,6	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10c.)				9	0,6	13.
								<u> </u>			0040

Schedule D (Form 990) 2016

632052 08-29-16

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11c. See Form 990. Part X. line	13.
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	()		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11d See Form 990 Part X line	15
	Description		(b) Book value
			(,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
	, , , , , , , , , , , , , , , , , , , ,		
	on Form 000 Bort IV	line 11e or 11f See Form 000 Dort	V line 25
Complete if the organization answered "Yes" of	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part (b) Book value	X, line 25.
Complete if the organization answered "Yes" of	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	≥ 25.)	(b) Book value	

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Schedule D (Form 990) 2016

Schedule	D (Form 990) 2016	TRWIB,	INC.					25-	1
Part XI	Reconciliation of	f Revenue	per Audit	ed Financial S	Statements	With Reven	ue per R	eturr	٦.
	Complete if the organi	ization answer	ed "Yes" on	Form 990, Part IV	', line 12a.				
1 Tota	al revenue, gains, and oth	er support pe	r audited fina	incial statements				1	

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	ırn.
	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:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			

U.		20			1
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

TRWIB, INC. AND RWC-SWPA ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM

FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC. THE

ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

THE ORGANIZATION FOLLOWS THE INCOME TAXES TOPIC OF THE FINANCIAL

ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION

(CODIFICATION), CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ENTITY'S COMBINED FINANCIAL STATEMENTS. THIS TOPIC

REQUIRES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL

 STATEMENT DISCLOSURES OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A

 632054 08-29-16
 Schedule D (Form 990) 2016

 29
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 2016.05070 TRWIB, INC.
 25168-21

TAX RETURN. THE ORGANIZATION HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS, AND NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED; FURTHER, THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2014.

Schedule D (Form 990) 2016

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SC	CHEDULE J Compensation Information		OMB No.	1545-00)47	
(Fo	Drm 990) For certain Officers, Directors, Trustees, Key Employees, and Hig	hest	20	16	<u> </u>	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, I	line 23	20	IU	,	
	artment of the Treasury Attach to Form 990.		Open to			
-		Inspection				
inan	me of the organization		-189885		mper	
Da	TRWIB, INC. art I Questions Regarding Compensation	2)-	109000	<u> </u>		
10				Yes	No	
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed	on Form 990		165		
Ia	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel					
	Travel for companions	•				
	Tax indemnification and gross-up payments					
	Discretionary spending account					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme	nt or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2						
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related o	-				
	establish compensation of the CEO/Executive Director, but explain in Part III.	5				
	Compensation committee Written employment contract					
	Independent compensation consultant					
	X Form 990 of other organizations X Approval by the board or comper	sation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	3				
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?		4a		X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X	
с	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part II	1.				
	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 com	pensation				
	contingent on the revenues of:					
а	The organization?		5a		X	
b	Any related organization?		5b		X	
	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 com	pensation				
	contingent on the net earnings of:					
а	The organization?		6a		X	
b	Any related organization?		6b		X	
	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 p					
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X	
8		-				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	<u></u>	9			
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Scho	edule J (Forr	m 990) 2016	

25-1898851

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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990	
(1) STEFANI PASHMAN	(i)	171,917.	0.	0.	8,596.	19,589.	200,102.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARTINO MCCRAE	(i)	125,000.	0.	0.	6,250.	19,589.		0.	
соо	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i) (ii)								
	[(II)]							 	

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	or 990-EZ) the Treasury Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.						
Name of the organizationEmployer identification nur 25-1898851							
FORM 990, PAI	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:					
AT PARTNER4W	ORK, WE ENSURE THE NEEDS OF BUSINESSES AND JO	B SEEK	ERS ARE				
MET BY ANNUA	LLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH	TALEN	т;				
PLACING AND	TRAINING MORE THAN 20,000 JOBSEEKERS; AND EXPO	OSING	1,000				
YOUTH TO CAR	SER OPPORTUNITIES.						
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
OF A WORLD-CLASS WORKFORCE DEVELOPMENT SYSTEM FOR PITTSBURGH AND							
ALLEGHENY COU	JNTY						

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: JOB SEEKERS THROUGH THE JOB SEARCH PROCESS, INCLUDING COACHING AND COUNSELING, JOB MATCHING AND PROVIDING ACCESS TO A DATABASE OF OVER 200,000 POSTED JOBS. CAREERLINK STAFF ALSO CAN CONNECT QUALIFIED JOB SEEKERS TO FREE TRAINING AT COMMUNITY COLLEGES OR OTHER HIGH-QUALITY INSTITUTIONS.

YOUTH WORKFORCE RELATED POLICY IS A PIVOTAL COMPONENT OF WIOA AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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 08-25-16
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
TRWIB, INC.	25-1898851
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 AND FIND THEIR PASSION. THROUGH ITS YOUTH ADVISOR	Y COMMITTEE,
TRWIB PREPARES YOUTH WITH THE SKILLS TO DEVELOP A WORLD C	LASS WORKFORCE
PIPELINE FOR THE REGION. WE FUND AS MANY AS 20 COMMUNITY	PROGRAMS
ANNUALLY THROUGH \$3 TO \$4 MILLION IN FEDERAL FUNDING THAT	HELPS LAUNCH
OUR YOUTH TO CAREERS. THROUGH A MIX OF MENTORING AND TRAI	NING SERVICES,
THESE PROGRAMS HELP YOUTH EARN GEDS, PAY THEM FOR WORK, P	ROVIDE THEM
OCCUPATIONAL SKILL TRAINING, IN ADDITIONAL TO OTHER LIFE	SKILLS SUCH AS
LEADERSHIP AND COMMUNICATIONS SKILLS.	

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THAN 400 WORKSITES AND RETURNED MORE THAN \$3 MILLION IN WAGES TO THE LOCAL ECONOMY.

CHOICE NEIGHBORHOODS INITIATIVE - THE CHOICE NEIGHBORHOODS INITIATIVE (CNI) SEEKS TO REVITALIZE STRUGGLING NEIGHBORHOODS IN A COMPREHENSIVE WAY THROUGH THREE PRIMARY AREAS OF FOCUS: HOUSING, PEOPLE, AND NEIGHBORHOODS. THIS NATIONAL INITIATIVE IS DESIGNED TO BE LOCALLY-DRIVEN, WITH THE NEEDS OF EACH COMMUNITY BEING THE MEASURING STICK FOR SUCCESS.

IN PITTSBURGH, CNI CURRENTLY TAKES PLACE IN TWO PUBLIC HOUSING PROPERTIES, EAST LIBERTY GARDENS AND HAMILTON LARIMER. WE CONTRACT WITH UNITED LABOR AGENCY TO OFFER ONSITE CAREERLINK SERVICES THAT PROVIDE INTENSIVE WORKFORCE SERVICES TO THE FAMILIES IN THESE COMMUNITIES. AS A RESULT OF THESE EFFORTS, NEIGHBORHOOD RESIDENTS HAVE FOUND FULL-TIME EMPLOYMENT, AND SEVERAL TEENS RECEIVED PAID WORK EXPERIENCE THROUGH THE 602212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 35 12040514 786250 25168-24000 2016.05070 TRWIB, INC. 25168-21

Schedule O (Form 9	990 or 990-EZ	(2016)
--------------------	---------------	--------

Name of the organization

TRWIB, INC.

SUMMER LEARN AND EARN PROGRAM. CNI CONTINUES UNTIL 2020.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PITTSBURGH WORKS HAS ALSO INITIATED A QUARTERLY SERIES CALLED EMPLOYER TALKS!, AN INNOVATIVE FORUM FOR COMMUNICATING WITH THE BUSINESS COMMUNITY ON RECRUITING NEEDS, BEST PRACTICES, AND NEW IDEAS. IN 2015-2016, PITTSBURGH WORKS ESTABLISHED THE AMPLIFY PROFESSIONAL DEVELOPMENT SERIES FOR WORKFORCE DEVELOPMENT PROFESSIONALS. THROUGH THIS SERIES, WE ARM FRONTLINE STAFF WITH THE SKILLS AND TOOLS THEY NEED TO EFFECTIVELY SERVE THE REGION'S JOB SEEKERS.

PITTSBURGH WORKS STREAMLINES AND SYNCHRONIZES THE REGION'S WORKFORCE AND HUMAN SERVICES AGENCIES TO EFFICIENTLY AND EFFECTIVELY ADDRESS THE DIVERSE NEEDS OF BUSINESSES, JOB SEEKERS, FUNDERS, AND OTHER STAKEHOLDERS.

QUICK TRAIN FOR JOBS, A KEY PIECE OF PITTSBURGH WORKS, BRIDGES THE GAP BETWEEN PEOPLE LOOKING TO WORK AND COMPANIES LOOKING TO HIRE. QUICK TRAIN PROVIDES THE FUNDING FOR SHORT-TERM CUSTOMIZED TRAINING PROGRAMS TO ARM MOTIVATED JOB SEEKERS WITH THE SKILLS FOR IN-DEMAND JOBS IN HEALTHCARE, MANUFACTURING, FINANCE, CONSTRUCTION OR THE TRADES, INFORMATION TECHNOLOGY, TRANSPORTATION AND LOGISTICS, AND ENERGY. AT THE SAME TIME, COMPANIES, OR A GROUP OF COMPANIES, CAN GROOM SPECIFIC CANDIDATES WITH THE SKILLS NEEDED TO FILL POSITIONS. QUICK TRAIN PROJECTS ARE NIMBLE TO MEET THE NEEDS OF COMPANIES AND TO KEEP UP WITH TRENDS IN THE REGIONAL ECONOMY. A SIX-WEEK TIME FRAME IS TYPICAL OF QUICK TRAIN OFFERINGS, WITH PITTSBURGH WORKS PARTNERS PROVIDING THE TRAINEES AND OFTEN DELIVERING CURRICULUM ASSISTANCE AND INSTRUCTORS. ^{502212 08-25-16} FORM 990, PART VI, SECTION A, LINE 1:

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

FORM 990, PART VI, SECTION A, LINE 4:

AS OF DECEMBER 16, 2016 THE BYLAWS HAVE BEEN REVISED AND INCLUDE THE

FOLLOWING SIGNIFICANT CHANGES:

-TRWIB WILL BE DOING BUSINESS AS PARTNER4WORK

-THE CHAIR MUST BE A MEMBER OF THE BUSINESS COMMUNITY

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

THE ALLEGHENY COUNTY CHIEF EXECUTIVE AND THE MAYOR OF PITTSBURGH, SHALL

APPOINT MEMBERS OF THE GOVERNING BODY.

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

THE AFFAIRS OF THE ORGANIZATION SHALL BE UNDER THE GENERAL DIRECTION OF THE

EXECUTIVE COMMITTEE, WHICH SHALL ADMINISTER, MANAGE, PRESERVE, AND PROTECT

THE PROPERTY OF THE ORGANIZATION.

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

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Name of the organization

TRWIB, INC.

Page 2 Employer identification number 25-1898851

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.

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

UNRESTRICTED PORTION: \$-95,133

TEMPORARILY RESTRICTED: \$-220,109

TOTAL: \$-315,268

632212 08-25-16

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SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.									6 ublic ion
Name of the org						En	nployer iden 25-189	itification n 8851	umber
Part I Iden	tification of Disregarded Entities. Complet	te if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		Dire	(f) ct controlling entity	
		-							
		-							
		-							
	ntification of Related Tax-Exempt Organiza	- 	o oppused "Vee" op Form 00	O Dart IV/ line 24 k					
	initiations during the tax year.			u, Part IV, iirie 34 t				stempt	
	(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		(f) ect controlling entity	g cont	g) 512(b)(13) trolled tity?
	RKFORCE COLLABORATIVE - SWPA -				501(c)(3))			Yes	No
20-1967716,	650 SMITHFIELD STREET, SUITE BURGH, 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) 2016

Schedule R (Form 990) 2016 TRWIB, INC.

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	^{I or} Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
]										
]										
	1										
	1										
	1										

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	(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	Sec 512(cont ent	(i) ction (b)(13) trolled tity?
		country)		01 (1031)		233013			No
									$\left \right $
									┼──

Schedule R (Form 990) 2016 TRWIB, INC.

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this sche	edule.		Ye	s No
During the tax year, did the organization engage in any of the followi	ng transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a c	ontrolled entity			X
Gift, grant, or capital contribution to related organization(s)			,	X
Gift, grant, or capital contribution from related organization(s)		1c	;	X
			1	Σ
			,	Σ
Dividends from related organization(s)		1f	;	2
Sale of assets to related organization(s)			,	2
			1	2
			1	2
Lease of facilities, equipment, or other assets to related organization	n(s)	1j	_	2
Lease of facilities, equipment, or other assets from related organizat	ion(s)	1k	۲ ۲	2
Performance of services or membership or fundraising solicitations f	for related organization(s)	11	1	2
	by related organization(s)		n	
	ated organization(s)		א א	
			5 X	
Reimbursement paid to related organization(s) for expenses			>	2
			1	2
Other transfer of cash or property to related organization(s)				2
			;	
	formation on who must complete this line, including covered relationships and transa		-	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>	<u> </u>		Sabadula D (Farm 000) 2016

Schedule R (Form 990) 2016 TRWIB, INC.

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	0	ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501(c orgs	all	Share of	Share of		opor-	Code V-UBI	General c	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	s sec.	total	end-of-year	tion	opor- nate tions?	amount in box 20	managing	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets		No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	
			,	165	NO			163		, ,	163 140	1

Schedule R (Form 990) 2016

Part VII Supplemental Information.

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

632165 09-06-16

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TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	
	REGIONAL WORKFORCE COLLABORATIVE - SWPA 650 SMITHFIELD STREET NO. 2600 PITTSBURGH, PA 15222
Prepared by	
	SCHNEIDER DOWNS & CO., INC. ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222
Amount due or refund	BALANCE DUE OF \$15.00
Make check payable to	COMMONWEALTH OF PENNSYLVANIA
Mail tax return and check (if applicable) to	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120
Return must be mailed on or before	PLEASE MAILON OR BEFORE MAY 15, 2018.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE TWO AUTHORIZED INDIVIDUALS.
	A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Commonwealth of Pennsylvania Department of State	207 Nord Harrisburg, Teleph (800) 732 Fax Website: www	aritable Organizations th Office Building Pennsylvania 17120 Pensylvania 1720 Pensylvania 1720 Pensylvani 1720 Pensylva	For Official Use Only Approved: RF: AF: LF: Fee Received:	
Check if registering vo	luntarily	Jistration Statement Certificate Num	ber: 28657	
(See note under "important inforn			(Renewals Only)	
_		Ended: <u>06/30/2017</u>		
		on Number (EIN): <u>25-1898851</u>		
1. Legal name of organization:				
Check if name chan	-	e:		
2. All other names used to soli	cit contributions:			
3. Contact person: <u>RAYMONI</u>	Contact person: RAYMOND F. HERRON, CPA			
Contact's E-mail: RHERRO	DN@PARTNER4WOF	RK.ORG		
Physical address of organization: (Required)		Mailing address: (If diff	Mailing address: (If different than physical)	
650 SMITHFIELD STRE	ET, NO. 2600			
City: PITTSBURGH		City:		
State: PA ZIP code: 1	5222	State: ZIP o	ode:	
County: ALLEGHENY		800 number:		
Phone number: <u>412-552</u> -	-7090			
E-mail (If different than Contact's E	-mail):			
Website: WWW.PARTNER4	WORK.ORG			
	Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)			
REGIONAL WORKFORCE	COLLABORATIVE	E - SWPA		
650 SMITHFIELD STRE	ET, SUITE 260	0, PITTSBURGH, PA 1522	2	

412-552-7090

For Official Use Only

5.	TRWIB, INC. 25-1898851 For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.) 162.7(a)(1) 162.7(a)(2) 162.7(a)(3) 162.7(a)(4) Not Applicable X
6.	List type of organization (e.g. corporation, 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,
7.	constitution, or other organizational instrument, and by-laws.) Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes X No ((Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.) SEE STATEMENT 1
	If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents.
	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents:
9.	If organization solicited Pennsylvania residents and received <i>gross</i> * contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, <u>or</u> during its current fiscal year, give date contributions first totaled more than \$25,000* <i>Includes contributions received both within and outside Pennsylvania</i>
10.	Has organization been granted IRS tax-exempt status? Yes X No (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)
	A. If "Yes", under which IRS code section: 501(C)(3)
	B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No X (If "Yes", attach copy of denial, revocation, or modification.)
11.	Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes X No ((f "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)
12.	A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:
	E PURPOSE OF THE ORGANIZATION IS TO CARRY OUT ITS OBLIGATIONS IN
	APLIANCE WITH THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY THE REFORCE INNOVATION AND OPPORTUNITY ACT, AND ADDRESS OTHER POLICY MATTERS
	THEY RELATE TO WORKFORCE DEVELOPMENT.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :
SOLICITATION IS MADE THROUGH GRANT PROPOSALS.
14. Is organization registered to solicit contributions in any other state or municipality? Yes No X (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)
15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solici 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 separate sheet if necessary)
N/A
16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to to provide services with respect to the solicitation of contributions from Pennsylvania residents. For eac entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, w respect to soliciting contributions from Pennsylvania residents:(Attach separate sheet if necessary) N/A
17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:
1/A

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Form BCO-10 Revised (7/2009)

25-1898851

18.	f you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering
	all of your Pennsylvania affiliates?
	(es No Not Applicable X) (See note under "important information")

es 🗌	No 🗌	Not Applicable X	(See note under "important information")
------	------	------------------	--

	If "Yes", give all names and certificate numbers of your affiliate organizations: (<u>For each affiliate whose</u> parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)	
10		
19.	Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No X (See note under "important information")	
	If "Yes", provide the name and, if available, certificate # of your parent organization.(For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)	
	(Legal name of parent organization) (Certificate #)	
20.	Does your organization share contributions or other revenue with any other nonprofit corporation or inincorporated association? Yes . No X (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)	
21.	Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes X No (<i>If "Yes", attach an explanation listing name, address, type of organization, and elationship to your organization.</i>) SEE STATEMENT 2	
22.	Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes \square No \boxed{X} (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)	
23.	Does your organization own a 10% or greater interest in any other domestic or foreign organization ? $Ves \square No \boxed{X}$ (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your Vertarrow relation.)	
~ ~		

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 3

25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:

BOARD OF DIRECTORS - SEE STATEMENT 3

B. Individual(s) with final responsibility for the custody of contributions:

BOARD OF DIRECTORS - SEE STATEMENT 3

C. Individual(s) with final responsibility for final distribution of contributions:

BOARD OF DIRECTORS - SEE STATEMENT 3

D. Individual(s) responsible for custody of financial records:

RAYMOND F. HERRON

650 SMITHFIELD STREET, SUITE 2600 PITTSBURGH, PA 15222

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

No X A. Any other officer, director, trustee, or employee? Yes

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No I

C. Any supplier or vendor providing goods or services? Yes \square No \square

- 27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:
 - Been found to have engaged in unlawful practices in the solicitation of contributions or Α. administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No X
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No X
 - C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No I

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25-1898851

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

	Date
Signature of Chief Fiscal Officer	
RAYMOND F. HERRON, CHIEF FINANCIAL OFFICER	
Type or Print Name and Title of Chief Fiscal Officer	
	Date
Signature of Another Authorized Officer	
Type or Print Name and Title of Another Authorized Officer	
	Checklist
	X Original Registration Statement
	Properly Signed and Dated
	X A Copy of Form IRS 990 Return and
	Required Schedules Signed and
	Dated by an Authorized Officer
	Form BCO-23, if Required
	X Applicable Financial Statements
	X Registration Fee and any Late Filing Fees
	Additional Filings, if an Initial Registrant

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	FOOTNOTES	STATEMENT	1
PAID EMPLOYEES OF TRWIB, INC ACTIVITIES ON BEHALF OF THE			

ALL EMPLOYEES ARE COMPENSATED AT FAIR MARKET VALUE.

FUNDRAISING ACTIVITIES ARE CONDUCTED THROUGHOUT THE YEAR.

TRWIB, II

FORM BC	0-10)
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FORMAL GOVERNANCE SHARED

STATEMENT 2

NAME AND ADDRESS

REGIONAL WORKFORCE COLLABORATIVE 650 SMITHFIELD STREET, SUITE 2600 PITTSBURGH, PA 15222

TYPE OF ORGANIZATION RELATIONSHIP TO ORGANIZATION

501(C)(3)

SUPPORTING ORGANIZATION

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 3

NAME AND ADDRESS	TITLE
STEFANI PASHMAN 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	CEO
NAME AND ADDRESS	TITLE
RAYMOND HERRON 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	CFO
NAME AND ADDRESS	TITLE
RICH BARCASKEY 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
JOSEPH G. BELECHAK 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
DONALD G. BLOCK 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR

12040514 786250 25168-24000 2016.05070 TRWIB, INC.

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TRWIB, INC.	25-18
NAME AND ADDRESS	TITLE
DR. QUINTIN BULLOCK 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
DEBRA CAPLAN 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
DON CHARLTON 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
MARC CHERNA 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
MARY FRANCES COOPER 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
DAVID A. COPLAN 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
ANN DUGAN 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
MELISSA FERRARO 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR (ENTERED 12/16)
NAME AND ADDRESS	TITLE
JASON FINCKE 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR (EXITED 3/17)

NAME AND ADDRESS	TITLE
LAURA FISHER 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
IKE GLITTLEN 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
RON GDOVIC 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR (EXITED 10/16)
NAME AND ADDRESS	TITLE
DR. LINDA HIPPERT 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
RAZI IMAM 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR (EXITED 10/16)
NAME AND ADDRESS	TITLE
MARCI KATONA 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
LISA KUZMA 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR
NAME AND ADDRESS	TITLE
JEFF NOBERS 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR (ENTERED 4/17)
NAME AND ADDRESS	TITLE
STEVE NOLDER 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR

25-1898851

NAME AND ADDRESS

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

NAME AND ADDRESS

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

NAME AND ADDRESS

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

NAME AND ADDRESS

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

NAME AND ADDRESS

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

NAME AND ADDRESS

JACK SHEA 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS

LATRENDA LEONARD SHERRILL 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS

CRAIG STAMBAUGH 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS

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

DIRECTOR (ENTERED 4/17)

TITLE

DIRECTOR

TITLE

DIRECTOR (ENTERED 4/17)

TITLE

DIRECTOR

TITLE

DIRECTOR (ENTERED 7/16)

TITLE

DIRECTOR

TITLE ———— DIRECTOR (EXITED 6/17)

TITLE DIRECTOR

11

TITLE

DIRECTOR (ENTERED 9/16)

12040514 786250 25168-24000 2016.05070 TRWIB, INC.

25-1	.89	88	51
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TITLE
CHAIR
TITLE
VICE CHA
TITLE
TREASURE
TITLE

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

ER

SECRETARY

PARTNER4WORK Pittsburgh, Pennsylvania

Consolidated Financial Statements and Supplementary Consolidating Financial Information and Reporting Under *Government Auditing Standards* and the Uniform Guidance For the years ended June 30, 2017 and 2016

and Independent Auditors' Report Thereon



www.schneiderdowns.com

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SCHNEIDER DOWNS

Big Thinking. Personal Focus.

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of TRWIB, Inc. and Affiliate d/b/a Partner4Work (Organization), which comprise the consolidated statements of financial position as of June 30, 2017 and 2016, and the related consolidated statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Schneider Downs & Co., Inc. www.schneiderdowns.com PrimeGlobal An Association of Independent Accounting Finas One PPG Place, Suite 1700 Pittsburgh, PA 15222 TEL 412.261.3644 FAX 412.261.4876 65 E. State Street, Suite 2000 Columbus, OH 43215 TEL 614.621.4060 FAX 614.621.4062

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of June 30, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary and Other Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position, consolidating statements of activities and changes in net assets, consolidated schedules of functional expenses and detail of consolidated schedule of functional expenses are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 26, 2018 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Schneider Downs & Co., Inc.

Pittsburgh, Pennsylvania March 26, 2018

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

	Jun	e 30
	2017	2016
ASSETS		
Cash and cash equivalents - unrestricted	\$ 1,054,511	\$ 598,186
Cash and cash equivalents - restricted	1,605,723	1,308,073
	2,660,234	1,906,259
Contractual revenue receivable	3,591,919	4,636,056
Computer software, net	90,613	113,510
Other assets	90,483	89,660
Total Assets	\$ 6,433,249	\$ 6,745,485
LIABILITIES AND NET ASSETS		
Due to subrecipients	\$ 3,784,894	\$ 3,682,767
Accounts payable	115,697	256,939
Accrued liabilities	92,050	49,903
Total Liabilities	3,992,641	3,989,609
NET ASSETS		
Unrestricted	824,911	920,070
Temporarily restricted	1,615,697	1,835,806
Total Net Assets	2,440,608	2,755,876
Total Liabilities And Net Assets	\$ 6,433,249	\$ 6,745,485

See notes to financial statements.

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

		2017			2016	
		Temporarily			Temporarily	
	Unrestricte	d Restricted	Total	Unrestricted	Restricted	Total
Revenue and other support:						
Public funds/government						
grants	\$ 15,527,64	44 -	\$ 15,527,644	\$ 12,194,403	-	\$ 12,194,403
Foundation and private						
contributions	-	\$ 804,272	804,272	-	\$ 1,454,250	1,454,250
Interest income	3,0	84 -	3,084	3,449	-	3,449
Other income	8	63 -	863	22,388	-	22,388
Net assets released from						
restrictions	1,024,3	81 (1,024,381)	-	1,100,022	(1,100,022)	-
Total Revenue And						
Other Support	16,555,9	72 (220,109)	16,335,863	13,320,262	354,228	13,674,490
Expenses:						
Management and general	1,158,2	03 -	1,158,203	921,802	-	921,802
Fundraising	-	-	-	3,587	-	3,587
Program services	15,455,0	91	15,455,091	12,248,986	-	12,248,986
Total Expenses	16,613,2	94 -	16,613,294	13,174,375		13,174,375
Changes In Net Assets						
before Depreciation	(57,32	22) (220,109)	(277,431)	145,887	354,228	500,115
Depreciation	37,8	37	37,837			
Depreciation						
Changes In Net Assets	(95,1	59) (220,109)	(315,268)	145,887	354,228	500,115
NET ASSETS						
Beginning of year	920,0	70 1,835,806	2,755,876	774,183	1,481,578	2,255,761
					Reserve and an of the second se	
End of year	\$ 824,9	11 \$ 1,615,697	\$ 2,440,608	\$ 920,070	\$ 1,835,806	\$ 2,755,876

See notes to financial statements.

CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	\$ (315,268)	\$ 500,115
Adjustments to reconcile changes in net assets to net cash		
provided by operating activities:		
Depreciation expense	37,837	-
Changes in assets and liabilities:		
Contractual revenue receivable	1,044,137	(2,340,020)
Other assets	(823)	(74,079)
Due to subrecipients	102,127	2,950,977
Accounts payable and accrued liabilities	(99,095)	(731,916)
Net Cash Provided By Operating Activities	768,915	305,077
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of computer software	(14,940)	(113,510)
Net Cash Used In Investing Activities	(14,940)	(113,510)
Net Increase In Cash, Cash Equivalents, and Restricted Cash	753,975	191,567
CASH, CASH EQUIVALENTS, AND RESTRICTED CASH		
Beginning of year	1,906,259	1,714,692
End of year	\$ 2,660,234	\$ 1,906,259

See notes to financial statements.

NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2017 AND 2016

NOTE 1 - DESCRIPTION OF ORGANIZATION

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

Unrestricted Net Assets - Net assets not subject to donor-imposed restrictions or stipulations as to purpose or use.

Temporarily Restricted Net Assets - Net assets that are subject to donor-imposed restrictions or stipulations that may or will be met either by actions of the Organization or the passage of time.

Permanently Restricted Net Assets - Net assets subject to restrictions of gift instruments requiring that the principal is invested in perpetuity and the income is used only to support programs of the Organization. There was no permanently restricted support during the years ended June 30, 2017 and 2016.

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

NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Restricted and Unrestricted Revenue and Other Support - Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions.

Contractual revenue results from billings to various agencies for reimbursement of costs incurred during the operation of the programs related to its mission.

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

The Organization's policy is to provide for future losses on uncollectible contractual revenue receivables based on an evaluation of the underlying receivables and such other factors that, in the Organization's judgment, merit consideration in estimating doubtful accounts. At June 30, 2017 and 2016, no allowance was considered to be necessary.

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

Computer Software - Purchases of computer software having a unit cost of \$5,000 or more and an estimated useful life of three or more years are capitalized at the lower of cost or fair value. Depreciation is computed using the straight-line method over the estimated useful life of the software. Depreciation of the software for the year ended June 30, 2017 was \$37,837. No depreciation was recorded for the year ended June 30, 2016 since the asset was placed in service in 2017.

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

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

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

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

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

NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

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

Functional Allocation of Expenses - Costs of providing the various programs and other activities are summarized on a functional basis. Accordingly, certain costs have been allocated among various programs and supporting services benefited based on actual staff hours.

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

The Organization follows the Income Taxes topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (Codification), clarifying the accounting for uncertainty in income taxes recognized in an entity's consolidated financial statements. This topic requires a recognition threshold and measurement principles for financial statement disclosures of tax positions taken or expected to be taken on a tax return. The Organization has assessed the tax positions it has taken or expects to take in its tax returns, and no liability for uncertain tax positions has been recorded; further, the Organization has no unrecognized tax benefits. The Organization is no longer subject to examination of its tax returns for years before 2014.

In August 2016, the FASB completed Phase I of its Presentation of Financial Statements of Not-for-Profit Entities and issued ASU No. 2016-14 Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities (ASU 2016-14), which is intended to simplify and improve not-for-profit financial reporting.

Specifically, the new guidance:

- Revises the net asset classification scheme to two classes (net assets with donor restrictions and net assets without donor restrictions) instead of the previous three, while maintaining the requirement to report total net assets and changes in the classes of and total net assets.
- Continues to allow for a choice between the direct and indirect method of reporting operating cash flows; however, presentation of the indirect reconciliation is no longer required if using the direct method.
- Enhances disclosures for:
 - o Self-imposed limits on the use of resources without donor-imposed restrictions
 - Composition of net assets with donor restrictions, and how the restrictions affect the use of resources
 - Qualitative disclosures on how a not-for-profit manages its available liquid resources, to meet cash needs for general expenditures within one year of the balance sheet date
 - Quantitative disclosures that communicate the availability of financial assets to meet cash needs for general expenditures within one year of the balance sheet date.
 - Methods used to allocate costs among program and support functions

NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- Requires the presentation of expenses by nature as well as function, including an analysis of expenses showing the relationship between functional and natural classification for all expenses.
- Updates the accounting and disclosure requirements for underwater endowment funds, which include required disclosure of (1) policy concerning appropriation from underwater endowment funds, (2) the aggregate fair value of such funds, (3) the aggregate original gift amount (or level required by donor or law) to be maintained, and (4) the aggregate amount by which funds are underwater, which are to be classified as part of net assets with donor restrictions.
- Requires net presentation of investment expenses against investment return on the statement of activities and eliminates the requirement to disclose investment expenses that have been netted.
- Requires the use of, in the absence of explicit donor stipulations, the placed-in-service approach for reporting expiration of restrictions on gifts of cash or other assets to be used to acquire or construct a long-lived asset and reclassification of amounts from net assets with donor restrictions to net assets without donor restrictions for such long-lived assets that have been placed in service as of the beginning of the period of adoption (thus eliminating the current option to release the donor-imposed restrictions over the estimated useful life of the acquired asset.)

ASU 2016-14 is effective for fiscal years beginning after December 15, 2017 with early application permitted. The Organization is currently evaluating the impact this standard will have on its consolidated financial statements.

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

In February 2016, the FASB issued ASU No. 2016-02 Leases (Topic 842). The amendments in ASU 2016-02 create Topic 842 Leases and supersede the leases requirements in Topic 840 Leases. Topic 842 specifies the accounting for leases. ASU 2016-02 affects every organization that leases assets (Lessee). The lessee will be required to recognize on its balance sheet a right-of-use asset and a lease liability for all leases in which the lease term exceeds one year. The objective of Topic 842 is to establish the principles that lessees and lessors shall apply to report useful information to users of financial statements about the amount, timing and uncertainty of cash flows arising from a lease. ASU 2016-02 is effective for fiscal years beginning after December 15, 2019. Early application is permitted for all organizations. The Organization is currently assessing the impact that ASU No. 2016-02 will have on its consolidated financial statements.

Subsequent Events - Management has evaluated subsequent events and transactions for potential recognition or disclosure through March 26, 2018, the date on which the consolidated financial statements were available to be issued.

NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2017 AND 2016

NOTE 3 - RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets released during the years ended June 30 consisted of the following:

	_	2017	 2016
Learn and Earn	\$	435,806	\$ 682,282
Pittsburgh Works		344,163	300,639
Place Based Strategies		91,861	8,448
Regional Workforce Strategies		90,340	-
Sector Strategies		62,211	 108,653
	\$	1,024,381	\$ 1,100,022

Temporarily restricted net assets at June 30 consist of the following:

	-	2017		2016
Learn and Earn	\$	856,725	\$	728,259
Pittsburgh Works		357,112		646,275
Sector Strategies		204,112		116,894
Regional Workforce Strategies		169,660		250,000
Place Based Strategies	-	28,088		94,378
	\$	1,615,697	_ \$	1,835,806

NOTE 4 - LEASES

The Organization leases two separate office spaces located at 650 Smithfield Street, Pittsburgh, Pennsylvania. These lease agreements run through July 31, 2019 and August 31, 2022, respectively. The total rent expense for the years ended June 30, 2017 and 2016 was \$112,153 and \$84,856, respectively. The effects of scheduled rate increases are recorded on a straight-line basis over the term of the lease. Deferred lease obligations at June 30, 2017 was \$27,368, and is included in accrued liabilities on the statement of financial position.

Approximate future minimum lease payments as of June 30, 2017 are as follows:

Fiscal Year		
Ending June 30		Amount
2018	\$	104,000
2019		132,000
2020		127,000
2021		130,000
2022		134,000
Thereafter	-	23,000
	\$_	650,000

PARTNER4WORK NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2017 AND 2016

NOTE 5 - EMPLOYEE RETIREMENT PLAN

The Organization maintains a salary reduction savings plan under IRC Section 401(k). The plan covers all full-time employees meeting certain service requirements. The Organization may make a discretionary contribution, which is divided among the participants eligible to share in the contribution for the plan year. The Organization authorized a discretionary contribution of \$52,773 and \$52,366 for the years ended June 30, 2017 and 2016, respectively.

NOTE 6 - RELATED-PARTY TRANSACTIONS

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

NOTE 7 - FEDERAL GRANTS

The Organization has been awarded federal grants and recognized grant revenue of approximately \$15,528,000 and \$12,194,000 in 2017 and 2016, respectively. Laws and regulations governing federal programs are complex and subject to interpretation. The Organization believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made to the Organization, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and exclusion from federal programs.

SUPPLEMENTARY CONSOLIDATING FINANCIAL INFORMATION

CONSOLIDATING STATEMENT OF FINANCIAL POSITION JUNE 30, 2017

	Partner4Work		RWC-SWPA		Eliminations	Consolidated	
ASSETS							
Cash and cash equivalents - unrestricted	\$	1,031,532	\$	22,979	-	\$	1,054,511
Cash and cash equivalents - restricted		1,605,723		-	-		1,605,723
		2,637,255		22,979	-		2,660,234
Contractual revenue receivable		3,591,919		-	-		3,591,919
Computer software, net		90,613		-	-		90,613
Other assets		90,483		-		. <u></u>	90,483
Total Assets		6,410,270	\$	22,979		\$	6,433,249
LIABILITIES AND NET ASSETS							
LIABILITIES							
Due to subrecipients	\$	3,784,894		-	-	\$	3,784,894
Accounts payable		115,697		-	-		115,697
Accrued liabilities		92,050		-	-		92,050
Total Liabilities		3,992,641		-	-		3,992,641
NET ASSETS							
Unrestricted		801,932	\$	22,979	-		824,911
Temporarily restricted		1,615,697		-	<u> </u>	. <u>.</u>	1,615,697
Total Net Assets		2,417,629		22,979	<u>-</u>		2,440,608
Total Liabilities And Net Assets	\$	6,410,270	\$	22,979		\$	6,433,249

CONSOLIDATING STATEMENT OF FINANCIAL POSITION JUNE 30, 2016

	Partner4Work		RWC-SWPA		Eliminations	Consolidated	
ASSETS							
Cash and cash equivalents - unrestricted	\$	575,181	\$	23,005	-	\$	598,186
Cash and cash equivalents - restricted		1,308,073		-	-		1,308,073
		1,883,254		23,005			1,906,259
Contractual revenue receivable		4,636,056		-	-		4,636,056
Computer software		113,510		-	-		113,510
Other assets		89,660			<u> </u>		89,660
Total Assets		6,722,480	\$	23,005		\$	6,745,485
LIABILITIES Due to subrecipients Accounts payable Accrued liabilities	\$	3,682,767 256,939 49,903		-	-	\$	3,682,767 256,939 49,903
Total Liabilities	-	3,989,609		_			3,989,609
NET ASSETS							
Unrestricted		897,065	\$	23,005	-		920,070
Temporarily restricted		1,835,806		-	_		1,835,806
Total Net Assets		2,732,871		23,005		P eriodista di Lingu	2,755,876
Total Liabilities And Net Assets	\$	6,722,480	\$	23,005		\$	6,745,485

CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2017

	Partner4Work		RWC-S	SWPA		
		Temporarily		Temporarily		
	Unrestricted	Restricted	Unrestricted	Restricted	Eliminations	Consolidated
REVENUE AND OTHER SUPPORT						
Public funds/government grants	\$ 15,527,644	-	-	-	-	\$ 15,527,644
Foundation and private contributions	-	\$ 804,272	-	-	-	804,272
Interest income	3,084	-	-	-	-	3,084
Other income	863	-	-	-	-	863
Net assets released from restrictions	1,024,381	(1,024,381)	-	-	-	-
Total Revenue And Other Support	16,555,972	(220,109)	-	-	-	16,335,863
EXPENSES						
Management and general	1,158,177	-	\$ 26	-	-	1,158,203
Fundraising	-	-	-	-	-	-
Program services	15,455,091	-	-	-	-	15,455,091
Total Expenses	16,613,268	-	26	-		16,613,294
Change In Net Assets before Depreciation	(57,296)	(220,109)	(26)	-	-	(277,431)
Depreciation	37,837			-	_	37,837
Change In Net Assets	(95,133)	(220,109)	(26)	-	-	(315,268)
NET ASSETS						
Beginning of year	897,065	1,835,806	23,005			2,755,876
End of year	\$ 801,932	\$ 1,615,697	\$ 22,979	-	-	\$ 2,440,608

CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2016

	Partner	4Work	RWC-S	SWPA			
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily restricted Restricted		Consolidated	
REVENUE AND OTHER SUPPORT Public funds/government grants Foundation and private contributions Interest income Other income Net assets released from restrictions	\$12,194,403 - 3,449 22,388 1,100,022	\$ 1,454,250 - - (1,100,022)	- - - -	- - - - -	- - - - -	\$12,194,403 1,454,250 3,449 22,388 -	
Total Revenue And Other Support	13,320,262	354,228	-	-	-	13,674,490	
EXPENSES Management and general Fundraising Program services	921,797 3,587 12,248,986	-	\$5 -	-	-	921,802 3,587 12,248,986	
Total Expenses	13,174,370		5		_	13,174,375	
Change In Net Assets	145,892	354,228	(5)	-	-	500,115	
NET ASSETS							
Beginning of year	751,173	1,481,578	23,010	-	-	2,255,761	
End of year	\$ 897,065	\$ 1,835,806	\$ 23,005	_	_	\$ 2,755,876	

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CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2017 (With Comparative Totals for the Year Ended June 30, 2016)

	Management		Program	Total			
	and General	Fundraising	Services	2017	2016		
Project costs	-	-	\$ 14,007,977	\$ 14,007,977	\$ 11,125,538		
Salaries, wages and benefits	\$ 708,636	-	1,148,268	1,856,904	1,590,101		
Contracted services	5,422	-	118,251	123,673	-		
Rent	108,153	-	4,000	112,153	84,856		
Communication	23,479	-	65,306	88,785	3,954		
Technology/network	39,679	-	43,085	82,764	22,551		
Accounting	60,879	-	2,500	63,379	89,282		
Materials and supplies	40,628	-	5,671	46,299	42,633		
Equipment expense	41,412	-	2,793	44,205	16,452		
Legal	11,353	-	21,543	32,896	36,422		
Meeting expense	12,088	-	19,403	31,491	23,268		
Travel	20,662	-	8,546	29,208	20,915		
Temporary service	20,937	-	694	21,631	47,449		
Insurance	18,957	-	-	18,957	16,485		
Memberships	18,604	-	-	18,604	17,615		
Staff administration	10,575	-	5,942	16,517	12,823		
Telephone	12,875	-	1,112	13,987	14,664		
Bank fees	2,524	-	-	2,524	2,465		
Publications	1,340	-	-	1,340	840		
Training	-	-	_		6,062		
	\$ 1,158,203		\$ 15,455,091	\$ 16,613,294	\$ 13,174,375		

DETAIL OF CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2017

			Program Services				
			City of	City of Allegheny			
	Management		Pittsburgh	County	Assistance for		
	and General	Fundraising	WIOA	WIOA	Needy Families	Ex-Offenders	
	y	· ·····					
Project costs	-	-	\$ 3,408,904	\$ 4,914,851	\$ 2,258,303	\$ 74,988	
Salaries, wages and benefits	\$ 708,636	-	199,540	223,646	117,025	23,842	
Contracted services	5,422	-	43,320	25,089	13,156	28,535	
Rent	108,153	-	-	-	-	-	
Communication	23,479	-	29,138	34,602	68	50	
Technology/network	39,679	-	26,714	-	13,000	-	
Accounting	60,879	-	-	-	-	-	
Materials and supplies	40,628	-	226	538	3	62	
Equipment expense	41,412	-	-	-	-	-	
Legal	11,353	-	1,278	1,733	2,326	-	
Meeting expense	12,088	-	1,450	2,705	931	271	
Travel	20,662	-	3,601	2,771	2,174		
Temporary service	20,937	-	438	-	256	-	
Insurance	18,957	-	-	-	-	-	
Memberships	18,604	-	-	-	-	-	
Staff administration	10,575	-	6	11	-	-	
Telephone	12,875	-	-	-	-	-	
Bank fees	2,524	-	-	-	-	-	
Publications	1,340	-	-	<u> </u>	-	_	
	\$ 1,158,203	-	\$ 3,714,615	\$ 5,205,946	\$ 2,407,242	\$ 127,748	

		Р	rogram Servic	es		
	Learn	Place			Program	
Sector	and	Based	Pittsburgh	Regional	Services	
Strategies	Earn	Strategies	Works	Workforce	Total	Total
• • • • • • • •		• 150 100	ф. <u>ссо</u> 1с		ф 14.00 <u>д 0</u> дд	ф <u>14 007 077</u>
\$ 511,430	\$ 2,612,447	\$ 170,139	\$ 56,915	-	\$ 14,007,977	\$ 14,007,977
100,652	201,379	17,574	195,491	\$ 69,119	1,148,268	1,856,904
12	8,122	17	-	-	118,251	123,673
-	4,000	-	-	-	4,000	112,153
780	310	-	358	-	65,306	88,785
_	-	_	-	3,371	43,085	82,764
-	2,500	-	-	-	2,500	63,379
40	4,802	_	-	-	5,671	46,299
-	-	-	-	2,793	2,793	44,205
_	16,206	-	-	_	21,543	32,896
1,225	1,961	336	10,524	-	19,403	31,491
-	-	-	-	-	8,546	29,208
-	_	-	-	-	694	21,631
-	-	-	-	-	-	18,957
-	-	-	-	-	-	18,604
-	5,925	-	-	-	5,942	16,517
-	1,112	-	-	-	1,112	13,987
-	-	_	-	-	-	2,524
	-	-	-		-	1,340
\$ 614,139	\$ 2,858,764	\$ 188,066	\$ 263,288	\$ 75,283	\$ 15,455,091	\$ 16,613,294

TRWIB, INC. AND AFFILIATE

DETAIL OF CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2016

			Program Services				
			City of	City of Allegheny		Workforce	
	Management		Pittsburgh	Pittsburgh County		Innovation	
	and General	Fundraising	WIOA	WIOA	Needy Families	Grant	
Project costs	-	-	\$3,764,806	\$ 4,221,674	\$ 1,434,439	\$ 51,500	
Salaries, wages and benefits	\$ 508,094	\$ 3,587	270,787	278,421	31,443	-	
Accounting	88,182	-	550	550	-	-	
Rent	78,756	-	-	-	-	-	
Temporary service	45,192	-	-	-	-	-	
Materials and supplies	38,812	-	3	3	-	21	
Legal	27,651	-	2,515	639	-	-	
Meeting expense	11,681	-	1,215	2,297	70	-	
Technology/network	22,551	-	-	-	-	-	
Travel	17,030	-	832	2,109	65	-	
Memberships	17,615	-	-	-	-	-	
Insurance	16,485	-	-	-	-	-	
Equipment expense	13,603	-	-	-	-	-	
Telephone	11,566	-	-	-	-	-	
Staff administration	12,823	-	-	-	-	-	
Training	5,462	-	-	-	-	-	
Communication	3,517	-	-	-	-	-	
Bank fees	1,942	-	38	59	-	-	
Publications	840	-	<u>.</u>	-		-	
	\$ 921,802	\$ 3,587	\$ 4,040,746	\$ 4,505,752	\$ 1,466,017	\$ 51,521	

Program Services													
		Learn		Place				Program					
4	Sector	and		Based	Pi	ittsburgh	Services						
St	rategies	Earn	St	rategies		Works	Total		Total				
\$	73,880	\$ 1,320,370	\$	83,264	\$	175,605	\$	11,125,538	\$	11,125,538			
	29,283	273,161		17,320		178,005		1,078,420	\$	1,590,101			
	-	-		-		-		1,100		89,282			
	-	6,100		-		-		6,100		84,856			
	-	2,257		-		-		2,257		47,449			
	-	3,434		-	360			3,821		42,633			
	-	5,113		-		- 504		504		8,771		36,422	
	-	6,146		259	1,600			11,587		23,268			
				-	-			-		22,551			
	-	566		-		313		3,885		20,915			
	-	-	-		-				-	-			17,615
	-	-	-			-	-		-				
	-	2,849		-		-		2,849		16,452			
	-	3,098		-		-	3,098			14,664			
	-	-		-		-		-		12,823			
	-	-		-		600		600		6,062			
	-	151		-		286		437		3,954			
	-	426		-		-		523		2,465			
	-	-		-		-		-		840			
\$	103,163	\$ 1,623,671	\$	100,843	\$	357,273	\$	12,248,986	\$	13,174,375			

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REPORTING UNDER GOVERNMENT AUDITING STANDARDS AND THE UNIFORM GUIDANCE

Big Thinking. Personal Focus.

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of TRWIB, Inc. and Affiliate d/b/a Partner4Work (Organization), which comprise the consolidated statement of financial position as of June 30, 2017 and the related consolidated statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated March 26, 2018.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a consolidation of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a consolidation of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses might exist that have not been identified.

> Schneider Downs & Co., Inc. www.schneiderdowns.com PrimeGlobal AnAssociation of Independent Accounting Firms

One PPG Place, Suite 1700 Pittsburgh, PA 15222 TEL 412.261.3644 FAX 412.261.4876 65 E. State Street, Suite 2000 Columbus, OH 43215 TEL 614.621.4060 FAX 614.621.4062

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Schneider Downs & Co., Unc.

Pittsburgh, Pennsylvania March 26, 2018

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2017

Federal Grantor/Pass-Through Grantor/Program or Cluster Title		Pass-Through Entity Identifying Number	Passed Through to Subrecipients		Total Federal Expenditures	
Department of Labor Direct Programs						
Reentry Employment Opportunities	17.270	N/A	\$	103,585	\$	131,990
Sub-Total Department Of Labor Direct Programs				103,585		131,990
WIA/WIOA Cluster						
Department of Labor Pass-Through Programs						
Pennsylvania Department of Labor and Industry						
WIA/WIOA Adult Program	17.258	005-15-3011		596,267		672,141
WIA/WIOA Adult Program	17.258	005-15-3013		188,854		200,000
WIA/WIOA Adult Program	17.258	005-16-3001		188,931		206,685
WIA/WIOA Adult Program	17.258	005-16-3011		487,908		561,586
WIA/WIOA Adult Program	17.258	095-15-3001		71,884		83,170
WIA/WIOA Adult Program	17.258	095-15-3011		791,773		912,003
WIA/WIOA Adult Program	17.258	095-15-3013		270,390		300,000
WIA/WIOA Adult Program	17.258	095-15-3132		171,750		200,000
WIA/WIOA Adult Program	17.258	095-16-3001		22,323		22,323
WIA/WIOA Adult Program	17.258	095-16-3011		17,272		27,050
WIA/WIOA Adult Program	17.258	095-16-3132		-		37,984
				2,807,352		3,222,942
WIA/WIOA Youth Activities	17.259	005-15-3301		935,624		1,085,452
WIA/WIOA Youth Activities	17.259	005-15-3342		277		996
WIA/WIOA Youth Activities	17.259	005-16-3301		1,201,979		1,340,796
WIA/WIOA Youth Activities	17.259	095-15-3301		135,120		200,855
WIA/WIOA Youth Activities	17.259	095-16-3301		828,147		985,787
WIA/WIOA Youth Activities	17.259	095-17-3301		87,958		88,897
				3,189,105		3,702,783
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-15-4001		-		108
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-15-4011		722,812		877,950
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-16-4001		129,595		159,314
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-16-4011		135,292		142,344
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-15-4052		18,880		22,800
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-15-4152		14,510		24,434
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-14-4155		54,014		56,448
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-15-4001		43,366		57,929
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-15-4011		478,809		554,298
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-15-4052		25,000		25,000
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-15-4152		389		1,025
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-16-4001		108,452		141,131
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-16-4011		160,412		206,088
Sub-Total WIA/WIOA Dislocated Worker Formula Grants				1,891,531		2,268,869
Sub-Total WIA/WIOA Cluster				7,887,988		9,194,594

The notes to the schedule of expenditures of federal awards should be read with this schedule.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2017

(Continued)

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Federal Expenditures
WIOA National Dislocated Worker Grants/				
WIA National Emergency Grants	17.277	005-14-7200	\$ 90,114	\$ 96,261
WIOA National Dislocated Worker Grants/			+ -,	
WIA National Emergency Grants	17.277	095-14-7200	122,358	128,505
WIOA National Dislocated Worker Grants/			,	,
WIA National Emergency Grants	17.277	095-15-5100	130,638	152,055
			343,110	376,821
Workforce Innovation Fund	17.283	005-15-2100	142,780	142,921
Workforce Innovation Fund	17.283	005-15-2101		16,749
			142,780	159,670
Sub-Total Department Of Labor Pass-Through Programs			8,373,878	9,731,085
Total Department Of Labor			8,477,463	9,863,075
Department of Health and Human Services Pass-Through Progra Pennsylvania Department of Labor and Industry	ms			
Temporary Assistance for Needy Families	93.558	005-15-3361	94,159	148,039
Temporary Assistance for Needy Families	93.558	005-15-3362	299,617	403,022
Temporary Assistance for Needy Families	93.558	005-16-3361	606,727	702,189
Temporary Assistance for Needy Families	93.558	005-16-3362	90,371	92,841
Temporary Assistance for Needy Families	93.558	095-15-3361	304,911	418,090
Temporary Assistance for Needy Families	93.558	095-15-3362	277,644	308,670
Temporary Assistance for Needy Families	93.558	095-16-3361	433,765	465,862
Temporary Assistance for Needy Families	93.558	095-16-3362	62,088	62,469
Total Department of Health and Human Services			2,169,282	2,601,182
Community Development and Urban Development Pass-Through City of Pittsburgh Community Development Block Grants / Special Purpose Grants / Insular Areas	-	09063117-58101-00	617,366	718,264
Corporation for National and Community Service Pass-Through Jobs for the Future, Inc.	Programs			
Social Innovation Fund	94.019	14-048	99,802	110,983
	2			
Total Expenditures Of Federal Awards			\$ 11,363,913	\$ 13,293,504

The notes to the schedule of expenditures of federal awards should be read with this schedule.

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2017

NOTE 1 - BASIS OF ACCOUNTING

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal grant activity of TRWIB, Inc. and Affiliate d/b/a Partner4Work (Organization) under programs of the federal government for the year ended June 30, 2017. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, activities or cash flows of the Organization.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICY

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers are presented where available.

NOTE 3 - INDIRECT COST RATE

The Organization has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 4 - RECONCILIATION

A reconciliation between the total expenditures of federal awards and total public funds/government grants revenue is as follows:

Public funds/government grants revenue	\$	15,527,644
Non-federal revenue		(2,234,140)
	_	
Total expenditures of federal awards	\$	13,293,504

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SCHNEIDER DOWNS

Big Thinking. Personal Focus.

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

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

Report on Compliance for Each Major Federal Program

We have audited TRWIB, Inc. and Affiliate d/b/a Partner4Work's (Organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2017. The Organization's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations and the terms and conditions of its federal awards applicable to its programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017.

Schneider Downs & Co., Inc. www.schneiderdowns.com PrimeGlobal An Association of Independent Accounting Firms One PPG Place, Suite 1700 Pittsburgh, PA 15222 TEL 412.261.3644 FAX 412.261.4876 65 E. State Street, Suite 2000 Columbus, OH 43215 TEL 614.621.4060 FAX 614.621.4062

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or consolidation of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a consolidation of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a consolidation of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Schneider Downs & Co., Unc.

Pittsburgh, Pennsylvania March 26, 2018

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2017

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements:					
Type of auditors' report issued:	Unmodified				
Internal control over financial reporting:					
Material weakness(es) identified?		. yes	X	no	
Significant deficiency(ies) identified?		yes	X	none reported	
Noncompliance material to financial statements noted?		yes	x	no	
Federal Awards:					
Internal control over major federal programs:					
Material weakness(es) identified?		yes	Х	no	
Significant deficiency(ies) identified?		yes	X	none reported	
Type of auditors' report on compliance for major programs:	Unmodified				
Any audit findings disclosed that are required to be reported in					
accordance with 2 CFR 200.516(a)?		yes	X	no	
Identification of major federal programs:					
CFDA Numbers	Name of	Federal	Program	<u>1 or Cluster</u>	
17.258, 17.259, 17.278		WIA/WIOA Cluster			
Dollar threshold used to distinguish between					
Type A and Type B programs:	\$750,000				
Auditee qualified as low-risk auditee?		yes	x	no	

See independent auditors' report on compliance.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2017 (Continued)

SECTION II - FINANCIAL STATEMENT FINDINGS

This section identifies the significant deficiencies, material weaknesses, fraud, noncompliance with provisions of laws, regulations, contracts and grant agreements, and abuse related to the financial statements for which *Government Auditing Standards* requires reporting in a Uniform Guidance Audit.

There were no findings in the current year required to be reported in accordance with *Government Auditing Standards*.

SECTION III - FEDERAL AWARDS FINDINGS AND QUESTIONED COSTS

This section identifies the audit findings required to be reported by 2 CFR 200.516(a), including significant deficiencies, material weaknesses and material instances of noncompliance, including questioned costs as well as any abuse findings involving federal awards that is material to a major federal program.

There were no reportable matters.

See independent auditors' report on compliance.

SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE YEAR ENDED JUNE 30, 2017

Finding Number

Finding

Status

.....

There were no prior-year audit findings.

See independent auditors' report on compliance.

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TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	
	TRWIB, INC. 650 SMITHFIELD STREET NO. 2600 PITTSBURGH, PA 15222
Prepared by	SCHNEIDER DOWNS & CO., INC. ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

			**FORM 990 PUBLIC DISCLOS			OMP No. 1545.0047
	Q	90	Return of Organization Exempt			OMB No. 1545-0047
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu	•		
		of the Treasury	Do not enter social security numbers on this form	-	-	Open to Public
		enue Service	▶ Information about Form 990 and its instructions ar year, or tax year beginning JUL 1, 2016 and		1000000000000000000000000000000000000	Inspection
B	Check if pplicab	le: C Name of	forganization		D Employer identific	ation number
	Addr		B, INC.			
F	Name Chan		usiness as PARTNER4WORK		25-18	398851
	Initia		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	650	SMITHFIELD STREET	2600		52-7090
	termi	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,335,863.
	Amer	nded DTMM	SBURGH, PA 15222		H(a) Is this a group ret	
	Appli tion	^{ca-} F Name a	nd address of principal officer: RAYMOND F. HERRON		for subordinates?	
	pend	^{ing} 650 S	MITHFIELD STREET, SUITE 2600, PIT	TSBURG	H(b) Are all subordinates inc	
		empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)			ist. (see instructions)
			PARTNER4WORK.ORG		H(c) Group exemption	number 🕨
			X Corporation Trust Association Other ►	L Year	of formation: 2001 M	State of legal domicile: PA
Pa	art I					
ø	1	Briefly describ	be the organization's mission or most significant activities: SEE	SCHEDU	JLE O	
Activities & Governance						
ern	2	Check this bo	$x \triangleright$ if the organization discontinued its operations or dispo	osed of more	e than 25% of its net as	
Š	3					30
ۍ ه	4		lependent voting members of the governing body (Part VI, line 1b)			30
ies	5		of individuals employed in calendar year 2016 (Part V, line 2a) \ldots			67
iči	6		of volunteers (estimate if necessary)			0
Act	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		0.
					Prior Year	Current Year
an	8		and grants (Part VIII, line 1h)		13,671,041.	16,332,779.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,449.	3,084.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 13,674,490.	16,335,863.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,074,490.	<u> </u>
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		1,590,101.	1,856,904.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	<u> </u>
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	• •	0.
Ă			ing expenses (Part IX, column (D), line 25)		11,584,269.	14,794,201.
			es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,174,370.	16,651,105.
	18 19		expenses. Subtract line 18 from line 12		500,120.	-315,242.
es		Nevenue less			eginning of Current Year	End of Year
ets o anc	20	Total assets (I	Part X, line 16)		6,722,480.	6,410,270.
Ass Bal	21				3,989,609.	3,992,641.
Net Assets or Fund Balances	22		(Part X, line 26) fund balances. Subtract line 21 from line 20		2,732,871.	2,417,629.
		Signature			_,,.,_	_,,
		-	I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of mv	knowledge and belief. it is
			. Declaration of preparer (other than officer) is based on all information of w			J
		,		1	,	
Sig	n	Signature	e of officer		Date	
Her		RAYM	OND F. HERRON, CHIEF FINANCIAL OF	FICER		
			print name and title			

	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	EUGENE J. LOGAN	EUGENE J. LOGAN	self-employed P00227231
Preparer	Firm's name SCHNEIDER DOWNS		Firm's EIN 25-1408703
Use Only	Firm's address DONE PPG PLACE SU	IITE 1700	
	PITTSBURGH, PA 1	5222	Phone no. (412)261-3644
May the If	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

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Form 990 (2016) TRWIB, INC.
Part IV Checklist of Required Schedules

1 Its be organization described in section 501(k) other than a private foundation? I X 2 Its be organization required to complete Schedule <i>B</i> , Schedule <i>G</i> Contributord? 2 X 2 Its be organization required to complete Schedule <i>B</i> , Schedule <i>G</i> , Cantributord? 3 X 3 Section 501(c)(3) organizations engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>H</i> ¹ /se, ⁻ complete Schedule <i>C</i> , Part <i>H</i> 4 X 5 Its the organization assettion 501(c)(d) (c)(d), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts in such that on amounts in such thads or accounts? <i>H</i> ⁻¹ /se, ⁻ complete Schedule <i>D</i> , Part <i>H</i> 6 X 7 Did the organization metason and vised funds or any similar funds or accounts? <i>H</i> ⁻¹ /se, ⁻¹ complete Schedule <i>D</i> , Part <i>H</i> 6 X 7 Did the organization metason and vised funds or any similar funds or accounts? <i>H</i> ⁻¹ /se, ⁻¹ complete Schedule <i>D</i> , Part <i>H</i> 7 X 8 Did the organization metason anount in Part X, line 21, for secrow or custodial account lability, serve as a custodiaf for amounts nust line to funds or accounts? <i>H</i> ⁻¹ /se, ⁻¹ complete Schedule <i>D</i> , Part <i>H</i> 7 X 10 Did the organization directly or through a related organization is 'tes, 'then complete Schedule <i>D</i> , Part <i>N</i> 10 X 11 <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
2 Is the organization required to complete Schedule B, Schedule O Contributord 2 X 3 Did the organization required to complete Schedule C, Part II 3 X 4 Section SO1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section SO1(b) election in effect during the taxy earl IV 'res, 'complete Schedule C, Part II 4 X 5 It the organization ascience SO1(c)(4, SO1(c)(5), or SO1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Neeuwe Procedure Rev Part IV 5 X 6 Did the organization maintain any done advised funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization maintain any done advised funds or an accounts? II 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization maintain any done advised funds or an account alphality, serve as a custodian for amounts in such funds or accountary. II 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization amount for Part X, the 21, for account account fability, serve as a custodian for amount in a trait, the 21, for account account fability, serve as a custodian for amounts on listed in Part X, ine 17, 'res,' complete Schedule D, Part VI 10 X <	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public ottica? If "vis," complete Schedule C, Part I 3 X 3 Section SO1(K)3 organizations. Did the organization engage in lobbying activities, or have a section SO1(h) election in effect during the tax year? If "vis," complete Schedule C, Part II 4 X 4 Did the organization maxima and up door advised funds or any similar funds or accounts for which doors have the right to the provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to the provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization martian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization memory for provide cardit conselling, doth management, credit meapir, or dath regolitation services? 7 X 9 Did the organization, encore to rourody a related organization, hold assets in temporarily restricted endowments, or quasiendowments? 7 X 10 Did the organization memory of the following questions is 'Yes, 'then complete Schedule D, Part V 10 X 9 Did the organization server to any of the following question sinces? 11 X <td></td> <td></td> <td>1</td> <td></td> <td></td>			1		
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? If Yes," complete Schedule C, Part II. 4 X 5 Is the organization a section 501(c)(A). 501(c)(5), 00 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If Yes," complete Schedule C, Part III. 6 X 7 Did the organization maintain and y donra divised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to the environment, historic land areas, or historic structures II 'Yes,' complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II 'Yes,' complete Schedule D, Part IV. 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, personant endowments? II 'Yes,' complete Schedule D, Part IV. 10 X 10 Did the organization report an amount for leads, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part W. 11a X 11 If the organization report an amount for investments - organized and part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 IF 'Yes,' complete Schedule D, Part XIIII 11a	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11f X 112a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 113 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 124 Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more tha					
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Form **990** (2016)

632003 11-11-16

Form	aan	(2016)
FUIII	990	(2010)

 Form 990 (2016)
 TRWIB, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
b	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note All Form 990 filers are required to complete Schedule O	38	Δ	1

Form **990** (2016)

632004 11-11-16

Form	990 (2016) TRWIB, INC.	25-1898	851	Р	age 5
Pa					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 15			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	-		
-	(gambling) winnings to prize winners?		1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 67			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned to the second sec		2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions				
3a		<i>י</i>	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		x
b	If "Yes," enter the name of the foreign country:				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
ou	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		x
	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 				
	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 				
Ŭ	to file Form 8282?	ao required	7c		x
h	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi		7g	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h	N/	
8	7 / 7			,	F
Ũ		,,	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	······			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	100	-		
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		-		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.		104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		<u> </u>
		~ ~		990	(2016

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00	Check if Schedule O contains a response or note to any line in this Part VI			. [
ec	tion A. Governing Body and Management			-
4-		30	Ye	s
Ia				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b		30		
2	Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	🖊		-
0	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		-	
6	Did the organization become aware during the year of a significant diversion of the organization's assets?			
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			+
1 d	•	7a	X	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	. 14		-
D		76	X	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		-	-
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
			Ye	s
0a	Did the organization have local chapters, branches, or affiliates?	10		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form			:
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	
	a Did the organization have a written conflict of interest policy? If "No," go to line 13		a X	:
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		, X	:
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	120	, X	:
3	Did the organization have a written whistleblower policy?		X	
4	Did the organization have a written document retention and destruction policy?	14	X	:
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15:	a X	:
	Other officers or key employees of the organization		,	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16	3	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16	5	
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{PA}$			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	y) availa	able	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	incial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RAYMOND F. HERRON, CPA - 412-552-7092			
	650 SMITHFIELD STREET, NO. 2600, PITTSBURGH, PA 15222			
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	б			
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TRWIB, INC.

Form 990 (2016)

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)							(D)	(E)	(F)
Name and Title		(C) Position								
Name and The	Average Position (do not check more than one hours per box, unless person is both an				Reportable compensation	Reportable compensation	Estimated amount of			
	week		officer and a director					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	- direc				eq		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	ul trus	nal tr		loyee	dunos				and related
	below	Individual trustee or director	In stitutional trustee	cer	Key employee	Highest compensated employee	mer			organizations
	line)	Ind	lns	Officer	Key	Hig	For			
(1) RICH BARCASKEY	0.90									
DIRECTOR	0.10	X						0.	0.	0.
(2) JOSEPH G. BELECHAK	0.90									_
DIRECTOR	0.10	Х						0.	0.	0.
(3) DONALD G. BLOCK	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(4) DR. QUINTIN BULLOCK	0.90									
DIRECTOR	0.10	X						0.	0.	0.
(5) DEBRA CAPLAN	0.90									
DIRECTOR	0.10	X						0.	0.	0.
(6) DON CHARLTON	0.90									
DIRECTOR	0.10	X						0.	0.	0.
(7) MARC CHERNA	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(8) MARY FRANCES COOPER	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(9) DAVID A. COPLAN	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(10) ANN DUGAN	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(11) MELISSA FERRARO	0.90									
DIRECTOR (ENTERED 12/16)	0.10	x						0.	0.	0.
(12) JASON FINCKE	0.90									
DIRECTOR (EXITED 3/17)	0.10	x						0.	0.	0.
(13) LAURA FISHER	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(14) IKE GLITTLEN	0.90									
DIRECTOR	0.10	x						0.	0.	0.
(15) RON GDOVIC	0.90									
DIRECTOR (EXITED 10/16)	0.10	x						0.	0.	0.
(16) DR. LINDA HIPPERT	0.90	<u> </u>								
DIRECTOR	0.10	x						0.	0.	0.
(17) RAZI IMAM	0.90	<u> </u>								
DIRECTOR (EXITED 10/16)	0.10	x						0.	0.	0.
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Form 990 (2	2016)
Dart VII	<u> </u>

[Part VII] Section A. Officers, Directors, Trus	1	pioy	ees			igne	St		, ,	1		
(A)	(B) Average			Pos	C) sitior	n		(D)	(E)	-	(F)	h a al
Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation		Estimat Imount	
	week					or/trus		from	from related	1 4	othe	
	(list any	ector						the	organizations	cor	npens	ation
	hours for related	or din	e			ated		organization	(W-2/1099-MISC)		from th	
	organizations	ustee	Institutional trustee		e	upens		(W-2/1099-MISC)			ganiza nd rela	
	below	dual tr	tional		nploye	st con	5				ganizat	
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former				,	
(18) MARCI KATONA	0.90				1					1		
DIRECTOR	0.10	X						0.	0	•		0.
(19) LISA KUZMA	0.90											
DIRECTOR	0.10	X						0.	0	·		0.
(20) JEFF NOBERS	0.90							0.	0			0
DIRECTOR (ENTERED 4/17)	0.10	X			-			0.	0	·		0.
(21) STEVE NOLDER DIRECTOR	0.30	x						0.	0			0.
(22) STEVE MASSARO	0.90							0.	0	<u>'</u>		0.
DIRECTOR (ENTERED 4/17)	0.10	x						0.	0			0.
(23) SCOTT PIPITONE	0.90									-		
DIRECTOR	0.10	x						0.	0			0.
(24) JOSHUA POLLARD	0.90											
DIRECTOR (ENTERED 4/17)	0.10	Х						0.	0	•		0.
(25) BETH POWERS	0.90											•
DIRECTOR	0.10	X						0.	0	·		0.
(26) DAVID SCHLOSSER	0.90	v						0.	0			0.
DIRECTOR (ENTERED 7/16)								0.	0			0.
1b Sub-total c Total from continuation sheets to Part V								466,141.	0		35.2	279.
d Total (add lines 1b and 1c)								466,141.	0			279.
2 Total number of individuals (including but n								-	.000 of reportable			
compensation from the organization						,			, I			1
											Yes	No
3 Did the organization list any former officer,			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3	_	X
4 For any individual listed on line 1a, is the su	•		•					•	the organization		X	
and related organizations greater than \$15										4		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr						-				5		x
Section B. Independent Contractors		01	0/30	ucn	per	3011						
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors	that received more than	\$100,000 of comper	satior	from	
the organization. Report compensation for												
(A)								(B)			(C)	
Name and business	address	N	ONI	2				Description of s	ervices	Comp	ensati	on
							_					
							_					
2 Total number of independent contractors (i	•	iot li	mite	d to		ose li: 0	steo	d above) who received m	ore than			
\$100,000 of compensation from the organi SEE PART VII, SECTION		ודי	117	ላጥ '		-	зн	EETS		Forn	990	(2016)
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Part VII Section A. Officers, Directors, (A) Name and title		nplo	yee	s, a	nd H	liah	est	Compensated Employ	and (continued)					
	1 (5)													
Name and title	(B)			(C				(D)	(E)	(F)				
	Average	(-1			ition		L A	Reportable	Reportable	Estimated				
	hours	(CI	neck	allt	that	app	iy)	compensation from	compensation from related	amount of other				
	per week					e		the	organizations	compensation				
	(list any	tor				yolq r		organization	(W-2/1099-MISC)	from the				
	hours for	r di rec				ed en		(W-2/1099-MISC)	(organization				
	related	tee oi	ustee			en sat				and related				
	organizations	al trus	nal tr		lo yee	dmoc				organizations				
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former							
	line)	рц рц	lns	θ	Ke	Hi	Foi							
27) JACK SHEA DIRECTOR	0.90	x						0.	0.	0.				
(28) LATRENDA LEONARD SHERRILL	0.90	~						•	0.	0.				
DIRECTOR (EXITED 6/17)	0.10	x						ο.	0.	0.				
(29) CRAIG STAMBAUGH	0.90							••	••					
DIRECTOR	0.10	x						ο.	0.	0.				
(30) DR. NANCY WASHINGTON	0.90													
DIRECTOR (ENTERED 9/16)	0.10	х						0.	0.	0.				
(31) MARK LATTERNER	4.90													
CHAIR	0.10	Х		Х				0.	0.	0.				
(32) LAURA ELLSWORTH	4.90													
/ICE CHAIR	0.10	Х		Х				0.	0.	0.				
(33) ED HARTMAN	4.90													
TREASURER	0.10	X		Х				0.	0.	0.				
(34) JESSICA TRYBUS	4.90	v		v				0	0	0				
SECRETARY	0.10 39.90	Х		Х				0.	0.	0.				
(35) STEFANI PASHMAN CEO	0.10			х				171,917.	0.	28,185.				
(36) RAYMOND HERRON	39.90			Δ				±/±,)±/•	• •	20,105				
CFO	0.10			х				54,224.	0.	11,727.				
(37) MARTINO MCCRAE	39.90								•••	/				
200	0.10					x		125,000.	0.	25,839.				
(38) VERA KROFCHECK	39.90													
CSO	0.10					Х		115,000.	Ο.	19,528.				
		1												
Total to Part VII, Section A, line 1c								466,141.		85,279.				

Form	ı 99	0 (;	2016) TRWIE	B, INC.				25-1898	851 Page 9
Ра	rt V	/11	Statement of Rever	nue					
			Check if Schedule O cont	tains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
a, (Fundraising events						
Giff		d	Related organizations	1d					
imi,		е	Government grants (contribut	tions) 1e	15,527,644.				
rior ≝		f	All other contributions, gifts, gran	its, and					
the			similar amounts not included abo	ve 1f	805,135.				
ud O		g	Noncash contributions included in lines	a 1a-1f: \$					
a Č		h	Total. Add lines 1a-1f			16,332,779.			
					Business Code				
ice	2	а							
erv		b							
n S /eni		С							
jraı Re∖		d							
Program Service Revenue		е	<u> </u>						
			All other program service reve						
	3		Investment income (including			3,084.			3,084.
	4		other similar amounts)			5,004.			5,004.
	5		Royalties		r i i i i i i i i i i i i i i i i i i i				
	5		Noyanes	(i) Real	(ii) Personal				
	6	а	Gross rents		(ii) i eisonai				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		с	Gain or (loss)						
		d	Net gain or (loss)		►				
Other Revenue	8	а	Gross income from fundraisin including \$	•					
eve			contributions reported on line						
r B			Part IV, line 18	a					
the		b	Less: direct expenses						
0		с	Net income or (loss) from fund	draising events	►				
	9	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19						
			Less: direct expenses						
		С	Net income or (loss) from gam	ning activities	····· ►				
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
	4.4		Miscellaneous Revenu		Business Code				
	11				├				
		b			├				
		с С	All other revenue						
		d o	All other revenue						
	12		Total revenue. See instructions.			16,335,863.	0.	0.	3,084.
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TRWIB, INC.

Part IX Statement of Functional Expenses

D	Check if Schedule O contains a response	(A)		(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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	330,639.	201,718.	128,921.	
6	Compensation not included above, to disqualified	-			
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,201,434.	712,082.	489,352.	
8	Pension plan accruals and contributions (include	-,,			
5	section 401(k) and 403(b) employer contributions)	43,378.	27,972.	15,406.	
9	Other employee benefits	160,376.	116,810.	43,566.	
		121,077.	89,686.	31,391.	
10 11	Payroll taxes Fees for services (non-employees):			51,551.	
11	· · · · · · · · · · · · · · · · · · ·				
	Management	32,896.	21,543.	11,353.	
		63,379.	2,500.	60,879.	
	Accounting	03,319.	2,500.	00,079.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	100 (70	110 051	F 400	
	column (A) amount, list line 11g expenses on Sch 0.)	123,673.	118,251.	5,422.	
12	Advertising and promotion	22 002	7 054		
13	Office expenses	33,002.	7,054.	25,948.	
14	Information technology	82,764.	43,085.	39,679.	
15	Royalties		4	100 150	
16	Occupancy	112,153.	4,000.	108,153.	
17	Travel	29,208.	8,546.	20,662.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,491.	19,403.	12,088.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,837.		37,837.	
23	Insurance	18,957.		18,957.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROJECT COSTS	14,007,977.	14,007,977.		
b	COMMUNICATION	88,785.	65,306.	23,479.	
°.	MATERIALS AND SUPPLIES	46,299.	5,671.	40,628.	
d	EQUIPMENT EXPENSE	44,205.	2,793.	41,412.	
	All other expenses	41,575.	694.	40,881.	
е 25	Total functional expenses. Add lines 1 through 24e	16,651,105.	15,455,091.	1,196,014.	
25 26	Joint costs. Complete this line only if the organization	_ , , 1	_0,100,0010	_,,	
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

632010 11-11-16

13000514 786250 25168-24000

Form **990** (2016)

632011 11-11-16

12 2016.05070 TRWIB, INC.

13000514 786250 25168-24000

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,593,805.	1	2,347,732.
2	Savings and temporary cash investments	289,448.	2	289,523.
3	Pledges and grants receivable, net	458,753.	з	0.
4	Accounts receivable, net	4,177,304.	4	3,591,919.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\ldots\ldots}$		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	89,660.	9	90,483.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 128,450.			
b	Less: accumulated depreciation 10b 37,837.	0.	10c	90,613.

	0	Loans and other receivables from other disquali	neu persor	is (as defined under			
		section 4958(f)(1)), persons described in section)(B), and contributing				
		employers and sponsoring organizations of sect					
st		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			89,660.	9	90,483.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	128,450.			
	b	Less: accumulated depreciation	10b	37,837.	0.	10c	90,613.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			113,510.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa			6,722,480.	16	6,410,270.
	17	Accounts payable and accrued expenses		3,989,609.	17	3,965,273.	
	18	Grants payable				18	
	19	Deferred revenue				19	27,368.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I			21		
Se	22	Loans and other payables to current and former	lirectors, trustees,				
Liabilities		key employees, highest compensated employee					
iabi		Complete Part II of Schedule L			22		
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third part	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to r	elated third			
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,989,609.	26	3,992,641.
		Organizations that follow SFAS 117 (ASC 958), check h	ere ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			897,065.	27	801,932.
3al	28	Temporarily restricted net assets			1,835,806.	28	1,615,697.
Ы	29	Permanently restricted net assets		<u>.</u> [29	
Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), c	heck here 🕨 🗌			
ç		and complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current funds				30	
Åss	31	Paid-in or capital surplus, or land, building, or eq				31	
et /	32	Retained earnings, endowment, accumulated in	come, or o	ther funds		32	
z	33	Total net assets or fund balances			2,732,871.	33	2,417,629.
	34	Total liabilities and net assets/fund balances		6,722,480.	34	6,410,270.	
							Form 990 (2016)

Part X Balance Sheet

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,417,629 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 16 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: 2a X 16 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 17 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 18 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 17 "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? 2c X 18 "Yes" to line 2a or 2b	Form	1990 (2016) TRWIB, INC.	25-	1898851	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 16, 335, 863. 2 Total expenses (must equal Part IX, column (A), line 25) 2 16, 651, 105. 3 -315, 242. 3 -315, 242. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2, 732, 871. 5 Boot due of facilities 6 7 6 7 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0 9 Other othanges in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 417, 629. Part XIII Financial Statements and Reporting X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the fram on prio year or checked "Other," explain in Schedule 0. 2a X 1 Accounting method used to prepare the fram opinic ar or reviewed by an independent accountant? 2b X 1	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 16,651,105. 3 Revenue less expenses. Subtract line 2 from line 1 3 -315,2422. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,732,871. 5 6 6 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 2,417,629. 9 0. Pert XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicat		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 16,651,105. 3 Revenue less expenses. Subtract line 2 from line 1 3 -315,2422. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,732,871. 5 6 6 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 2,417,629. 9 0. Pert XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicat						
3 Revenue less expenses. Subtract line 2 from line 1 3 -315,242. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,732,871. 5 5 5 6 7 5 7 8 7 8 9 0.1 9 0.4 2,732,871. 9 0.1 1 9 0.1 1 9 0.1 1 9 0.1 1 9 0.1 1 10 2,417,629 9 0.1 11 1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 9 0.1 2,417,629 <th>1</th> <th>Total revenue (must equal Part VIII, column (A), line 12)</th> <th>1</th> <th></th> <th></th> <th></th>	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,732,871. 5 Net unrealized gains (losses) on investments 5 6 6 0 7 8 7 8 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 417, 629. Part XIII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Account Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Account Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Za X	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 1 6 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,417,629 Part XII Financial Statements and Reporting X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 14 ft "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Ves No 15 Were the organization's financial statements audited by an independent accountant? 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated bas	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of 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 consolidated basis, or both: Separate basis Separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis consolidated basis, or both: Separate basis If "Yes," check a	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,73	2,8	71.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2, 417, 629. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Separate basis X Consolidated basis, or both: Separate basis Separate basis X Consolidated basis, or both: Separate basis Separate basis X Consolidated basis Both consolidated and separate basis	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,417,629 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were au	6	Donated services and use of facilities	6			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dottom indicate whether the financial statements for the year were addited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were addited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were addited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were addited on a separate basis, consolidated basis, or both: 2b X 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? 2c	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
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2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," the check a box below to indicate basis Both consolidated and separate basis 2b X If "Yes," the check a box below to indicate basis Both consolidated and separate basis 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 1 1	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis X Consolidated basis Both consolidated and separate basis 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
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: 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: 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: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," check a box below to indicate whether the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit If the organization changed either is the organization changed either is oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either is overs						
consolidated basis, or both: Separate basis Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis Ima	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
 Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis			
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 1f the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 						
review, or compilation of its financial statements and selection of an independent accountant? <u>2c</u> X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		Separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	С					
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					<u>X</u>	
Act and OMB Circular A 1332	3a		ngle Au	dit		
		Act and OMB Circular A-133?		За	Х	<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	lit		1
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2016)

SCHEDULE A	
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Department of the Treasury

(Form 99	90 or	990-	ΕZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

947(a)(1) nonexe	mpt cn	aritab	e trust.
Attach	to Form	990 or	Form	990-EZ.

Open to Public

OMB No. 1545-0047

2016

ntern	al Re	eveni	ue Service	Informati	on about Schedule A	Form 990 or 990-EZ) and	its instructi	ions is at W	ww.irs.gov/fo	orm990.	Inspection	
Nam	ne d	of th	ne organizati								identification number	
				TRWI	B, INC.					2	5-1898851	
Pa	rt	I	Reason	for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	s.		
Гhe	org	aniz	zation is not a	a private found	lation because it is: (For lines 1 through 12, c	check only	one box.)				
1						on of churches described						
2						Attach Schedule E (Forn						
3						anization described in s e			ii).			
4						njunction with a hospital				(iiii). Enter	the hospital's name.	
-			city, and stat	-	I.	, ,				~ /	, ,	
5		_			or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit descrik	bed in	
-					Complete Part II.)	5 ,		, ,				
6			A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	-				ntial part of its support f				the general	public described in	
•			-		omplete Part II.)		i oni a gov	onniontai		ano gonora		
8						1)(A)(vi). (Complete Par	t II)					
9						in section 170(b)(1)(A)(ed in conii	inction with a	land-orant	college	
Ū			•	-		ulture (see instructions).		-		-	-	
			university:		grant benege er agne				, and otato c			
10				ion that norma	Ilv receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons member	shin fees a	nd gross receipts from	
						ct to certain exceptions,						
						(less section 511 tax) from the section of the sect					-	
					mplete Part III.)			0000 4040		gamzation		
11					•	ively to test for public sa	afety. See s	section 50)9(a)(4).			
12			-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or	
			-	-	-	ed in section 509(a)(1) o	-			-		
						f supporting organizatio						
а	ſ		1	-		upervised, or controlled		-		-	, aivina	
-	-					gularly appoint or elect a	•			• • •		
				-	complete Part IV, Se							
b	ſ		1 -		-	or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	vina	
	-				-	anization vested in the s			•		-	
				-	t complete Part IV,							
с	[1 0	. ,	•	g organization operated	in connec	tion with.	and functiona	ally integrate	ed with.	
-			••	-	• • • •). You must complete I				,	,	
d	ſ		1	0		orting organization oper			-	orted organi	zation(s)	
-	-			-		ation generally must sat				-		
				-		nplete Part IV, Sections	-		-			
е	ſ		1 .	-		written determination fro				e II. Type III		
				•		nally integrated support				, .,		
f	Е	ntei		of supported of		, , , , , , , , , , , , , , , , , , , ,						
g	Р	rovi	ide the follow	ing informatior	n about the supporte							
			Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
			organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Tota	ıl											
	-	_					000 57		0.1	/=		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 14

Schedule A (Form 990 or 990-EZ) 2016 TRWIB, INC.

25-1898851 Page 2

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.	
2	Tax revenues levied for the organ-							
	ization'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 \dots							
4	Total. Add lines 1 through 3	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.	
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.						58,719,381.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources \dots	2,784.	3,205.	2,465.	3,449.	3,084.	14,987.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			2,168.			2,168.	
11	Total support. Add lines 7 through 10						58,736,536.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
	organization, check this box and stor						▶∟_	
-	ction C. Computation of Publ		•				00 07	
	Public support percentage for 2016 (14	99.97 %	
	Public support percentage from 2015					15	99.97 %	
16a	16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2015. 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							
47	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2016. 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							
I-								
b	10% -facts-and-circumstances tes	-						
	more, and if the organization meets the				• •			
40	organization meets the "facts-and-circ							
18	Private foundation. If the organization	n ala not check a	box on line 13, 16a	a, 160, 17a, or 17b	, check this box a	ind see instructions	s ▶∟_	

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

15 13000514 786250 25168-24000 2016.05070 TRWIB, INC.

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1			-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) or	ganization,
	check this box and stop here						
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Par	t III, line 15			16	%
See	ction D. Computation of Invest	stment Incom	ne Percentage)			
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2016. If the	organization did				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	
b	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anization qualifies	as a publicly sup	ported organiz	ation ►
20	Private foundation. If the organizatio	n did not check a	u box on line 14, 19	a, or 19b, check	this box and see ir	nstructions	
6320	23 09-21-16				Sch	nedule A (Forr	n 990 or 990-EZ) 2016
				16			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

	Supporting Organizations (continued)		Vee	NI-
44	Has the organization acconted a diff or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
d	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
000	tion B. Type roupporting organizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ	2016
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Schedule A (Form 990 or 990-EZ) 2016 TRWIB, INC.

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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

-	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions	•		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	,	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
-	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
-	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
5				

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

	32028 09-21-1	16			21	Schedu	ule A (Form 990 or 990-EZ) :
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.)		(See instructions.)	o, and o, and Part v	, Section E, lines 2, 5,	and 6. Also complet	e this part for any addit	onal mormation.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

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4	J		ж.	υ	2	υ	υ	J	ж.	

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TRWIB

INC.

Schedule B

(Form 990, 990-F7.

Department of the Treasury

Internal Revenue Service

or 990-PF)

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule E Name of org	B (Form 990, 990-EZ, or 990-PF) (2016)	Empl	Page 2 oyer identification number
	-		5-1898851
Part I	, INC. Contributors (See instructions). Use duplicate copies of Part I		2-1090021
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$9,863,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,601,182.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$718,264.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$347,112.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-18	3-16	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

13000514 786250 25168-24000 2016.05070 TRWIB, INC.

lame of org			ployer identification number
	, INC.		25-1898851
Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art 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
Turti			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	_
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
23453 10-18-			

) No.	Use duplicate copies of Part III if additiona	l space is needed.	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	 it
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
i) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	The interval of transferor to transferee
i) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULI	ΕD
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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.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization TRWIB, INC •				Employer identification number 25-1898851
Pa		d Funds o	or Other Similar F	unde or A	
Fa					ccounts.complete il trie
	organization answered "Yes" on Form 990, Part IV, lin		onor advised funds		b) Funds and other accounts
4	Total number at and of year	(a) D			
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		a ana ta balalia alaway		ala
5	Did the organization inform all donors and donor advisors in	-			
~	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor of				
				-	
Pa					
1	Purpose(s) of conservation easements held by the organizat	-		550,1 art 10,	
•	Preservation of land for public use (e.g., recreation or e	-		a historically	important land area
	Protection of natural habitat	Suucation	Preservation of		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	find concorva	tion contribution in the	form of a co	peopletion assemble on the last
2	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
c	Number of conservation easements on a certified historic str				2c
d	Number of conservation easements included in (c) acquired				
u	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re				
-	year >		J anon 10 a, or 10 million arou	a) and organ	
4	Number of states where property subject to conservation ea	sement is loc	ated ►		
5	Does the organization have a written policy regarding the pe			na of	
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	►	e e	,	0	3
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violati	ons, and enforcing con	servation ea	sements during the year
	▶\$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of sectio	n 170(h)(4)(E	B)(i)
	and section 170(h)(4)(B)(ii)?				Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organiza	tion's financia	al statements that desc	ribes the org	ganization's accounting for
	conservation easements.				
Pa	t III Organizations Maintaining Collections o	of Art, Histo	orical Treasures,	or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV,	, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not t	o report in its revenue	statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, educ	ation, or research in fu	rtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these ite	ms.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to re	port in its revenue state	ement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or r	esearch in furtherance	of public ser	vice, provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
					► \$
2	If the organization received or held works of art, historical tre	asures, or oth	ner similar assets for fir	nancial gain,	
	the following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1				► \$
	Assets included in Form 990, Part X				► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 9	90.		Schedule D (Form 990) 2016
63205	08-29-16				

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Sche	dule D (Form 990) 2016 TRWIB ,							25-18			age 2
Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, o	or Oth	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a s	significant	use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	c	ı []	Loan or exc	hange progra	ms					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizatio	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" or	n Form 990	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance										
	Did the organization include an amount on F								Yes		_ No
	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete							<u></u>			<u></u>
1 0					(c) Two years			/ears back		voare	hack
10	Pagipping of year balance	(a) Current year	(0) P	rior year	(C) Two years	S DAUN	(a) Thee y	JEAIS DACK	(e) i ou	years	Dauk
la k	Beginning of year balance										
u o	Contributions										
ט ה	Net investment earnings, gains, and losses										
u	Grants or scholarships Other expenditures for facilities										
e											
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the cur	rrent vear end balance	l ne (line 1	a column (l a)) held as:						
-	Board designated or quasi-endowment	from your ond balance	%	g, column (a							
h	Permanent endowment	%									
c	Temporarily restricted endowment	%									
Ū	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that	at are held a	and administer	red for t	he organi	zation			
	by:								1	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV	V, line 11a. S	See Form 990	, Part X	, line 10.				
	Description of property	(a) Cost or c			t or other		ccumulate	ed	(d) Boo	k valu	e
		basis (investr	ment)	basis	(other)	de	preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			12	8,450.		37,8	37.		0,6	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10c.)				9	0,6	13.
								<u> </u>			0040

Schedule D (Form 990) 2016

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Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11c. See Form 990. Part X. line	13.
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	()		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11d See Form 990 Part X line	15
	Description		(b) Book value
			(,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
	, , , , , , , , , , , , , , , , , , , ,		
	on Form 000 Bort IV	line 11e or 11f See Form 000 Dort	V line 25
Complete if the organization answered "Yes" of	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part (b) Book value	X, line 25.
Complete if the organization answered "Yes" of	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV,		X, line 25.
Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			X, line 25.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	≥ 25.)	(b) Book value	

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Schedule D (Form 990) 2016

Schedule	D (Form 990) 2016	TRWIB,	INC.					25-	1
Part XI	Reconciliation of	f Revenue	per Audit	ed Financial S	Statements	With Reven	ue per R	eturr	٦.
	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:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
	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:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
с	Other losses				

•		1			1			
d	Other (Describe in Part XIII.)	2d						
е	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:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5					
Pa	Part XIII Supplemental Information.							

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

PART X, LINE 2:

TRWIB, INC. AND RWC-SWPA ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM

FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC. THE

ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

THE ORGANIZATION FOLLOWS THE INCOME TAXES TOPIC OF THE FINANCIAL

ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION

(CODIFICATION), CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ENTITY'S COMBINED FINANCIAL STATEMENTS. THIS TOPIC

REQUIRES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL

STATEMENT DISCLOSURES OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A 632054 08-29-16 Schedule D (Form 990) 2016 29 13000514 786250 25168-24000 2016.05070 TRWIB, INC. 25168 - 21

TAX RETURN. THE ORGANIZATION HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS, AND NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED; FURTHER, THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2014.

Schedule D (Form 990) 2016

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SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00)47			
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2016				
					2010				
Depar	Department of the Treasury					lic			
-	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspection over identification numb					
Narr	e of the organizatior			89885		mper			
Pa		TRWIB, INC. Regarding Compensation	20-1	09000	<u> </u>				
Га		s negation good and a second			Yes	No			
19	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		Tes				
ia		ine 1a. Complete Part III to provide any relevant information regarding these items.	1330,						
	First-class or c		naluse						
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fee							
		pending account Personal services (such as, maid, chauffe							
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	-	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
		-,							
3	Indicate which, if ar	y, of the following the filing organization used to establish the compensation of the organization of the organiz	ation's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizat							
		tion of the CEO/Executive Director, but explain in Part III.							
	Compensation								
	Independent c	ompensation consultant I Compensation survey or study							
	X Form 990 of ot		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 rel	ated organization:							
а	Receive a severanc	e payment or change-of-control payment?		4a		X			
b		eive payment from, a supplemental nonqualified retirement plan?				X			
с	Participate in, or rec	eive payment from, an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the re								
а	The organization?			5a		X			
b	Any related organization	ation?		5b		X			
		r 5b, describe in Part III.							
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the n								
а	The organization?			<u>6a</u>		X			
b		ation?		6b		X			
_		r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				37			
		es 5 and 6? If "Yes," describe in Part III		7		X			
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				v			
r.		otion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		d the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?		9					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990) 2016			

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25-1898851

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.

	(B) Breakdown o	of W-2 and/or 1099-M	ISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(0)()-(0)	in column (B) reported as deferred on prior Form 990
(1) STEFANI PASHMAN	i) 171,917	. 0.	0.	8,596.	19,589.	200,102.	0.
	ii) 0	. 0.	0.	0.	0.	0.	0.
	i) 125,000	. 0.	0.	6,250.	19,589.		0.
	ii) 0	. 0.	0.	0.	0.	0.	0.
	i)						
	ii)						
	i)						
<i>[</i>	ii)						
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	i) ii)	+					
	i)						
	ı) ii)						
	i)						
	i)						

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		OMB No. 1545-0047 2016 Open to Public Inspection						
Name of the organization								
FORM 990, PART I, LINE	1, DESCRIPTION OF ORGANIZATION MIS	SION:						
AT PARTNER4WORK, WE EN	SURE THE NEEDS OF BUSINESSES AND JO	B SEEK	ERS ARE					
MET BY ANNUALLY CONNECT	FING MORE THAN 6,000 EMPLOYERS WITH	TALEN	Т;					
PLACING AND TRAINING MO	ORE THAN 20,000 JOBSEEKERS; AND EXP	OSING	1,000					
YOUTH TO CAREER OPPORT	JNITIES.							
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: JOB SEEKERS THROUGH THE JOB SEARCH PROCESS, INCLUDING COACHING AND COUNSELING, JOB MATCHING AND PROVIDING ACCESS TO A DATABASE OF OVER 200,000 POSTED JOBS. CAREERLINK STAFF ALSO CAN CONNECT QUALIFIED JOB SEEKERS TO FREE TRAINING AT COMMUNITY COLLEGES OR OTHER HIGH-QUALITY INSTITUTIONS.

YOUTH WORKFORCE RELATED POLICY IS A PIVOTAL COMPONENT OF WIOA AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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Schedule O (Form 990 or 990-EZ) (2016)	Page 2				
Name of the organization	Employer identification number 25-1898851				
TRWIB, INC.	25-1698851				
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 AND FIND THEIR PASSION. THROUGH ITS YOUTH ADVISOR	Y COMMITTEE,				
TRWIB PREPARES YOUTH WITH THE SKILLS TO DEVELOP A WORLD C	LASS WORKFORCE				
PIPELINE FOR THE REGION. WE FUND AS MANY AS 20 COMMUNITY PROGRAMS					
ANNUALLY THROUGH \$3 TO \$4 MILLION IN FEDERAL FUNDING THAT	HELPS LAUNCH				
OUR YOUTH TO CAREERS. THROUGH A MIX OF MENTORING AND TRAI	NING SERVICES,				
THESE PROGRAMS HELP YOUTH EARN GEDS, PAY THEM FOR WORK, P	ROVIDE THEM				
OCCUPATIONAL SKILL TRAINING, IN ADDITIONAL TO OTHER LIFE	SKILLS SUCH AS				
LEADERSHIP AND COMMUNICATIONS SKILLS.					

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THAN 400 WORKSITES AND RETURNED MORE THAN \$3 MILLION IN WAGES TO THE LOCAL ECONOMY.

CHOICE NEIGHBORHOODS INITIATIVE - THE CHOICE NEIGHBORHOODS INITIATIVE (CNI) SEEKS TO REVITALIZE STRUGGLING NEIGHBORHOODS IN A COMPREHENSIVE WAY THROUGH THREE PRIMARY AREAS OF FOCUS: HOUSING, PEOPLE, AND NEIGHBORHOODS. THIS NATIONAL INITIATIVE IS DESIGNED TO BE LOCALLY-DRIVEN, WITH THE NEEDS OF EACH COMMUNITY BEING THE MEASURING STICK FOR SUCCESS.

IN PITTSBURGH, CNI CURRENTLY TAKES PLACE IN TWO PUBLIC HOUSING PROPERTIES, EAST LIBERTY GARDENS AND HAMILTON LARIMER. WE CONTRACT WITH UNITED LABOR AGENCY TO OFFER ONSITE CAREERLINK SERVICES THAT PROVIDE INTENSIVE WORKFORCE SERVICES TO THE FAMILIES IN THESE COMMUNITIES. AS A RESULT OF THESE EFFORTS, NEIGHBORHOOD RESIDENTS HAVE FOUND FULL-TIME EMPLOYMENT, AND SEVERAL TEENS RECEIVED PAID WORK EXPERIENCE THROUGH THE 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 35 13000514 786250 25168-24000 2016.05070 TRWIB, INC. 25168-21

Schedule O (Form 9	J90 or 990-EZ	(2016)
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Name of the organization

TRWIB, INC.

SUMMER LEARN AND EARN PROGRAM. CNI CONTINUES UNTIL 2020.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PITTSBURGH WORKS HAS ALSO INITIATED A QUARTERLY SERIES CALLED EMPLOYER TALKS!, AN INNOVATIVE FORUM FOR COMMUNICATING WITH THE BUSINESS COMMUNITY ON RECRUITING NEEDS, BEST PRACTICES, AND NEW IDEAS. IN 2015-2016, PITTSBURGH WORKS ESTABLISHED THE AMPLIFY PROFESSIONAL DEVELOPMENT SERIES FOR WORKFORCE DEVELOPMENT PROFESSIONALS. THROUGH THIS SERIES, WE ARM FRONTLINE STAFF WITH THE SKILLS AND TOOLS THEY NEED TO EFFECTIVELY SERVE THE REGION'S JOB SEEKERS.

PITTSBURGH WORKS STREAMLINES AND SYNCHRONIZES THE REGION'S WORKFORCE AND HUMAN SERVICES AGENCIES TO EFFICIENTLY AND EFFECTIVELY ADDRESS THE DIVERSE NEEDS OF BUSINESSES, JOB SEEKERS, FUNDERS, AND OTHER STAKEHOLDERS.

QUICK TRAIN FOR JOBS, A KEY PIECE OF PITTSBURGH WORKS, BRIDGES THE GAP BETWEEN PEOPLE LOOKING TO WORK AND COMPANIES LOOKING TO HIRE. QUICK TRAIN PROVIDES THE FUNDING FOR SHORT-TERM CUSTOMIZED TRAINING PROGRAMS TO ARM MOTIVATED JOB SEEKERS WITH THE SKILLS FOR IN-DEMAND JOBS IN HEALTHCARE, MANUFACTURING, FINANCE, CONSTRUCTION OR THE TRADES, INFORMATION TECHNOLOGY, TRANSPORTATION AND LOGISTICS, AND ENERGY. AT THE SAME TIME, COMPANIES, OR A GROUP OF COMPANIES, CAN GROOM SPECIFIC CANDIDATES WITH THE SKILLS NEEDED TO FILL POSITIONS. QUICK TRAIN PROJECTS ARE NIMBLE TO MEET THE NEEDS OF COMPANIES AND TO KEEP UP WITH TRENDS IN THE REGIONAL ECONOMY. A SIX-WEEK TIME FRAME IS TYPICAL OF QUICK TRAIN OFFERINGS, WITH PITTSBURGH WORKS PARTNERS PROVIDING THE TRAINEES AND OFTEN DELIVERING CURRICULUM ASSISTANCE AND INSTRUCTORS. ^{502212 08-25-16} FORM 990, PART VI, SECTION A, LINE 1:

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

FORM 990, PART VI, SECTION A, LINE 4:

AS OF DECEMBER 16, 2016 THE BYLAWS HAVE BEEN REVISED AND INCLUDE THE

FOLLOWING SIGNIFICANT CHANGES:

-TRWIB WILL BE DOING BUSINESS AS PARTNER4WORK

-THE CHAIR MUST BE A MEMBER OF THE BUSINESS COMMUNITY

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

THE ALLEGHENY COUNTY CHIEF EXECUTIVE AND THE MAYOR OF PITTSBURGH, SHALL

APPOINT MEMBERS OF THE GOVERNING BODY.

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

THE AFFAIRS OF THE ORGANIZATION SHALL BE UNDER THE GENERAL DIRECTION OF THE

EXECUTIVE COMMITTEE, WHICH SHALL ADMINISTER, MANAGE, PRESERVE, AND PROTECT

THE PROPERTY OF THE ORGANIZATION.

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

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Name of the organization

TRWIB, INC.

Page 2 Employer identification number 25-1898851

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.

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

UNRESTRICTED PORTION: \$-95,133

TEMPORARILY RESTRICTED: \$-220,109

TOTAL: \$-315,268

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SCHEDULE (Form 990) Department of t	► Comp	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.											
	organization TRWIB, INC.			-		En	nployer ider 25-189	ntification n 8851	umber				
Part I I	dentification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	33.									
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(d) Dr Total inco	me End-of-yea		Dire	g						
		-											
		-											
		-											
	dentification of Related Tax-Exempt Organiz	ationa. Complete if the eventiation	n answered "Vee" on Ferm 00	0. Dart IV/ line 24 k				overnet					
	brganizations during the tax year.	ations. Complete in the organizatio					related tax-	exempt					
(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		(f) ct controlling entity	cont	g) 512(b)(13) trolled tity?				
					501(c)(3))			Yes	No				
20-196771	WORKFORCE COLLABORATIVE - SWPA - 6, 650 SMITHFIELD STREET, SUITE TSBURGH, 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) 2016

Schedule R (Form 990) 2016 TRWIB, INC.

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	redominant income related, unrelated, income income assets Share of total amount in box 20 of Schedule		Genera manag partne	^{or} Percentage ^{ng} ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
]										
]										
	1										
	1										
	1										

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	(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	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233013			No

Schedule R (Form 990) 2016 TRWIB, INC.

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Э.					Yes	No
During the tax year, did the organization engage in any of the following t	ransactions with o	ne or more re	lated organizations listed	in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a contr	olled entity				 1a		X
Gift, grant, or capital contribution to related organization(s)					 1b		X
Gift, grant, or capital contribution from related organization(s)					 1c		X
Loans or loan guarantees to or for related organization(s)					1d		Σ
Loans or loan guarantees by related organization(s)					1e		Σ
Dividends from related organization(s)					 1f		2
Sale of assets to related organization(s)					 1g		Σ
Purchase of assets from related organization(s)					1h		2
Exchange of assets with related organization(s)					1i		2
Lease of facilities, equipment, or other assets to related organization(s)					 1j		2
Lease of facilities, equipment, or other assets from related organization(s)				 1k		2
Performance of services or membership or fundraising solicitations for re-	elated organization	(s)			 11		2
n Performance of services or membership or fundraising solicitations by re					1m		
Sharing of facilities, equipment, mailing lists, or other assets with related					1n	Х	
Sharing of paid employees with related organization(s)					10	X	F
Reimbursement paid to related organization(s) for expenses					 1p		2
Reimbursement paid by related organization(s) for expenses					1q		2
Other transfer of cash or property to related organization(s)					 1r		2
Other transfer of cash or property from related organization(s)					1s		
If the answer to any of the above is "Yes," see the instructions for inform							-

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>	<u> </u>		Sabadula D (Farm 000) 2016

Schedule R (Form 990) 2016 TRWIB, INC.

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	0	ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501(c orgs	all	Share of	Share of		opor-	Code V-UBI	General c	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	s sec.	total	end-of-year	tion	opor- nate tions?	amount in box 20	managing	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets		No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	
			,	165	NO			163		, ,	163 140	1
												
	-											

Schedule R (Form 990) 2016

Part VII Supplemental Information.

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

632165 09-06-16

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