### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2022

#### PREPARED FOR:

TRWIB, INC. 650 SMITHFIELD STREET 2400 PITTSBURGH, PA 15222

#### PREPARED BY:

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

#### **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

#### MAKE CHECK PAYABLE TO:

**NOT APPLICABLE** 

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

**NOT APPLICABLE** 

### RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

#### **SPECIAL INSTRUCTIONS:**

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

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 25-1898851 TRWIB, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 650 SMITHFIELD STREET, 2400 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15222 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) 07 KRISTIN KRAMER The books are in the care of ► 650 SMITHFIELD STREET, 2400 - PITTSBURGH, PA 15222 Telephone No. ► 412-552-7088 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 . If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2021 $\_$  , and ending  $\_$   $\mathtt{JUN}$   $\,\,$  30 ,  $\,\,$  2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

123841 01-12-22

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A 1</u>	or un	e 2021 calendar year, or tax year beginning 00L 1, 2021 and	enaing J	UN 30, 2022	
<b>B</b> (	Check if pplicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as PARTNER4WORK		25-18988	51
Г	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	650 SMITHFIELD STREET	2400	412-552-	
	termir ated			G Gross receipts \$	22,963,949.
	Amen return	PITISBURGH, PA 15222		H(a) Is this a group re	
	Application	F Name and address of principal officer: KKISIIN KKAMEK		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: ► WWW.PARTNER4WORK.ORG		H(c) Group exemptio	
		f organization: X Corporation	<b>L</b> Year	of formation: $2001$ $ m N$	A State of legal domicile: PA
Pa	art I	Summary			
ø)	1	Briefly describe the organization's mission or most significant activities: $\underline{SEE}$	SCHEDU	LE O	
Activities & Governance					
rne	2	Check this box  if the organization discontinued its operations or dispos	sed of more		
ŏ	3			3	32
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			31
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	\		67
¥	6	Total number of volunteers (estimate if necessary)			37
₽cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		24,320,934.	22,962,591.
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,459.	-3,082.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,322,393.	22,959,509.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,684,180.	3,896,939.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		00 610 504	10 200 500
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,610,704.	19,378,578.
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,294,884.	23,275,517.
	19	Revenue less expenses. Subtract line 18 from line 12		27,509.	-316,008.
Net Assets or			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		14,039,682.	14,392,055.
et A	21	Total liabilities (Part X, line 26)		5,252,944.	5,921,325.
Z-	22 art II	Net assets or fund balances. Subtract line 21 from line 20		8,786,738.	8,470,730.
			and statem	and to the heat of my	Unaviladas and haliaf it is
		alties of perjury, I declare that I have examined this return, including accompanying schedule: ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		· · ·	knowledge and bellef, it is
ii uc	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	iicii pi epai ei	ilas ally kilowieuge.	
Sig	_	Signature of officer		I Date	
Her		KRISTIN KRAMER, CHIEF FINANCIAL OFFICE	!R		
Hei	<b>-</b>	Type or print name and title	111		
		Print/Type preparer's name Preparer's signature	]	Date Check	PTIN
Paid	ı	ELENA FAURIE ELENA FAURIE		if self-employ	
	arer	Firm's name SCHNEIDER DOWNS & CO., INC.			25-1408703
-	Only	Firm's address ONE PPG PLACE, SUITE 1700		TAIN O LIN	
	-,	PITTSBURGH, PA 15222		Phone no. 41	2-261-3644
May	/ the II	RS discuss this return with the preparer shown above? See instructions		,	X Yes No

	PITTSBU	JRGH, AND IS	MADE POSS	SIBLE BY	THE F	INANCIAL	SUPPORT OF	SEVERAL	
	PUBLIC	AND PRIVATE	SOURCES.	LEARN &	EARN	PROVIDES	MEANINGFUL	WORK	
4c	(Code:	) (Expenses \$		including grants	of \$		) (Revenue \$		)
4d	Other progra	m services (Describe on	Schedule O.)						
	(Expenses \$			of \$		) (Revenue \$		)	
4e	Total progran	m service expenses	21,3	83,905.					
								Form <b>990</b>	(2021)
32002	12-09-21		SEE	SCHEDULE	O FO	R CONTINU	$\mathtt{ATION}(\mathtt{S})$		
				3					

08190322 786250 25168-24000

25-1898851 Page 3

# Form 990 (2021) TRWIB, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
3		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	3		
6				x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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 VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124		12a		х
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		-23
b		12b	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		21	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			₹.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
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		Х

132003 12-09-21

Form **990** (2021)

Form 990 (2021) TRWIB, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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		
	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		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
	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?	000		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
55		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_		(2021)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	١ ۵		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? <b>7a</b>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. <u>7e</u>	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. —	/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A	0-		
a	77/7	9a 9b	+-	
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	$\dashv$		
11	Section 501(c)(12) organizations. Enter:	$\dashv$		
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b	<u> </u>	Щ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	. 17		oxdot

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6		6		X
7a	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			
1 a		7a	Х	
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a	21	
b		7b	Х	
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0	21	
8		0-	Х	
a	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	-22	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.
10-	Did the exemination have level charters branches as effiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
b	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?	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	71	
		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
С		12c	Х	
12	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.0	Х	
	The organization's CEO, Executive Director, or top management official	15a	- 72	х
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		21
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		160		х
_	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	TOD		
	List the states with which a copy of this Form 990 is required to be filed ▶PA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	availal	
10	for public inspection. Indicate how you made these available. Check all that apply.	Or iiy)	avaiidi	JI <del>C</del>
10	Own website Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finar	sial.	
19		ııı ıano	ııaı	
00	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 <b>FIGURE 11. KRISTIN KRAMER</b> – <b>412</b> – <b>552</b> – <b>7088</b>			
	650 SMITHFIELD STREET, 2400, PITTSBURGH, PA 15222			
	ODO OMITHELUD SIREEI, 4400, FIIISDUNGA, FR IJ444			

132006 12-09-21 Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	J. gu		((	C)		louit	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per			ss pei nd a d				compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	Individual trustee or director				- -		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	om p		1099-NEC)		and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GUGTE DYGWED	line)	n n	- S	₩	Ş.	e Ei	훈			
(1) SUSIE PUSKAR CHIEF PROGRAM OFFICER	0.00	1			x			167,900.	0.	25 720
(2) JEN PAJEWSKI	40.00				Δ			107,900.	0.	25,729.
CHIEF OF STAFF	0.00	1				x		133,902.	0.	21,911.
(3) KRISTIN KRAMER	39.90					A		133,902.	0.	21,911.
CFO	0.10			Х			Ť	121,990.	0.	31,475.
(4) ROBERT CHERRY	39.90			77				121,550.	•	31,4736
CEO (ENTERED 7/2021)	0.10			x				78,462.	0.	8,033.
(5) DEBRA CAPLAN, INTERIM CEO	0.90							70,1010		
(THRU 7/21), DIRECTOR (AS OF 7/21)	0.10	Х		х				73,500.	0.	0.
(6) DAVE MALONE	4.90							,		
CHAIR	0.10	Х		Х				0.	0.	0.
(7) LAURA ELLSWORTH	0.90									
VICE CHAIR	0.10	Х		Х				0.	0.	0.
(8) DARRIN KELLY	4.90									
SECRETARY	0.10	Х		Х				0.	0.	0.
(9) KEVIN ACKLIN	0.90							_	_	_
DIRECTOR	0.10	Х						0.	0.	0.
(10) WILL ALLEN	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(11) RICH BARCASKEY	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(12) DR. QUINTIN BULLOCK	0.90	<b>37</b>						_	_	_
OIRECTOR (13) RICH CASOLI	0.10	Х						0.	0.	0.
DIRECTOR	0.10	Х						0.	0.	0.
(14) MARY FRANCES COOPER	0.10	Λ						0.	0.	· ·
DIRECTOR (EXITED 12/21)	0.10	Х						0.	0.	0.
(15) DAVID A. COPLAN	0.90	^			$\vdash$			· ·	<u>U•</u>	-
DIRECTOR	0.10	Х						0.	0.	0.
(16) TOM CROFT	0.90								•	<u>`</u>
DIRECTOR (EXITED 12/21)	0.10	х						0.	0.	0.
(17) ERIN DALTON	0.90	<u> </u>								
DIRECTOR	0.10	Х						0.	0.	0.
132007 12-00-21		•		•		•			-	Form <b>990</b> (2021)

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related organizations	(do box,		Posi neck r	tion	than c		(D)	(E)	(F)
` ,	Average hours per week (list any hours for related	box, offic	not ch unles	Posi neck r ss per	tion nore son is	than c		` ′	` '	
Name and title	hours per week (list any hours for related	box, offic	not ch unles	neck r ss per	nore son is	than c				
	week (list any hours for related	box, offic	unles	s per	son is		one	Reportable	Reportable	Estimated
	(list any hours for related		,cr arr	u a ui	CCCO			compensation	compensation	amount of
	hours for related	directo				174 431		from	from related	other
	related	О						the organization	organizations (W-2/1099-MISC/	compensation from the
	organizations	e or	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	Julyanizations	ruste	nstitutional trustee		ee/	mpen		1099-NEC)	1000 (420)	and related
	below	dual t	utions	_	nploy	st co	er	10001120,		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			J
(18) CLARENCE DOZIER	0.90									
DIRECTOR (ENTERED 12/21)	0.10	Х						0.	0.	0.
(19) IKE GITTLEN	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(20) GABRIELLE GONZALEZ	0.90									
DIRECTOR (ENTERED 12/21)	0.10	Х						0.	0.	0.
(21) CAREY HARRIS	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(22) TIMOTHY HOLT	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(23) MARCI KATONA	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(24) MAJESTIC LANE	0.90									
DIRECTOR (EXITED 12/21)	0.10	Х						0.	0.	0.
(25) STEVE MASSARO	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(26) KATHERINE MCEVILLY	0.90									
DIRECTOR (ENTERED 12/21)	0.10	Х						0.	0.	0.
1b Subtotal					<b></b>			575,754.	0.	87,148.
c Total from continuation sheets to Part VI	I, Section A					/		0.	0.	0.
d Total (add lines 1b and 1c)			<u></u>				<u> </u>	575,754.	0.	87,148.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
DB GRANT ASSOCIATES, INC.	DISLOCATED WORKER	
30 BROADWAY FLOOR 31 , NEW YORK, NY 10006	SERVICES	3,343,124.
PHASE 4 AMERICA INC.		
5850 CENTRE AVENUE, PITTSBURGH , PA 15206	YOUTH SERVICES	2,952,034.
EDUCTIONAL DAAT SYSTEMS, INC., 15300		
COMMERCE DRIVE NORTH, DEARBORN, MI 48120	ADULT SERVICES	1,653,426.
DYNAMIC WORKFORCE SOLUTIONS	DISLOCATED WORKER	
237 SOUTH ST, WAUKESHA, WI 53186	SERVICES	1,541,205.
GOODWILL OF SOUTHWESTERN PA		
118 52ND ST, PITTSBURGH , PA 15201	YOUTH SERVICES	1,335,228.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ► 3 0	above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

Form 990 TRWIB, INC. 25-1898851

Form 990 TRWIB, I	NC.								25-189	8851
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				Highest compensated employee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee	Institutional trustee		yee	m pen				organizations
	below	dualt	ution	<u></u>	Key employee	stco	er			organization o
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) CAITLIN MCLAUGHLIN	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(28) TOM MELCHER	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(29) BRANDON MENDOZA	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(30) JEFF NOBERS	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(31) SCOTT PIPITONE	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(32) JOSHUA POLLARD	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(33) MARK RENDULIC	0.90								_	_
DIRECTOR	0.10	Х						0.	0.	0.
(34) DUKE RUPERT	0.90									
DIRECTOR	0.10	Х	<u> </u>					0.	0.	0.
(35) FRANK STASZKO	0.90	ļ			1					•
DIRECTOR	0.10	X						0.	0.	0.
(36) JOHN THOMAS	0.90	<b>.</b>							_	0
DIRECTOR (27) I TNDA TODOL BOXT	0.10	X	_		_			0.	0.	0.
(37) LINDA TOPOLESKI DIRECTOR	0.90	x						0.	0.	0.
(38) DR. NANCY WASHINGTON	0.10	Δ						0.	0.	0.
DIRECTOR	0.10	Х						0.	0.	0.
(39) SAM WILLIAMSON	0.90	Δ						0.	0.	0.
DIRECTOR	0.10	Х						0.	0.	0.
PINECION	0.10	22						0.	0.	<u> </u>
		1								
		1								
Total to Part VII, Section A, line 1c										
,,										·

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Pai	LVI						
		Check if Schedule O contains a response	or note to any line		(D)	(C)	
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
				Total Teveride	•	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns <b>1a</b>					
iran	b	Membership dues1b					
E, E	С	Fundraising events 1c					
ifts ar A		Related organizations 1d					
nis,		Government grants (contributions)	21,988,729.				
Sir		All other contributions, gifts, grants, and					
uti Je	•	similar amounts not included above <b>1f</b>	973,862.				
ĢË Ð	_		,				
Contributions, Gifts, Grants and Other Similar Amounts	9			22,962,591.			
O a	<u> </u>	Total. Add lines 1a-1f		22,302,331.			
			Business Code				
<u>c</u>	2 a						
er Je	b						
S	C						
ev.	d						
Program Service Revenue	е						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	<b>&gt;</b>	1,358.			1,358.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	c	- · · · · · · · · · · · · · · · · · · ·					
		I. Not reptal income or /less)					
		Gross amount from sales of (i) Securities	(ii) Other				
	1 a	the direct different cancer of	(ii) Suitoi				
0	L.	Less: cost or other basis	4,440.				
ğ		and sales expenses	-4,440.				
Revenue		Gain or (loss)7c		4 440			4 440
		Net gain or (loss)		-4,440.			-4,440.
ther	8 a	Gross income from fundraising events (not					
퉏		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses8b					
	c	Net income or (loss) from fundraising events	<b></b>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a		22.2				
Miscellaneous Revenue	b						
er Ver							
Sce	C						
Ξ		All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d  Total revenue. See instructions		22,959,509.	0.	0.	-3,082.
	14	TOTAL LEAGUAGE OF HISH ACTIONS		,,,	٠.		-,002.

# Form 990 (2021) TRWIB, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in		(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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,	FE2 F00	200 002	105 500	005
	trustees, and key employees	573,792.	388,003.	185,582.	207.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 507 701	1 702 100	062 506	1 002
7	Other salaries and wages	2,587,791.	1,723,122.	863,586.	1,083.
8	Pension plan accruals and contributions (include	100 667	77 537	22 120	
_	section 401(k) and 403(b) employer contributions)	109,667. 377,106.	77,537. 248,659.	32,130. 128,447.	
9	Other employee benefits	248,583.	248,659.		
10	Payroll taxes	248,583.	172,192.	76,391.	
11	Fees for services (nonemployees):				
а	Management	15,354.	106.	15,248.	
b	Legal	66,438.	100.	66,438.	
_		00,430.		00,430.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	310,959.	236,037.	74,922.	
12	Advertising and promotion	310,333.	230,037	74,522.	
13	Office expenses	67,432.	14,163.	53,269.	
14	Information technology	139,877.	33,356.	106,521.	
15	Royalties	200/0111	00,0001		
16	Occupancy	294,818.	181,418.	113,324.	76.
17	Travel	28,671.	22,157.	6,514.	
18	Payments of travel or entertainment expenses	- <b>,</b> -	, -	, -	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,616.	1,011.	7,605.	
20	Interest	•		•	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,645.		25,645.	
23	Insurance	18,239.		18,239.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	PROJECT COSTS	17,889,575.	17,889,575.		
b	MATERIALS AND SUPPLIES	426,381.	391,134.	35,247.	
С	MEMBERSHIPS	41,696.		41,696.	
d	EQUIPMENT EXPENSE	27,842.		27,842.	
е	All other expenses	17,035.	5,435.	11,600.	
25	Total functional expenses. Add lines 1 through 24e	23,275,517.	21,383,905.	1,890,246.	1,366.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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TRWIB, INC.

## Form 990 (2021) Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			57,428.	1	56,342
	2	Savings and temporary cash investments			5,566,003.	2	6,259,769
	3	Pledges and grants receivable, net			1,428.	3	0
	4	Accounts receivable, net			8,115,625.	4	7,873,459
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua	alified pers				
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			140,291.	9	73,663
.	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	330,578.			
	b	Less: accumulated depreciation	. 10b	201,756.	158,907.	10c	128,822
.	11	Investments - publicly traded securities				11	
.	12	Investments - other securities. See Part IV, line	11			12	
•	13	Investments - program-related. See Part IV, line	e 11			13	
'	14	Intangible assets				14	
'	15	Other assets. See Part IV, line 11				15	
_   '	16	Total assets. Add lines 1 through 15 (must ed			14,039,682.	16	14,392,055
'	17	Accounts payable and accrued expenses			5,252,944.	17	5,921,325
'	18	Grants payable				18	
'	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
se 2	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of th				22	
_   '	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat				24	
2	25	Other liabilities (including federal income tax, p	• •				
		parties, and other liabilities not included on lin	-	· .			
		of Schedule D			5,252,944.	25	5,921,325
+	26			▶ ▼	5,252,944.	26	3,941,343
ဖွ		Organizations that follow FASB ASC 958, cl	ieck nere				
일	07	and complete lines 27, 28, 32, and 33.			898,492.	27	852,647
aa	27 20	Net assets with donor restrictions			7,888,246.	28	7,618,083
瞪 '	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC			7,000,240.	20	7,010,003
[ 글		and complete lines 29 through 33.	956, CHE	ck liefe			
<u>ั</u> ธ	29	Capital stock or trust principal, or current fund	e			29	
ets /	29 30	Paid-in or capital surplus, or land, building, or				30	
lss	30 31	Retained earnings, endowment, accumulated				31	
ا ب	31 32	Total net assets or fund balances			8,786,738.	32	8,470,730
	32 33	Total liabilities and net assets/fund balances			14,039,682.	33	14,392,055
	<del>.</del>	Total nabilities and het assets/fully baldifices			11,000,0021	00	Form <b>990</b> (202

Form **990** (2021)

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	22,95		
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,27		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,78	6,7	<u>38.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,47	0,7	<u>30.</u>
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:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	, , , , , , , , , , , , , , , , , , , ,		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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	, , ,				
	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 on School				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		\ \ <sub>\\\\\</sub>	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	<u> </u>
			Forn	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization INC. 25-1898851 TRWIB Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

fails to qualify under the tests listed below, please complete Part III.)	(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	zation
	fails to qualify under the tests listed below, please complete Part III.)	

Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 99 98  16 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levived for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subteactive 5 on the 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources, and income from linetated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the From 990 is for the organization of sirts, second, third, fourth, or fifth tax year as a section 501(c)(8) organization, check this box and stop here. The organization qualifies as a publicly support percentage from 2020 Schedule A, Part II, line 14  14 Public support percentage from 2020 Schedule A, Part II, line 14  15 Public support percentage from 2020 Schedule A, Part II, line 14  16 33 1/3% support test-2021. If the organization did not check a 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 meets the facts and circumstances test 2021. If the organization did not check a box on line 13, and line 14 is 108 or more, check this box and stop here. The regranization qualifies as a publicly supported organization meets the facts and circumstances test 2021. If the organization of meets the facts and circumstances test 2021. If the organiza	Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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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.  5. The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6. Public support. Swhaze line 9 from line 4.  8. Gross income from Interest, dividends, payments received on securifies loans, rents, royalties, and income from similar sources.  9. Net income from meretated 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 assess etactivities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assess etactivities, whether or not from 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  8. Section C. Computation of Public Support Percentage  9. Section C. Computation of Public Support Percentage  10. The section Support Percentage Support Percentage Suppo		include any "unusual grants.")	24158878.	20636443.	24310620.	24320934.	22962591.	116389466
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The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  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. Substrate the 6 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Interest organization, check this box and stop here. The organization of Public Support Percentage  14 Public support percentage from 2021 (line 6, column (f), divided by line 11, column (f)).  15 33 1/3% support percentage from 2021. If the organization of loth 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.  17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization.  17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		ization's benefit and either paid to						
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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  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization of lot check a 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 in for check a box on line 13, fie, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization of public supported organization in the facts and companization of the facts and publicly supported organization of meets the facts-and-circumstances test. The organization of me		*						
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Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2020 Schedule A, Part II, line 14  16 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 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  19 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  10 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								
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16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    In the organization 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    In the organization 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	14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    X   X   X   X   X   X   X   X   X	15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99 <b>.</b> 98 %
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    In the organization of the or	16a	33 1/3% support test - 2021. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    Image: Part of the organization of the organiz		stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	b	33 1/3% support test - 2020. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
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		and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
		and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
	b	10% -facts-and-circumstances test	: - 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	<b>&gt;</b>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7 <i>a</i>	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.)						
	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(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						
	Add lines 10a and 10b						
''	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	Other income. Do not include gain						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			Sandh an COL. L		01/5)/0) 5/27555	
14	First 5 years. If the Form 990 is for the	•		•		. , . ,	· —
Sec	check this box and stop here					•••••	
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020		•			16	<del>/</del> 6
	ction D. Computation of Inves					101	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<del>/</del> 6
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						<b>.</b> —
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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.

INC.

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		Yes	No
	1		
	-		
	2		
	3a		
	- Ou		
4			
	3b		
	3с		
	4-		
	4a		
	4b		
	_		
	4c		
	E-		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_			

132025 01-04-22

| 3b | | | Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	izations	z zosoco z rage o
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

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

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (contin	nued)	
Secti	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	}	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which th	e organization is responsive			
		de details in <b>Part VI</b> ). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
		annount announce of minor announce	(i)	(ii)		(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ons	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j		inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4		outions for 2021 from Section D,				
	line 7:					
а	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
		inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		Subtract lines 3g and 4a from line 2. For result greater				
		zero, explain in <b>Part VI.</b> See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2022. Add lines 3				
•	and 4					
8		down of line 7:				
		ss from 2017				
		s from 2018				
		ss from 2019				
		ss from 2020				
		ss from 2021				
_	\CGS	I OHI ZUZ I				

Schedule A (Form 990) 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

2021

Schedule B (Form 990) (2021)

25-1898851 TRWIB INC Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

TRWIB, INC.

25-1898851

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S DEPARTMENT OF LABOR  7 PARKWAY CTR #290  PITTSBURGH, PA 15220	\$ <u>10,551,119</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVENUE, SW  WASHINGTON, DC 20201	\$7,085,838.	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)

Page 3

Name of organization Employer identification number

TRWIB, INC. 25-1898851

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	3
(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
		\$	
(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
		\$	

Schedule B (Form 990) (2021) Page 4

Name of or	rganization		Employer identification number				
TRWIB,	, INC.		25-1898851				
Part III		to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
	completing Part III, enter the total of exclusively religious, chari	table, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional spa	ce is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gift					
	Transference and address and	7ID . 4	Deletionship of transferor to transferor				
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee				
	-						
( ) ) )	1						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferred name address and 710 d						
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			_   -				
	(e) Transfer of gift						
	Transferee's name, address, and a	Polationship of transferor to transferor					
-	Transieree's name, address, and a	217 + 4	Relationship of transferor to transferee				
(-) N -							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Tuemafaurala maura addica	7ID . 4	Deletionship of two of two the two of two				
}	Transferee's name, address, and a	<u> </u>	Relationship of transferor to transferee				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TRWIB, INC.

**Employer identification number** 25-1898851

Par	t I Organizations Maintaining Donor Advised	d Funds or Other S	imilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			·
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ld in donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose confer	ring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	1	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ied conservation contrib	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
_				2a
b				2b
C	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or t	erminated by the organ	lization during the tax
4	year  Number of states where preparty subject to concernation assets	amont is located		
4	Number of states where property subject to conservation eas		ion bandling of	
5	Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		d enforcing conservati	
Ū	Starr and volunteer flours devoted to monitoring, inspecting, in	riaridining of violations, ar	d chloroling conscivati	on casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation ea	asements during the year
-	<b>▶</b> \$	g or molations, and on	ioromig comportation of	acomente dannig une year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(ii) Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treatments	asures, or other similar a	ssets for financial gain,	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:	
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 Instructions	for Form 990.		Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 TRWIB, I				L898851 Page <b>2</b>
Pai	t III Organizations Maintaining Co	llections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)
3	Using the organization's acquisition, accession	n, and other records, check	any of the following that	t make significant use of i	ts
	collection items (check all that apply):				
а	Public exhibition	d $\square$	Loan or exchange progra	am	
b	Scholarly research		Other		
С	Preservation for future generations				
4	Provide a description of the organization's colle	ections and explain how th	ev further the organization	on's exempt purpose in P	art XIII.
5	During the year, did the organization solicit or	•	•		
	to be sold to raise funds rather than to be mair	•			Yes No
Pai	t IV Escrow and Custodial Arrange				
	reported an amount on Form 990, Part		· ·		
1a	Is the organization an agent, trustee, custodiar	n or other intermediary for o	contributions or other as	sets not included	
	on Form 990, Part X?	•			Yes No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following to	able:		
	3	3			Amount
С	Beginning balance			1c	
	Additions during the year				
	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on For				Yes No
	If "Yes," explain the arrangement in Part XIII. C				
Pai					
			rior year (c) Two yea		ick (e) Four years back
1a	Beginning of year balance			7	
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the currer	nt vear end balance (line 10	ı. column (a)) held as:	•	
	Board designated or quasi-endowment	%	,, (,)		
b	Permanent endowment ▶	%			
С	Term endowment ▶ %				
	The percentages on lines 2a, 2b, and 2c should	d egual 100%.			
За	Are there endowment funds not in the possess		t are held and administer	red for the organization	
	by:	3		3	Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				
b	If "Yes" on line 3a(ii), are the related organization				
4	Describe in Part XIII the intended uses of the o				
Pai	t VI Land, Buildings, and Equipme				
	Complete if the organization answered	"Yes" on Form 990, Part IV	, line 11a. See Form 990	, Part X, line 10.	
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	a see in property	basis (investment)	basis (other)	depreciation	(a) I som value
1a	Land	<del>'</del>	· ,		
	Buildings				
	Leasehold improvements				
	Equipment				
	Other		330.578.	201.756.	128.822.

Schedule D (Form 990) 2021

128,822.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
I) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
` *			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	F 000 D-+ N/ P 4	1 - 0 - F 000 P-+V P 10	
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
` '			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	on Form 000 Dort IV line 1:	1d Coo Form 000 Dort V line 15	
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(la) Da alcualua
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	15 \		
otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" of	on Form 000 Part IV line 1:	10 or 11f Soo Form 990 Bart V line	25
(a) Description of liability	TI FOITH 990, FAILTY, IIIIE T	Te or TH. See Form 990, Fart A, line	
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(-)			
(4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7)			

Schedule D (Form 990) 2021

TRWIB, INC. 25-1898851 Page 4 Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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. ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

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

RETURN.

30

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

e organization Employer identification number TRWIB, INC. 25-1898851

Questions Regarding Compensation

			Yes	No		
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee					
	Independent compensation consultant  X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
	Receive a severance payment or change-of-control payment?	4a		<u>X</u>		
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X		
С	Participate in or receive payment from an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:			v		
а	The organization?	5a		<u>X</u>		
b	Any related organization?	5b		Λ		
•	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
_	contingent on the net earnings of:	6-		Х		
a	The organization?	6a 6b		X		
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		21		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
′	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
5	tallist and the Association described to Boundations and to 50 4050 44-V000 K lives II describe to Both III	8		Х		
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3				
٠	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	ON		reported as deferred on prior Form 990
(1) SUSIE PUSKAR	(i)	167,900.	0.	0.	9,604.	16,125.	193,629.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(2) JEN PAJEWSKI	(i)	133,902.	0.	0.	8,034.	13,877.	155,813.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.		0.
(3) KRISTIN KRAMER	(i)	121,990.	0.	0.	7,319.	24,156.	153,465.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

TRWIB, INC.

Employer identification number 25-1898851

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AT PARTNER4WORK, WE ENSURE THE NEEDS OF BUSINESSES AND JOB SEEKERS ARE
MET BY ANNUALLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT;
PLACING AND TRAINING MORE THAN 20,000 JOBSEEKERS; AND EXPOSING 1,000
YOUTH TO CAREER OPPORTUNITIES.

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

OF A WORLD-CLASS WORKFORCE DEVELOPMENT SYSTEM FOR PITTSBURGH AND

ALLEGHENY COUNTY

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

SEEKERS USING SERVICES ANNUALLY, CAREERLINK STAFF MEMBERS SUPPORT ADULT

JOB SEEKERS THROUGH THE JOB SEARCH PROCESS, INCLUDING COACHING AND

COUNSELING, JOB MATCHING AND PROVIDING ACCESS TO A DATABASE OF

THOUSANDS OF POSTED JOBS. CAREERLINK STAFF ALSO CAN CONNECT QUALIFIED

JOB SEEKERS TO NO-COST TRAINING AT COMMUNITY COLLEGES OR OTHER

HIGH-QUALITY INSTITUTIONS.

IN ADDITION, REGIONAL BUSINESSES CAN ACCESS A MENU OF NO-COST SERVICES

INCLUDING FUNDING TO TRAIN NEW AND EXISTING WORKERS; ACCESS TO A POOL

OF PRE-SCREENED, MOTIVATED AND DIVERSE TALENT; SPACE FOR CAREER FAIRS

AND INTERVIEWS; LAYOFF AVERSION; CUSTOMIZED LABOR MARKET DATA; AND

OTHER RESOURCES. THROUGH THIS WORK, WE CONNECT THOUSANDS OF PEOPLE TO

EMPLOYMENT AND SERVE OVER 1,100 COMPANIES ANNUALLY. AS A RESULT OF THE

COVID-19 PANDEMIC AND RECORD UNEMPLOYMENT, P4W AND PA CAREERLINK LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization  $\label{eq:TRWIB} \textbf{TRWIB,} \quad \textbf{INC.}$ 

Employer identification number 25-1898851

LAUNCHED VIRTUAL RE-EMPLOYMENT SERVICES VIA AN ONLINE LEARNING HUB.

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

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

CAREER COUNSELING AND COACHNG VIA TRAINED WORKFORCE PROFESSIONALS. THE

ONLINE LEARNING HUB WILL BE MAINTAINED POST-PANDEMIC.

YOUTH WORKFORCE RELATED POLICY IS A PIVOTAL COMPONENT OF WIOA AND

INVESTING IN THE FUTURE TALENT PIPELINE IS A KEY AREA OF FOCUS FOR US.

IT'S CRITICAL THAT OUR YOUTH ARE EXPOSED TO THE RANGE OF AVAILABLE

CAREERS TO FIND THEIR PASSION. THROUGH ITS YOUTH ADVISORY COMMITTEE,

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

WORKFORCE PIPELINE FOR THE REGION. WE FUND MORE THAN 20 COMMUNITY

PROGRAMS ANNUALLY THROUGH \$3 TO \$4 MILLION IN FEDERAL FUNDING THAT

HELPS LAUNCH OUR YOUTH TO CAREERS. THROUGH A MIX OF MENTORING AND

TRAINING SERVICES, THESE PROGRAMS HELP YOUTH EARN GEDS, PAY THEM FOR

WORK, PROVIDE THEM OCCUPATIONAL SKILL TRAINING, IN ADDITION TO OTHER

LIFE SKILLS SUCH AS LEADERSHIP AND COMMUNICATIONS SKILLS.

EFFECTIVE JULY 1, 2017, PARTNER4WORK ASSUMED FISCAL AND ADMINISTRATIVE

OVERSITE OF THE ALLEGHENY COUNTY EARN PROGRAM. EARN IS FUNDING BY

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) THROUGH THE PA

DEPARTMENT OF HUMAN SERVICES. THIS PROGRAM IS DESIGNED TO ASSIST ADULTS

IN TRANSITION FROM WELFARE TO THE WORKFORCE. EARN PROGRAM PROVIDES CASE

MANAGEMENT, JOB PREPARATION, CAREER DEVELOPMENT AND JOB RETENTION

SERVICES TO ELIGIBLE TANF RECIPIENTS. EARN AIMS TO DECREASE DEPENDENCY

ON PUBLIC ASSISTANCE AND ESTABLISH SELF-SUFFICIENCY.

PARTNER4WORK ALSO ASSUMED FISCAL AND ADMINISTRATIVE AGENT OF ALLEGHENY

COUNTY'S WORK READY PROGRAM, EFFECTIVE OCTOBER 1, 2017. WORK READY ALSO

IS FUNDED BY TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) THROUGH THE

Schedule O (Form 990) 2021 Page 2

Name of the organization  $\label{eq:TRWIB} \textbf{TRWIB, INC.}$ 

Employer identification number 25-1898851

PA DEPARTMENT OF HUMAN SERVICES (PA DHS). WORK READY AIMS TO SERVE

PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT WHO WOULD

OTHERWISE BE ENROLLED IN EARN BY PROVIDING ASSESSMENT, EVALUATION,

SUPPORTIVE SERVICES, WORK-RELATED ACTIVITIES AND TRAINING SERVICES TO

HELP CLIENTS STABILIZE BARRIERS THAT MAY HINDER THEM FROM ACHIEVING

SELF-SUFFICIENCY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EXPERIENCE AND CAREER EXPOSURE TO LOW-INCOME YOUNG PEOPLE, AGES 14-21, BY CREATING POSITIVE WORK EXPERIENCES, INCREASING EXPOSURE TO CAREER OPPORTUNITIES AND CRITICAL SKILLS, AND DEVELOPING SOFT SKILLS THROUGH MEANINGFUL WORK-READINESS TRAINING. LEARN & EARN ALSO DEVELOPS A PIPELINE OF EXPERIENCED YOUNG WORKERS FOR LOCAL BUSINESSES, PROVIDING BUSINESSES THE OPPORTUNITY TO CULTIVATE FUTURE TALENT WITH SUPPORT FROM YOUTH SERVICE PROVIDERS. THE PROGRAM SERVES TO HELP LOCAL BUSINESSES UNDERSTAND THEIR FUTURE WORKFORCE AND ITS TRAINING NEEDS AND TO BUILD LINKAGES BETWEEN BUSINESSES AND COMMUNITY ORGANIZATIONS. PARTNER4WORK ALSO CONTINUES TO BE A KEY DRIVER AND PARTNER IN THE PARTNERUP PROGRAM TO OFFER CAREER-READINESS CLASSES AND A PIPELINE TO JOBS FOR HIGH SCHOOL STUDENTS. THIS FORWARD-THINKING PROGRAM DEVELOPED BY PNC (THE FIRST OF ITS KIND IN PITTSBURGH) PROVIDES YOUNG JOB SEEKERS WITH HANDS-ON EDUCATION PROGRAMS AND EMPLOYER TRAINING SEMINARS THAT PREPARE JOB SEEKERS FOR REAL-WORLD ENTRY-LEVEL POSITIONS. ADDITIONALLY, THIS PROGRAM INTRODUCES RECENT HIGH-SCHOOL GRADUATES TO PARTNER COMPANIES THAT HELP MAKE THE PROGRAM POSSIBLE. GRADUATES OF THE PROGRAM HAVE BEEN HIRED AT PNC, ALLEGHENY HEALTH NETWORK, COMCAST, PEOPLE GAS, GIANT EAGLE, AND OTHERS. THE PARTNERUP PROGRAM IS EXPECTED TO EXPAND INTO NEIGHBORING WESTERN PA COUNTIES IN 2020.

Schedule O (Form 990) 2021 Page **2** 

 Employer identification number 25-1898851

BANKWORK\$, INTRO TO THE CONSTRUC SUPPLY OF SKILLED WORKERS TO MEET THE NEEDS OF THE INDUSTRY. ADDITIONALLY, PARTNER4WORK AND LITERACY PITTSBURGH, THE ADULT BASIC EDUCATION PROVIDER FOR THE PITTSBURGH REGION, WILL DEVELOP AND IMPLEMENT A CONSTRUCTION MATH TUTORING PROGRAM TO SUPPORT INTERESTED RESIDENTS WHO HAVE SKILLS GAPS IN MEETING THE BASIC ENTRANCE REQUIREMENTS FOR THE 12TT PROGRAM. PARTNER4WORK WILL WORK CLOSELY WITH THE DEVELOPERS AND SEIU 32BJ TO IDENTIFY POST-CONSTRUCTION EMPLOYMENT OPPORTUNITIES (E.G. "END-USE JOBS") ON THE LOWER HILL REDEVELOPMENT AND TERMINAL BUILDING SITES. AS END-USE JOBS ARE IDENTIFIED, PARTNER4WORK WILL DEVELOP AND IMPLEMENT WORKFORCE DEVELOPMENT STRATEGIES CUSTOMIZED TO THE SPECIFIC OCCUPATIONS REQUIRED. FOR END-USE JOBS THAT REPRESENT UNIONIZED LABOR, SUCH AS BUILDING MAINTENANCE AND HOSPITALITY, PARTNER4WORK WILL COORDINATE CLOSELY WITH SEIU 32BJ, UNITE HERE LOCAL 57, AND THE ALLEGHENY COUNTY LABOR COUNCIL TO IDENTIFY ONE OR MORE PRE-EMPLOYMENT TRAINING PROGRAMS OF CHOICE THAT WILL EQUIP INDIVIDUALS WITH THE NECESSARY SKILLS FOR EMPLOYMENT IN THE TARGETED OCCUPATIONS. ALSO, IN 2019, P4W ESTABLISHED THE PITTSBUGH AREA WORKFORCE FUNDING COLLABORATIVE, A CONSORTIUM OF SIX REGIONAL PHILANTHROPIES UNITED COORDINATED AND ALIGNED IN ITS EFFORTS TO FUND STRATEGIC WORKFORCE SOLUTIONS TO ADVANCE THE REGION'S JOB SEEKERS AND BUSINESSES. THE COLLABORATIVE'S INITIAL FOCUS INCLUDES JOB QUALITY; DIVERSISTY, EQUITY, AND INCLUSION; AND THE ACCELERATION OF SMALL BLACK-OWNED BUSINESSES, PARTICULARLY IN LIGHT OF THE COVID-19 PANDEMIC.

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

THE EXECUTIVE COMMITTEE HAS THREE SPECIFIC FUNCTIONS: 1) PREPARES AN ANNUAL REPORT ON THE ORGANIZATION'S PERFORMANCE AND CONFIRMS THE ORGANIZATION'S COMPLIANCE WITH EXISTING LEGAL, REGULATORY, AND FINANCIAL REPORTING

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization

TRWIB, INC.

Employer identification number 25-1898851

REQUIREMENTS. 2) WORKS WITH THE FINANCE/AUDIT COMMITTEE TO PREPARE THE

ORGANIZATION'S BUDGET AND ACCESS THE ORGANIZATION'S FINANCIAL PERFORMANCE

IN RELATION TO THE BUDGET AT LEAST FOUR TIMES PER YEAR. 3) HIRING,

ESTABLISHING COMPENSATION, AND ANNUALLY EVALUATING THE PERFORMANCE OF THE

CHIEF EXECUTIVE OFFICER.

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

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

- 1. THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE GOVERN THE

  CORPORATION. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE ACKNOWLEDGED

  BY THE FULL BOARD. CHANGED FROM THE MEMBERS AND THE EXECUTIVE COMMITTEE

  GOVERNING THE CORPORATION.
- 2. ARTICLE III OF THE BYLAWS NOW INCLUDES INFORMATION ON CONFORMANCE WITH FEDERAL AND STATE LAWS. PREVIOUS ARTICLE III MEMBERSHIP HAS BEEN REMOVED.
- 3. ARTICLE IV HAS BEEN ADDED TO INCLUDE INFORMATION ABOUT DIRECTORS. BOARD
  OF DIRECTORS IS APPOINTED NOW INSTEAD OF MEMBERS. PREVIOUS ARTICLE IV
  GOVERNING STRUCTURE IS NOW ARTICLE V.
- 4. OTHER AMENDMENTS INCLUDE VARIOUS WORDING CHANGES, ADDITION OF THE
  TELEPHONE, VIDEO CONFERENCING OR OTHER TECHNOLOGY USE AS AN OPTION FOR
  PARTICIPATING IN MEETINGS.

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

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

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 25-1898851 TRWIB, INC. APPOINT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: THE AFFAIRS OF THE ORGANIZATION SHALL BE UNDER THE GENERAL DIRECTION OF THE EXECUTIVE COMMITTEE, WHICH SHALL ADMINISTER, MANAGE, PRESERVE, AND PROTECT THE PROPERTY OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE PERFORMS AN IN-DEPTH REVIEW OF FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS EACH BOARD MEMBER CONFIRM ANNUALLY THAT HE OR SHE DOES NOT HAVE ANY CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS APPROVES, AND ANNUALLY REVIEWS, THE COMPENSATION OF THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: ALL ARE AVAILABLE ON SITE BY REQUEST.

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

PARTNER4WORK DID NOT CHANGE THEIR OVERSIGHT OR SELECTION PROCESS DURING

THE TAX YEAR.

### **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

TRWIB, INC.					1 2	25-18988	51	
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	or Total incor	(e) End-of-year		Direct c	<b>(f)</b> ontrolling ntity	J
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more r	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) t controlling entity	Section 5 contro enti	olled ty?
REGIONAL WORKFORCE COLLABORATIVE - SWPA -				301(0)(3))			Yes	No
20-1967716, 650 SMITHFIELD STREET, SUITE 2400, PITTSBURGH, PA 15222	WORKFORCE DEVELOPMENT	PENNSYLVANIA	501(C)(3)	7	TRWIB,	INC.	х	

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.

	·		T	T	T	I			1	_	
(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)		uooolo	Yes	No	K-1 (Form 1065)	Yes N	٥
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	(i Sec 512(b contr enti	o)(13) olled ity?
		country)		or trusty		455515		Yes	No

Page 2

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

Yes No

1a

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	<b>1</b> g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
0	Sharing of paid employees with related organization(s)	10	X	
	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
	Other transfer of cash or property to related organization(s)	1r	L	X
	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)  Name of related organization Transaction type (a-s) (b) (c) (d)  Method of determining amount involved type (a-s)	/olved		
1)				
2)				
3)				
4)				
5)				
6)				
3216	Schedule Schedule	R (For	n 990	) 2021

Schedule R (Form 990) 2021 TRWIB, INC. 25-1898851 Page 4

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disprotional allocati	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General manage partne	al or Percying owr	(k) centage nership
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			0,									
	(2-1											

# TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

### FOR THE YEAR ENDING

JUNE 30, 2022

#### PREPARED FOR:

TRWIB, INC. 650 SMITHFIELD STREET 2400 PITTSBURGH, PA 15222

#### PREPARED BY:

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

#### **AMOUNT OF TAX:**

**BALANCE DUE OF \$250** 

#### MAKE CHECK PAYABLE TO:

COMMONWEALTH OF PENNSYLVANIA

#### MAIL TAX RETURN TO:

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

## **RETURN MUST BE MAILED ON OR BEFORE:**

MAY 15, 2023

# **SPECIAL INSTRUCTIONS:**

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

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

Mail to:

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

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

# **Charitable Organization Registration Statement**

BCO-10 (rev. 2/2022)

Fee: See instructions

Certific	cate number: 28657  (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at
Fiscal	year ended: 06/30/2022  MM DD YYYY	least one of the following must apply:  Organization is exempt from registration because
FEIN:	25-1898851	Organization does not solicit contributions in Pennsylvania
1.	Legal name of organization: TRWIB, INC.	,09
	Check if name change and give previous name	
2.	All other names used to solicit contributions:	
		.0 /
3.	Contact person: KRISTIN KRAMER	Contact's E-mail: KKRAMER@PARTNER4WORK.ORG
4.	Principal address of organization:	Mailing address: (if different than principal address):
	650 SMITHFIELD STREET, NO. 2400	
	PITTSBURGH	
	PA 15222	
	County: ALLEGHENY	Phone number: 412-552-7090
	800 number:	Fax number:
	Email (if different than Contact's email):	
	Website: WWW.PARTNER4WORK.ORG	
5.	Type of organization (e.g. non-profit corporation, unincorpora CORPORATION	ated association, etc.):
	Where established: PITTSBURGH, PA	Date established:* 11/16/2001

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

Page 1 of 6 175801 07-06-22 Form BCO-10 (rev. 2/2022)

6.	6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)					
	REGIONAL WORKFORCE COLLABORATIVE - SWPA					
	650 SMITHFIELD STREET, SUITE 2400, PITTSBURGH, PA 15222					
	412-552-7090					
7.	Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":					
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust					
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.					
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities					
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.					
	X Not Applicable					
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.					
	Items 8 and 9 are required to be completed by initial registrants only					
8.	Date organization first solicited contributions from Pennsylvania residents:  MM DD YYYY					
	Other					
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.					
	MM DD YYYY Other					
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.					

Page 2 of 6 175802 03-01-22 Form BCO-10 (rev. 2/2022)

10.	TRWIB, INC.  Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable
	schedules, for its most recently completed fiscal year? X Yes No
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	SOLICITATIONS ARE MADE THROUGH GRANT PROPOSAL.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	THE PURPOSE OF THE ORGANIZATION IS TO CARRY OUT ITS OBLIGATIONS IN COMPLIANCE WITH THE WORKFORCE
	INVESTMENT ACT OF 1998, REAUTHORIZED BY THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, AND ADDRESS OTHER POLICY MATTERS AS THEY RELATE TO WORKFORCE DEVELOPMENT.
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
10.	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
	"Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
	SEE STATEMENT 1 If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania
	residents: 11/16/2001
	Month Day Year
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 2

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Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)					
MENT 3					
and telephone numbers of any commercial coventurers under contract with the organization: set if necessary)					
K DID NOT HAVE ANY COMMERCIAL COVENTURERS DURING ENDED JUNE 30, 2022					
If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?  (See note "Affiliate and Parent Organization") Yes No X Not Applicable  If "Yes," give all names and certificate numbers of the affiliate organizations:  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)					
Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes X No Not Applicable					
e name and, if available, certificate number of the parent organization.  parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return usure form (BCO-23) for each affiliate.)					
organization Pennsylvania certificate number					
Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)  SEE STATEMENT 4					
a					

Page 4 of 6 175811 03-01-22 Form BCO-10 (rev. 2/2022)

22.	Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)
	A. Are in charge of solicitation activities:
	BOARD OF DIRECTORS - SEE STATEMENT 3
	B. Have final responsibility for the custody of contributions:
	BOARD OF DIRECTORS - SEE STATEMENT 3
	C. Have final responsibility for final distribution of contributions:
	BOARD OF DIRECTORS - SEE STATEMENT 3
	D. Are responsible for custody of financial records:  KRISTIN KRAMER
	650 SMITHFIELD STREET, SUITE 2400 PITTSBURGH, PA 15222
23.	Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:
	A. Any other officer, director, trustee, or employee? Yes X No
	B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No
	C. Any officers, agents or employees of any supplier or vendor providing goods or services? **  Yes X No
	**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)
	If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.
24.	Has the organization or any of its present officers, directors, executive personnel or trustees ever:
	A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No
	B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?  Yes X No
	C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes X No
	(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S.  $\S4904$  (relating to unsworn falsification to authorities) and 10 P.S.  $\S162.17$  (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date
KRISTIN KRAMER, CHIEF FINANCIAL OFFICER	
Type or print name and title of Chief Fiscal Officer	
Signature of Other Authorized Officer	Date
Type or print name and title of Other Authorized Officer	
Checklist for registration:	
X Completed registration statement properly signed and dated.	
A copy of the IRS 990/990EZ/990PF/990N Return and require signed and dated by an authorized officer	ed schedules,
Public Disclosure Form BCO-23 (if required)	
X Applicable Financial Statements (audited, reviewed, compiled	or internally prepared)
X Registration fee and any late filing fees	
Initial Registrants Only: IRS determination letter, articles of incoby-laws.	corporation or charter and
See Instructions for more information on completing this form and at	ttachments.

FOOTNOTES STATEMENT 1

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

STATEMENT(S) 1, 2, 3

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 2

NAME AND ADDRESS

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

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 3

NAME AND ADDRESS

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

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 4 NAME AND ADDRESS TITLE SUSIE PUSKAR CHIEF PROGRAM OFFICER 650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222 NAME AND ADDRESS TITLE KRISTIN KRAMER CFO 650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222 NAME AND ADDRESS TITLE ROBERT CHERRY CEO (ENTERED 7/2021) 650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

TITLE NAME AND ADDRESS

DEBRA CAPLAN, INTERIM CEO (THRU 7/21), DIRECTOR (AS OF

7/21)

650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DAVE MALONE CHAIR

650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

LAURA ELLSWORTH VICE CHAIR

650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DARRIN KELLY SECRETARY

650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

KEVIN ACKLIN DIRECTOR

650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

WILL ALLEN DIRECTOR 650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

RICH BARCASKEY DIRECTOR

650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DR. QUINTIN BULLOCK DIRECTOR

650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

RICH CASOLI DIRECTOR

650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222

TITLE NAME AND ADDRESS

MARY FRANCES COOPER DIRECTOR (EXITED 12/21)

650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DAVID A. COPLAN DIRECTOR

650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

TOM CROFT DIRECTOR (EXITED 12/21)

650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

ERIN DALTON DIRECTOR

650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

CLARENCE DOZIER DIRECTOR (ENTERED 12/21)

650 SMITHFIELD STREET, 2400 PITTSBURGH, PA 15222

NAME AND ADDRESS

NAME AND ADDRESS TITLE

IKE GITTLEN
650 SMITHFIELD STREET, 2400

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GABRIELLE GONZALEZ DIRECTOR (ENTERED 12/21) 650 SMITHFIELD STREET, 2400

TITLE

NAME AND ADDRESS TITLE

CAREY HARRIS DIRECTOR

650 SMITHFIELD STREET, 2400

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

TIMOTHY HOLT DIRECTOR

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MARCI KATONA DIRECTOR

650 SMITHFIELD STREET, 2400

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MAJESTIC LANE DIRECTOR (EXITED 12/21)

650 SMITHFIELD STREET, 2400

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STEVE MASSARO DIRECTOR

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KATHERINE MCEVILLY DIRECTOR (ENTERED 12/21)

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DIRECTOR CAITLIN MCLAUGHLIN

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TOM MELCHER DIRECTOR

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BRANDON MENDOZA DIRECTOR

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JEFF NOBERS DIRECTOR

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SCOTT PIPITONE DIRECTOR

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JOSHUA POLLARD DIRECTOR

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MARK RENDULIC DIRECTOR

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DIRECTOR DUKE RUPERT

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FRANK STASZKO DIRECTOR 650 SMITHFIELD STREET, 2400

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DR. NANCY WASHINGTON DIRECTOR

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SAM WILLIAMSON DIRECTOR

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