Form **8879-TE**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $\underline{JUL} \ 1$, 2022, and ending $\underline{JUN} \ 30$, 20 $\underline{23}$

2022

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN TRWIB, INC. 25-1898851

Name an	d title of officer or person subject to	tax KRISTIN KRAMER		<u> </u>
		CHIEF FINANCIAI	J OFFICER	
Part I	Type of Return and	Return Information		
Form 53 or 10a k whichev	330 filers may enter dollars and coelow, and the amount on that lir	ents. For all other forms, enter who ne for the return being filed with this	e dollars only. If you check the bor	y, from the return. Form 8038-CP and x on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, icable line below. Do not complete more
1a	Form 990 check here	X b Total revenue, if any (Fo	rm 990, Part VIII, column (A), line 1	1b26,749,551.
		b Total revenue, if any (Fo	rm 990-EZ, line 9)	2b
За	Form 1120-POL check here		L, line 22)	
4a	Form 990-PF check here		nt income (Form 990-PF, Part V, li	
			3, line 3c)	
			art III, line 4)	
				7b
	Form 5227 check here		tax year (Form 5227, Item D)	8b
	Form 5330 check here			9b
	Form 8038-CP check here		ent requested (Form 8038-CP, Pa	
Part		gnature Authorization of Of		Tax
Under n		X I am an officer of the above e		
of entity			•	and that I have examined a copy of the
of any re entry to financia later tha paymen persona	efund. If applicable, I authorize the financial institution account I institution account I institution to debit the entry to the part of the part of the part of taxes to receive confidential	ne U.S. Treasury and its designated indicated in the tax preparation softhis account. To revoke a payment, ayment (settlement) date. I also authinformation necessary to answer in my signature for the electronic return	Financial Agent to initiate an elect ware for payment of the federal ta I must contact the U.S. Treasury F lorize the financial institutions invo quiries and resolve issues related the quiries and resolve issues related the state of t	inancial Agent at 1-888-353-4537 no lived in the processing of the electronic to the payment. I have selected a
		ERO firm name		Enter five numbers, but
	with a state agency(ies) regular on the return's disclosure condition. As an officer or person subject return. If I have indicated within IRS Fed/State program, I will expenses.	ting charities as part of the IRS Fed sent screen. It to tax with respect to the entity, I In this return that a copy of the retur enter my PIN on the return's disclos	/State program, I also authorize the will enter my PIN as my signature on is being filed with a state agency are consent screen.	
Part I		** THIS IS NOT A Entertication	TLEABLE COPY	Date
ERO's I	EFIN/PIN. Enter your six-digit ele	ectronic filing identification		
number	(EFIN) followed by your five-digit	self-selected PIN.	25570912 Do not enter all	
submitti		my PIN, which is my signature on th n the requirements of Pub. 4163, N		dicated above. I confirm that I am for Authorized IRS e-file Providers for
ERO's si	gnature		Date	
		FRO Must Retain This	-orm - See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2022)

DRAFT

Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

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

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

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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print TRWIB, INC. 25-1898851 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 City, town or post office, state, and ZIP code. For a foreign address, see instructions. 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 Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) KRISTIN KRAMER • The books are in the care of ▶ 650 SMITHFIELD STREET 2400 - PITTSBURGH, PA 15222 Telephone No. ► 412-552-7090 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 . 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, 2024 , 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 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2023 ► X tax year beginning JUL 1, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 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

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2022)

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	\pm 2022 calendar year, or tax year beginning $$ JUL $1,$ 20)22 and	ending J	<u>UN 30, 2023</u>							
	Check if opplicable	C Name of organization			D Employer identifi	cation number						
Г	Addres											
F	Name change				25-18988	51						
	Initial return	Number and street (or P.O. box if mail is not delivered to street a	per and street (or P.O. box if mail is not delivered to street address) Room/suit									
	Final return/	650 SMITHFIELD STREET	412-552-	7090								
	termin- ated	, , , , , , , , , , , , , , , , , , , ,	ostal code		G Gross receipts \$	26,749,551.						
	Ameno	PIIISBURGH, PA 13222			H(a) Is this a group re							
	Application pendin	F Name and address of principal officer. MILLS I IN TIME	MER		for subordinates	—						
		SAME AS C ABOVE			H(b) Are all subordinates in							
	I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions											
	<u>Nebsit</u>		Othor	1	H(c) Group exemption							
	orm of	organization: X Corporation Trust Association Summary	Other	L Year	of formation: 2001	M State of legal domicile: PA						
1 (_	Briefly describe the organization's mission or most significant activ	<u>ТО</u> Т	EWELOD	A TUDITITIC	MODKEODCE						
9	1	PARTNER4WORK DRIVES AND DELIVERS										
Governance	2	Check this box if the organization discontinued its oper										
Veri	3	Number of voting members of the governing body (Part VI, line 1a)	•		3	31						
Ĝ	4	Number of independent voting members of the governing body (P.				31						
	1 -	Total number of individuals employed in calendar year 2022 (Part '				62						
iţi		Total number of volunteers (estimate if necessary)				37						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.						
_		Net unrelated business taxable income from Form 990-T, Part I, lin				0.						
					Prior Year	Current Year						
Φ	8	Contributions and grants (Part VIII, line 1h)			22,962,591.	26,738,820.						
eun	1	Program service revenue (Part VIII, line 2g)			0.	0.						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-3,082. 0.	10,731.						
_	1		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
		Total revenue - add lines 8 through 11 (must equal Part VIII, colum			22,959,509.	26,749,551.						
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.						
	1		(A) U 5 10)		3,896,939.							
ses	15	Salaries, other compensation, employee benefits (Part IX, column Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.						
Expenses	h		4,0		<u>``</u>							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			19,378,578.	22,854,792.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), li			23,275,517.	27,198,910.						
		Revenue less expenses. Subtract line 18 from line 12			-316,008.	-449,359.						
or Sec				Ве	ginning of Current Year	End of Year						
Net Assets or	20	Total assets (Part X, line 16)			14,392,055.	16,555,008.						
t Ass	21	Total liabilities (Part X, line 26)			5,921,325.	8,533,637.						
<u>E</u>	22	Net assets or fund balances. Subtract line 21 from line 20			8,470,730.	8,021,371.						
	art II	Signature Block										
		Ities of perjury, I declare that I have examined this return, including accom				/ knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all	information of wi	nich preparer	nas any knowledge.							
0:	_	Signature of officer			I Date							
Sig		KRISTIN KRAMER, CHIEF FINANCIAL O	rrt/rd		Date							
Her	е	Type or print name and title	FFICER									
			turo	1	Date Check [PTIN						
Paid	Tillity type preparet 3 flattic Treparet 3 signature											
	arer	Firm's name MAHER DUESSEL, CPA'S		<u>f</u>		P01306133 5-1622758						
	Only	•	ITE 600									
	•	PITTSBURGH, PA 15212			Phone no. 41	2-471-5500						
May	the IE	RS discuss this return with the preparer shown above? See instruc	tions		•	X Yes No						

Form 990 (2022) TRWIB, INC. 25-1898851 Page 2

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: PARTNER4WORK MEETS THE NEEDS OF BUSINESSES AND JOB SEEKERS 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. WE LEAD THE DEVELOPMENT, INTEGRATION, AND	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 11,511,053 • including grants of \$) (Revenue \$	_)
	PARTNER4WORK IS THE WORKFORCE DEVELOPMENT BOARD FOR PITTSBURGH AND	
	ALLEGHENY COUNTY. WORKFORCE BOARDS WERE ESTABLISHED BY THE WORKFORCE	
	INVESTMENT ACT (WIA) OF 1998 AND REAUTHORIZED BY THE WORKFORCE	
	INNOVATION AND OPPORTUNITY ACT (WIOA) TO LEAD THE WORKFORCE DEVELOPMENT	Т
	SYSTEM IN AREAS THROUGHOUT THE COUNTRY. NATIONALLY RECOGNIZED FOR	
	INNOVATION, PARTNER4WORK DELIVERS A MENU OF WORKFORCE SOLUTIONS FOR	
	PITTSBURGH AND ALLEGHENY COUNTY TO ENSURE THE CURRENT AND FUTURE NEEDS	
	OF BUSINESSES AND JOB SEEKERS ARE MET. THE CORNERSTONE OF WIOA, AND A	
	CENTRAL COMPONENT OF OUR WORK, IS THE ESTABLISHMENT OF A ONE-STOP	
	SERVICE SYSTEM, LOCALLY BRANDED AS PA CAREERLINK PITTSBURGH/ALLEGHENY	
	COUNTY. THE ONE-STOP FOCUSES ON GETTING PEOPLE A FIRST JOB, A NEW JOB,	
	OR ADVANCING ON A CAREER PATHWAY WHILE SIMULTANEOUSLY HELPING	
4b	(Code:) (Expenses \$8,020,622. including grants of \$) (Revenue \$)	_)
	PARTNER4WORK ALSO OVERSEES THE ALLEGHENY COUNTY EARN AND WORK READY	
	PROGRAMS, WHICH ARE FUNDED BY TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	
	(TANF) AND THE SUPPLEMENTAL NUTRITION PROGRAM (SNAP) THROUGH THE PA	
	DEPARTMENT OF HUMAN SERVICES (DHS). THESE PROGRAMS ARE DESIGNED TO	
	ASSIST ADULTS IN TRANSITION FROM PUBLIC ASSISTANCE TO THE WORKFORCE.	
	THE EARN AND WORK READY PROGRAMS PROVIDE CASE MANAGEMENT, JOB	
	PREPARATION, CAREER DEVELOPMENT AND JOB RETENTION SERVICES TO ELIGIBLE	
	TANF AND SNAP PARTICIPANTS. BOTH PROGRAMS AIM TO DECREASE DEPENDENCY ON	
	PUBLIC ASSISTANCE AND ESTABLISH SELF-SUFFICIENCY.	
		_
		_
	2 017 510	_
4c	(Code:) (Expenses \$3,917,510. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$	_)
	JOB PROGRAM FOR YOUNG ADULTS AGES 14-24 IN ALLEGHENY COUNTY AND CITY OF	_
	PITTSBURGH. THROUGH THIS COMMUNITY EFFORT WE'VE BEEN ABLE TO PROVIDE	_
	1500 2000 YOUNG ADULTS EACH YEAR WITH OPPORTUNITIES TO GAIN	_
	21STCENTURY WORKFORCE SKILLS, DEVELOP PROFESSIONAL AND SOCIAL NETWORKS,	_
	ALL WHILE BECOMING SUCCESSFUL MEMBERS OF OUR REGIONAL WORKFORCE. LEARN	_
	AND EARN IS MADE POSSIBLE BY THE LEVERAGING OF KNOWLEDGE AND RESOURCES	_
	FROM A NETWORK OF PUBLIC AND PRIVATE FUNDERS, EMPLOYER PARTNERS,	_
	PROVIDERS, AND COMMUNITY PARTNERS. THE PROGRAM IS ADMINISTERED BY	_
	PARTNER4WORK, IN PARTNERSHIP WITH ALLEGHENY COUNTY (DHS) AND THE CITY	_
	OF PITTSBURGH. LEARN AND EARN PROVIDES YOUNG ADULTS WITH:	_
	WORK-READINESS TRAINING, A CENTRALIZED POINT OF ENTRY, PAID WORK	_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ 1,640,739 • including grants of \$) (Revenue \$)	
4e	Total program service expenses 25,089,924.	_

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Form 990 (2022) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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			
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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			
	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2022) TRWIB, INC.

Part IV | Checklist of Required Schedules (c

25-1898851

Page 4

ı aı	Officerist of nequired Scriedules (continued)			
	5:11		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		$\stackrel{\frown}{}$
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b		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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			77
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27		
20	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		X
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? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	37	
05 -	Part V, line 1	34	Х	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

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Statements Regarding Other IRS Filings and Tax Compliance Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a 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). Х 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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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 Section A. Governing Body and Management No Yes 31 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 31 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website ___ 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 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KRISTIN KRAMER - 412-552-7090 SMITHFIELD STREET 2400, PITTSBURGH, 15222 650

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	Jiga		((C)		Said	(D)	(E)	(F)
Officer and arcsect/futures from from related organizations Officer and arcsect/futures from the organizations (W.2/1099-MISC) Officer and arcsect/futures from the organizations (W.2/1099-MISC) Officer and the organizations (W.2/109-MISC) Officer and the organizations (W.2/109-MISC) Officer and the organizations (W.2/109-MISC) Officer and the organizations (W.2/1099-MISC) Officer and the organizations (W.2/109-MISC) Officer and the organizati	Name and title	1	(do					one			
Column C										l '	
O			tor								
O		hours for	or dire	a			ted			(W-2/1099-MISC/	from the
O			istee (truste		gy.	beusa		1 -	1099-NEC)	_
O		~	ual tr.	ional		ploye	t com	_	1099-NEC)		
CO		1	Individ	Institul	Officer	Кеу еп	Highes employ	Forme			organizations
CHIEF POLICY AND RESEARCH OFFICER	, - ,									_	
CHIEF POLICY AND RESEARCH OFFICER 39.90 39.90 CFO 0.10 X 122,200. 0. 36,836.	CEO				X				203,154.	0.	23,711.
CFO		40.00									
CFO		22.22			X				163,590.	0.	24,937.
A									100 000		26 226
CHIEF OF STAFF					X				122,200.	0.	36,836.
CHIEF PROGRAM OFFICER		40.00					3,		100 004	0	04 412
CHIEF PROGRAM OFFICER		40 00					A		128,904.	0.	24,413.
Column C	, , , , , , , , , , , , , , , , , , , ,	40.00			x				120 473.	0.	5 548.
Director		0.90			25				120,4730	•	3,340.
O	DIRECTOR		х						0.	0.	0.
RICH BARCASKEY	(7) WILL ALLEN								•		
RICH BARCASKEY	DIRECTOR	0.10	Х						0.	0.	0.
O	(8) RICH BARCASKEY										
DIRECTOR O.10 X O. O. O.	DIRECTOR		Х						0.	0.	0.
Column	(9) DR. QUINTIN BULLOCK										
DIRECTOR O.10 X O. O. O. O.	DIRECTOR		Х						0.	0.	0.
DIRECTOR D. 90 DIRECTOR D. 10 X D. D. D. D. D. D. D.	(10) DEBRA CAPLAN								_	_	_
DIRECTOR O.10 X O. O. O.			Х						0.	0.	0.
DIRECTOR D. 10 X D. D. DIRECTOR D. 10 X D. D. DIRECTOR D. 10 X D. D. D. D. D. D. D.											
DIRECTOR O.10 X O. O. O. O. O. O. O.			Х						0.	0.	0.
DIRECTOR D. 10 X D. D. D. D. D. D. D.										•	•
DIRECTOR 0.10 X 0.0.0.0. (14) CLARENCE DOZIER 0.90 0.0.0.0. DIRECTOR 0.10 X 0.0.0.0. (15) IKE GITTLEN 0.90 0.0.0.0. DIRECTOR 0.10 X 0.0.0.0. (16) GABRIELLA GONZALEZ 0.90 0.0.0.0. DIRECTOR 0.10 X 0.0.0.0. (17) CAREY HARRIS 0.90 0.90			Х						0.	0.	0.
O.90 DIRECTOR O.90 X O. O. O. O.			v						_	0	0
DIRECTOR			Λ						0.	0.	0.
O.90 O.90 O.10 X O.			v						_	0	0
DIRECTOR 0.10 X 0.0.0.0. (16) GABRIELLA GONZALEZ 0.90 0.0.0.0. DIRECTOR 0.10 X 0.0.0.0. (17) CAREY HARRIS 0.90 0.0.0.0.			Λ						0.	0.	· ·
(16) GABRIELLA GONZALEZ 0.90 DIRECTOR 0.10 X 0.0.0. (17) CAREY HARRIS 0.90			v						l	0	n
DIRECTOR 0.10 X 0. 0. 0. (17) CAREY HARRIS 0.90			21							0.	<u></u>
(17) CAREY HARRIS 0.90			x						0.	0.	0.
	DIRECTOR		Х						0.	0.	0.

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Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation ndividual trustee or director hours for organization (W-2/1099-MISC/ from the Highest compensated employee related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) TIM HOLT 0.90 DIRECTOR X 0.10 0. 0. 0. (19) TERRY HUEY 0.90 0.10 Х 0. 0. 0. DIRECTOR 0.90 (20) KATHERINE MCEVILLY 0.10 Х DIRECTOR 0. 0. 0. (21) CAITLIN MCLAUGHLIN 0.90 DIRECTOR 0.10 X 0. 0. (22) TOM MELCHER 0.90 DIRECTOR 0.10 X 0. 0. 0. (23) BRANDON MENDOZA 0.90 DIRECTOR 0.10 Х 0. 0. 0. (24) JEFF NOBERS 0.90 0.10 0. 0. 0. DIRECTOR X (25) SCOTT PIPITONE 0.90 0. DIRECTOR 0.10 Х 0. 0. (26) MARK RENDULIC 0.90 DIRECTOR 0.10 0. 0. 0. 738,321. 115,445. 0. 1b Subtotal c Total from continuation sheets to Part VII, Section A 0. 0. 738.321. 0. 115.445 d Total (add lines 1b and 1c)

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

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

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)	(B)	(C)
Name and business address	Description of services	Compensation
DB GRANT ASSOCIATES	DISLOCATED WORKER	
30 BROADWAY FLOOR 31, NEW YORK, NY 10006	SERVICES	3,954,703.
PHASE 4 AMERICA, INC.		
5850 CENTRE AVENUE, PITTSBURGH, PA 15206	YOUTH SERVICES	2,662,425.
EDUCATIONAL DATA SYSTEMS, INC., 15300		
COMMERCE DRIVE NORTH, DEARBORN, MI 48120	ADULT SERVICES	1,792,565.
DYNAMIC WORKFORCE SOLUTIONS	DISLOCATED WORKER	
237 SOUTH STREET, WALUKESHA, WI 53186	SERVICES	1,708,837.
GOODWILL OF SOUTHWESTERN PA		
118 52ND STREET, PITTSBURGH, PA 15201	YOUTH SERVICES	1,247,063.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization 35		

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 TRWIB, INC. 25-1898851

Form 990 TRWIB,	INC.								25-189	8851
Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(C)						(D)	(E)	(F)	
Name and title	(B) Average		Position					Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)				ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old ma		organization	(W-2/1099-MISC)	from the
	hours for	ordir	9			ated 6		(W-2/1099-MISC)		organization
	related	ustee	truste		9	bens				and related
	organizations below	ual tri	ional		ploye	tcom				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DUKE RUPERT	0.90	=	=	0	~	Ξ.	Œ			
DIRECTOR (EXITED 12/22)	0.10	Х						0.	0.	0.
(28) FRANK STASZKI	0.90	Λ						0.	0.	· ·
DIRECTOR (EXITED 12/22)	0.10	Х						0.	0.	0.
		Λ						0.	0.	<u> </u>
(29) JOSHUA STEWART	0.90	37								_
DIRECTOR	0.10	Х				_		0.	0.	0.
(30) JOHN THOMAS	0.90	٠,						_	_	
DIRECTOR	0.10	Х						0.	0.	0.
(31) LINDA TOPOLESKI	0.90	3,7								_
DIRECTOR	0.10	Х						0.	0.	0.
(32) DR. NANCY WASHINGTON	0.90	3,7								_
DIRECTOR	0.10	Х						0.	0.	0.
(33) JAKE WHEATLEY	0.90	.,								
DIRECTOR	0.10	Х				_		0.	0.	0.
(34) SAM WILLIAMSON	0.90									
DIRECTOR	0.10	Х						0.	0.	0.
(35) DAVID J. MALONE	4.90									
CHAIRMAN	0.10	Х		Х				0.	0.	0.
(36) LAURA ELLSWORTH	4.90	.,		,,						
VICE CHAIR	0.10	Х		Х				0.	0.	0.
(37) DARRIN KELLY	4.90									
SECRETARY	0.10	Х		Х		_		0.	0.	0.
(38) STEVE MASSARO	4.90			l						
TREASURER	0.10	Х	_	Х		_		0.	0.	0.
			_							
		1								
		1								
		1								
	•									
Total to Part VII, Section A, line 1c										
								•	•	

Form 990 (2022) TRWIB, INC.

Part VIII | Statement of Revenue

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I a		7 111	Check if Schedule O			200	or note to any line	o in this Bart VIII			
			Check if Schedule O.C.	ontain	<u>s а гезро</u>	iise (or flote to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, similar amounts not included Noncash contributions included in	ibution: grants, a above	1b 1c 1d 1d 1e ss) 1e 1f 1g \$		26,041,320. 697,500.	26,738,820.			
							Business Code				
Program Service Revenue	2	a b c d									
P		f	All other program service	revenu	e						
		g	Total. Add lines 2a-2f								
	4		Income from investment of	f tax-e	kempt bo	nd p	roceeds	10,731.			10,731.
	5	1	Royalties	·····	(i) Real		(ii) Personal				
	6	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Float		(ii) i ciocital				
		d	Net rental income or (loss)	<u></u>							
	7	а	Gross amount from sales of		(i) Securit	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
Revenue				7b 7c							
eve			Gain or (loss)								
Other R	8		Gross income from fundraising including \$								
			contributions reported on								
			Part IV, line 18			8a					
			Less: direct expenses Net income or (loss) from		 eina even	8b					
	9		Gross income from gamin		-	$\overline{}$					
	_	_	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			<u></u>					
	10	а	Gross sales of inventory, I								
			and allowances			10a					
			Less: cost of goods sold Net income or (loss) from:			_	1				
			140t moonie of hoss) hollis	υαισό Ο	i ii iv ci ilul	у	Business Code				
sno	11	а									
Miscellaneous Revenue		b				_					
cell		С									
Mis			All other revenue								
			Total. Add lines 11a-11d					26 740 554		^	10 521
	12	:	Total revenue. See instruction	IIIS				26,749,551.	0.	0.	10,731.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 820,878. 579,760. 241,118. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,658,264. 1,924,238. 730,289. 3,737. Other salaries and wages 7 Pension plan accruals and contributions (include 156,678. 104,133. 52,545. section 401(k) and 403(b) employer contributions) 156,553. 275,362. 431,915. Other employee benefits 9 276,383. 180,878. 95,505. 10 Payroll taxes 11 Fees for services (nonemployees): Management 23,507. 23,727. 220. Legal 86,946. 86,946. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 492,469. 343,962. 148,507. column (A), amount, list line 11g expenses on Sch O.) 43,985. 66,537. 22,552. Advertising and promotion 12 51,371. 44,905. 6,466. 13 Office expenses 123,606. 225,415. 101,809. Information technology 14 Royalties 15 292,912. 195,344. 97,338. 230. 16 Occupancy 86,729. 48,068. 38,661. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 51,791. 34,477. 17,314. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22,449. 22,449. Depreciation, depletion, and amortization 22 25,419. 25,419. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 21,020,129. 21,019,088. 1,041. PROJECT COSTS 291,100. MATERIALS AND SUPPLIES 247,228. 43,796. 76. 65,216. 70,555. 5,339. **MEMBERSHIPS** 26,945. 26,945. d EQUIPMENT 20,298. 19,298. 1.000. e All other expenses 27,198,910. 25,089,924. 2,104,943. 4,043. Total functional expenses. Add lines 1 through 24e 25 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)

5

6

7

8

Form 990 (2022) TRWIB, INC. 25-1898851 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 305,295. 56,342. 1 Cash - non-interest-bearing 6,259,769. 6,435,279. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 7,873,459. 7,640,838. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

controlled entity or family member of any of these persons

Inventories for sale or use

Loans and other receivables from other disqualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Notes and loans receivable, net

Other liabilities (including federal income tax, payables to related third

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

10b Less: accumulated depreciation

10c 159,677.

10a 330,578.

10b 224,205.

128,822.

10c 106,373.

11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13

 13
 Investments - program-related. See Part IV, line 11
 13

 14
 Intangible assets
 14

 15
 Other assets. See Part IV, line 11
 0 • 15
 1,907,546 •

 16
 Total assets. Add lines 1 through 15 (must equal line 33)
 14,392,055 • 16
 16,555,008 •

 17
 Accounts payable and accrued expenses
 5,921,325.
 17
 6,585,854.

 18
 Grants payable
 18

 19
 Tax-exempt bond liabilities
 20

21 Escrow or custodial account liability. Complete Part IV of Schedule D
22 Loans and other payables to any current or former officer, director,
trustee, key employee, creator or founder, substantial contributor, or 35%
controlled entity or family member of any of these persons
23 Secured mortgages and notes payable to unrelated third parties
24 Unsecured notes and loans payable to unrelated third parties
25 Unsecured notes and loans payable to unrelated third parties
26 Unsecured notes and loans payable to unrelated third parties
27 Unsecured notes and loans payable to unrelated third parties
28 Unsecured notes and loans payable to unrelated third parties

parties, and other liabilities not included on lines 17-24). Complete Part X
of Schedule D

Total liabilities. Add lines 17 through 25

7,921,325. 26

8,533,637.

Organizations that follow FASB ASC 958, check here
and complete lines 27, 28, 32, and 33.

27 Net assets without donor restrictions
Net assets with donor restrictions
Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 8,470,730. 8,021,371. Total net assets or fund balances 32 32 14,392,055. 16,555,008. 33 33 Total liabilities and net assets/fund balances

Form 990 (2022)

Net Assets or Fund Balances

Form 990 (2022) TRWIB, INC. 25-1898851 Page **12**

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,74						
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,19 -44						
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
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	8,02	1,3	71.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х					

Form **990** (2022)

(Form 990)

Total

Department of the Treasury Internal Revenue Service

SCHEDULE A

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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 5 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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))

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

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	20636443.	24310620.	24320934.	22962591.	26738820 .	118969408					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	20636443.	24310620.	24320934.	22962591.	26738820.	118969408					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)											
6	Public support. Subtract line 5 from line 4.						118969408					
Sec	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
7	Amounts from line 4	20636443.	24310620.	24320934.	22962591.	26738820 .	118969408					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	5,926.	6,602.	1,459.	1,358.	10,731.	26,076.					
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						118995484					
12	Gross receipts from related activities	etc. (see instruction	ons)			12						
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)						
	organization, check this box and sto	p here										
	tion C. Computation of Publ											
	Public support percentage for 2022 (14	99.98 %					
	Public support percentage from 2021					15	99.98 %					
16a	33 1/3% support test - 2022. If the											
	stop here. The organization qualifies											
b	33 1/3% support test - 2021. If the											
	and stop here. The organization qua											
17a	10% -facts-and-circumstances test	-										
	and if the organization meets the fact			=	="	VI how the organiz	ation					
	meets the facts-and-circumstances to	· ·	•									
b	10% -facts-and-circumstances test	-					10% or					
	more, and if the organization meets t				-							
	organization meets the facts-and-circ				•							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	·					

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Schedule A (Form 990) 2022 TRWIB, INC. 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

Se	ction A. Public Support	now, please comp	piete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	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 regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
_	check this box and stop here						
	ction C. Computation of Public						
	Public support percentage for 2022 (li			column (f))		15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					ΓΤ	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box an						
ı	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- 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		
20		
3a		
3b		
20		
3c		
4a		
4b		
40		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
30		
10a		
10b		
ule A (Forn	n 990)	2022

Sche	edule A (Form 990) 2022 TRWIB, INC. 25	-189885	1 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If the described on the controlled entity of a person described on line 11a or 11b above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	J. 11 5 5		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	rs, ed		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	see instruction	1 '	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

TRWIB, INC.

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.			Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sect	on 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			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
	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	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see	
	instructions).			<u> </u>	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 TRWIB, INC.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line	e 6		
2 Underdistributions, if any, for years prior to 2022	(reason-		
able cause required - explain in Part VI). See instr	ructions.		
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions	5)		
j Remainder. Subtract lines 3g, 3h, and 3i from line	3f.		
4 Distributions for 2022 from Section D,			
line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 20	022, if		
any. Subtract lines 3g and 4a from line 2. For resu	ult greater		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract I	ines 3h		
and 4b from line 1. For result greater than zero, e.	xplain in		
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lin	es 3j		
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 TRWIB, INC. 25-1898851 Page 8

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

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization Employer identification number 25–1898851

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 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 ing requirements of Schedule B (Form 990).			

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization **Employer identification number** TRWIB, INC. 25-1898851 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 CITY OF PITTSBURGH X Person **Payroll** 414 GRANT ST 1,500,000. Noncash (Complete Part II for PITTSBURGH, PA 15219 noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution

Page 3

Schedule B (Form 990) (2022)

Name of organization Employer identification number

TRWIB, INC. 25-1898851

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(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) (2022) Name of organization **Employer identification number** 25-1898851 TRWIB, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Employer identification number

Name of the organization

25-1898851 TRWIB, INC.

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		G Or Accounts. Complete if the	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No	
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring			
Pa	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	on or education) Preservation of	of a historically important land area	
	Protection of natural habitat	Preservation o	of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic structure.			
d	Number of conservation easements included in (c) acquired af			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release			
	year		· ·	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		•	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during the year	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	and balance sheet works	
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in f	urtherance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	balance sheet works of	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	herance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	al gain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$	
	Assets included in Form 990 Part X		s	

	t III Organizations Maintaining C	ollections of Ar	rt Histor	ical Tre	asures o	r Other			9000I	
	•								(continue	<u>ea)</u>
3	Using the organization's acquisition, accession	on, and other record	is, check a	ny or the r	ollowing that	make sig	jnilicant t	use of its		
	collection items (check all that apply):									
a	Public exhibition				hange progra					
b	Scholarly research	•	e Ot	ner						
C	Preservation for future generations									
4	Provide a description of the organization's co							se in Part .	XIII.	
5	During the year, did the organization solicit o		•		•				٦.,	
Dar	t IV Escrow and Custodial Arrange								Yes	No_
rai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		iete if the o	rganizatio	n answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or	
4.	<u> </u>			. 4. 11 41						
та	Is the organization an agent, trustee, custodi								7	
	on Form 990, Part X?								Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing tab	ie:					Amount	
	5								Amount	
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f	Ending balance								7 v	
	Did the organization include an amount on Fo								Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete i									
· ui	Endownient i ando: Complete	(a) Current year	(b) Prio		(c) Two year			ears back	(e) Four ye	ars hack
4.	Deginning of year belongs	(a) Guirent year	(6)1110	or year	(C) TWO your	13 back	(d) Till co y	rodi 3 buok	(C) I out yo	- July Duck
	Beginning of year balance									-
	Contributions					+				-
	Net investment earnings, gains, and losses									-
	Grants or scholarships									-
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
_	End of year balance		- (i.a. 4 a	l (-)	\					
2	Provide the estimated percentage of the curr	•	, ,	column (a)) neid as:					
a	Board designated or quasi-endowment		%							
D	Permanent endowment									
С		%								
0-	The percentages on lines 2a, 2b, and 2c shot	•	_1: 1 1	سماماما	. al . a al.a. : a : a & a					
зa	Are there endowment funds not in the posses	ssion of the organiza	ation that a	re neid an	ia administer	ed for the	2		V	es No
	organization by:									110
	(i) Unrelated organizations								3a(i)	-
	(ii) Related organizations								3a(ii)	-
_	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		winent iun	us.						
	Complete if the organization answered		0. Part IV li	ne 11a. S	ee Form 990	. Part X I	ine 10.			
	Description of property	(a) Cost or o	i	(b) Cost			cumulate	_{2d}	(d) Book v	2010
	bescription of property	basis (investi			(other)		reciation	-u	(d) Book v	alut
10	Land	<u> </u>		24010	ι / /	401				
	Land									
	Buildings Leasehold improvements			a	2,331.		34,84	41.	57	490.
		I			9,797.		60,9			883.
	Equipment Other				8.450.	1	28 4		±0,	0.

Schedule D (Form 990) 2022

106,373.

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

TD11TD T11G		25	1000051
Schedule D (Form 990) 2022 TRWIB, INC.		25	-1898851 Page 3
Part VII Investments - Other Securities.	on Form 000 Port IV line	11h Con Form 000 Port V line 12	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l of voor morket volve
	(b) Book value	(c) Wethod of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 900 Part IV line	11d Soo Form 900 Part V line 15	
	Description	Tru. dee Form 330, Fart X, line 10.	(b) Book value
(1) OPERATING RIGHT OF USE ASS			1,907,546.
(2)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,501,540.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		1,907,546.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING RIGHT OF USE LEA	SE		
(3) LIABILITY			1,947,783.
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			1 045 500
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,947,783.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2022 TRWIB, INC.		25-1898851 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
е	Add lines 2a through 2d		2e
3			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
Pa	rt XIII Supplemental Information.		
		, , ,	4; Part X, line 2; Part XI,
PAF	RT X, LINE 2:		
ľRV	Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 art 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 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 C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25 all a losses per addited financial statements a losses C Other losses D Other (Describe in Part XIII.) Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b Add lines 2a through 2d La losses C Other losses Included on Form 990, Part IX, line 7b Add lines 4a and 4b		
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE CO	ODE (IRC) AND ARE	EXEMPT FROM
EI	DERAL INCOME TAXES PURSUANT TO SECTION 501	1(A) OF THE IRC.	тне
)R(GANIZATIONS ARE NOT CLASSIFIED AS PRIVATE	FOUNDATIONS. THE	ORGANIZATION

FOLLOWS THE INCOME TAXES TOPIC OF THE FASB CODIFICATION, CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS. THIS TOPIC REQUIRES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURES OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. THE ORGANIZATION HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS, AND NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS

Part XIII Supplemental Information (continued)
BEEN RECORDED; FURTHER, THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS.
THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX
RETURNS FOR YEARS BEFORE 2020.

DRAFT

25-1898851

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TRWIB

INC.

Attach to Form 990.

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

Employer identification number

Pa	irt I Questions Regarding Compensation				
	·			Yes	No
1 a	Check the appropriate box(es) if the organization provided an	ny of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any re	elevant 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	on follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described a	above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing	ng 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 t	to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check a	any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but es	explain in Part III.			
	Compensation committee	X Written employment contract			
	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, S	Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	?	. 4a		Х
b	Participate in or receive payment from a supplemental nonqu	alified retirement plan?	. 4b		Х
С	Participate in or receive payment from an equity-based compe	ensation arrangement?	. 4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, d	did the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		X
	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, d	did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III .		. 7		Х
8	Were any amounts reported on Form 990, Part VII, paid or ac				
	initial contract exception described in Regulations section 53	3.4958-4(a)(3)? If "Yes," describe in Part III	. 8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttal	ble presumption procedure described in			

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 TRWIB, INC. 25-1898851 Page 2

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990
(1) ROBERT CHERRY	(i)	203,154.	0.	0.	5,916.	17,795.	226,865.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSIE PUSKAR	(i)	163,590.	0.	0.	7,517.	17,420.	188,527.	0.
CHIEF POLICY AND RESEARCH OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTIN KRAMER	(i)	122,200.	0.	0.	7,940.	28,896.	159,036.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEN PAJEWSKI	(i)	128,904.	0.	0.	8,426.	15,987.		0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
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<u>Schedule J (Form 990) 2022</u> TRWIB, INC. 25-1898851 Page 3

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

DRAFT

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

Name of the organization

TRWIB, INC.

Employer identification number 25-1898851

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

EXPERTISE, AND CREATES OPPORTUNITIES FOR BUSINESSES, JOB SEEKERS,

AGENCIES, AND POLICYMAKERS IN ALLEGHENY COUNTY AND THE CITY OF

PITTSBURGH.

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

IMPLEMENTATION OF A WORLD-CLASS WORKFORCE DEVELOPMENT SYSTEM FOR

PITTSBURGH AND ALLEGHENY COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BUSINESSES GROW. WITH MORE THAN 20,000 JOB SEEKERS UTILIZING SERVICES IN ALLEGHENY COUNTY ANNUALLY, ONE-STOP STAFF MEMBERS SUPPORT CUSTOMERS THROUGH THE JOB SEARCH PROCESS, INCLUDING COACHING AND COUNSELING, JOB MATCHING AND PROVIDING ACCESS TO A DATABASE OF THOUSANDS OF POSTED JOBS. ONE-STOP STAFF ALSO CAN CONNECT QUALIFIED JOB SEEKERS TO NO-COST TRAINING AT COMMUNITY COLLEGES OR OTHER HIGH-QUALITY INSTITUTIONS. AT THE SAME TIME, REGIONAL BUSINESSES CAN ACCESS A MENU OF NO-COST SERVICES INCLUDING FUNDING TO TRAIN NEW AND EXISTING WORKERS; ACCESS TO POOL OF PRE-SCREENED, MOTIVATED AND DIVERSE TALENT; SPACE FOR CAREER FAIRS AND INTERVIEWS; LAYOFF AVERSION; CUSTOMIZED LABOR MARKET DATA; AND OTHER RESOURCES. YOUTH WORKFORCE DEVELOPMENT IS A PIVOTAL COMPONENT OF WIOA AND INTEGRAL TO BUILDING A LOCAL TALENT PIPELINE FOR THE THROUGH ITS YOUTH ADVISORY COMMITTEE, PARTNER4WORK ANNUALLY INVESTS \$3 TO \$4 MILLION IN FEDERAL FUNDING, AND APPROXIMATELY \$2 MILLION IN STATE FUNDS IN ORGANIZATIONS AND PROGRAMS THAT EQUIP YOUTH WITH THE SKILLS AND OPPORTUNITIES TO FORM A WORKFORCE PIPELINE FOR THE

 Schedule O (Form 990) 2022
 Page 2

Name of the organization TRWIB, INC.

Employer identification number 25-1898851

REGION. THROUGH A MIX OF TRAINING, WORK-BASED LEARNING, AND SKILL

DEVELOPMENT, THESE PROGRAMS SUPPORT YOUTH TO EARN DIPLOMAS OR GEDS,

OBTAIN INDUSTRY RECOGNIZED CREDENTIALS, OR ENROLL IN OCCUPATIONAL

SKILLS TRAINING OR OTHER POST SECONDARY EDUCATION. PARTICIPANTS GAIN

CRITICAL KNOWLEDGE OF THE LOCAL JOB MARKET AND THROUGH EMPLOYER

PARTNERSHIPS, EXPERIENCE A VARIETY OF EMPLOYMENT OPPORTUNITIES AND ARE

PREPARED FOR CAREER-LEVEL POSITIONS.

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

EXPERIENCE, WRAP- AROUND SUPPORT, AND TRAINING AND TECHNICAL ASSISTANCE

FOR PROGRAM PROVIDERS. LEARN AND EARN HELPS TO DEVELOP FUTURE TALENT

FOR LOCAL BUSINESS, WHILE WORKING WITH LOCAL BUSINESS TO ADAPT TO THE

LEARNING ABILITIES OF YOUNG ADULTS. PARTNER4WORK CONTINUES TO BE A KEY

DEVELOPER OF PARTNERSHIP TO ENSURE THAT WE'RE OFFERING CAREER-READINESS

CLASSES AND DEVELOPING PIPELINE OPPORTUNITIES FOR HIGH SCHOOL STUDENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PARTNER4WORK ESTABLISHES AND SUPPORTS INDUSTRY PARTNERSHIPS IN KEY

SECTORS IN ALLEGHENY COUNTY'S ECONOMY, INCLUDING CONSTRUCTION, CLEAN

ENERGY, ADVANCED MANUFACTURING, HEALTH CARE, AND INFORMATIONTECHNOLOGY.

THESE INDUSTRY PARTNERSHIPS BRING TOGETHEREMPLOYERS, TRAINING

PROVIDERS, AND OTHER INDUSTRY CHAMPIONS TO BUILD STRONG EMPLOYER-DRIVEN

SOLUTIONS TO WORKFORCE DEVELOPMENT CHALLENGES. TOGETHER, THESE INDUSTRY

PARTNERSHIPS WILL EXPLORE, REGISTER, AND EXPAND REGISTERED

APPRENTICESHIP PROGRAMS; BUILD EQUITY STRATEGIES TO ENSURE THAT WORKERS

HISTORICALLY EXCLUDED FROM THE LABOR MARKET HAVE ACCESS TO CAREER

PATHWAYS AND FAMILY SUSTAINING JOBS; WORK TO IMPROVE THE PIPELINE OF

YOUTH WHO ARE AWARE OF GOOD JOBS IN THESE FIELDS; AND IMPROVE JOB

Schedule O (Form 990) 2022 Page **2**

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

EV TECHNICIAN AND CYBERSECURITY.

Employer identification number 25-1898851

QUALITY ACROSS INDUSTRIES. EXAMPLES OF PROGRAMS SUPPORTED BY

PARTNER4WORK INCLUDE BANKWORK\$, PRE-APPRENTICESHIP CONSTRUCTION

TRAINING, APPRENTI CYBERSECURITY AND SOFTWARE DEVELOPMENT REGISTERED

APPRENTICESHIPS, FREEDOM HOUSE 2.0 AND MEDICAL ASSISTANT TRAINING, AND

MECHATRONICS REGISTERED APPRENTICESHIP PROGRAMMING. PARTNER4WORK WILL

BEGIN THEBUILDING EQUITABLE PATHWAYS TO INFRASTRUCTURE JOBS IN

SOUTHWESTERN PENNSYLVANIA PROGRAM IN 2023, WORKING TO BUILD AN

ECOSYSTEM OF REGISTERED APPRENTICESHIPS IN CRITICAL FIELDS, INCLUDING

PRIORITY POPULATION PROGRAMMING IS INTEGRAL TO PARTNER4WORK'S APPROACH

TOWARDS HOLISTIC PROGRAM DESIGN AND ETHICAL INCLUSION OF ALL

JOBSEEKERS. DURING 2023, PARTNER4WORK WAS RESPONSIBLE FOR ACTIVELY

ADMINISTERING TWO PROGRAMS, ONE FOR INDIVIDUALS INCARCERATED AT

ALLEGHENY COUNTY JAIL, AND ONE FOR JOBSEEKERS IMPACTED BY SUBSTANCE

CONDITIONS. ACROSS THESE INITIATIVES, PARTNER4WORK HAS FUNDED 12

PROVIDERS, ALL WITH PROGRAMMING DESIGNED FOR THE TARGET POPULATION.

PARTNER4WORK FACILITATED THE FIRST PRE-RELEASE OCCUPATIONAL TRAINING

PROGRAMS PRESENT AT ALLEGHENY COUNTY JAIL IN OVER 5 YEARS,

CREDENTIALING FOUR COHORTS OF CURRENTLY INCARCERATED INDIVIDUALS.

EXPENSES \$ 1,640,739. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

DRAFT

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 25-1898851 TRWIB, INC. EXECUTIVE COMMITTEE, WHICH SHALL ADMINISTER, MANAGE, PRESERVE, AND PROTECT THE PROPERTY OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS 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 2C: THE PROCESS HAS NOT CHANGED.

Employer identification number

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.

Open to Public Inspection

TRWIB, INC.					2	<u>5-18988</u>	351	
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	Legal domicile (state or Total incom		r assets	assets Direct contro entity		I
Identification of Related Tax-Exempt Organi	zations Complete if the organizati	on answered "Yes" on Form 99	Part IV line 34 I	pecause it had one	or more re	plated tax-exe		
organizations during the tax year.				T	T		1	
(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) controlling entity	Section 5 contri	olled ity?
REGIONAL WORKFORCE COLLABORATIVE - SWPA -				33.(3)(3))			Yes	No
20-1967716, 650 SMITHFIELD STREET 2400, PITTSBURGH, PA 15222	WORKFORCE DEVELOPMENT	PENNSYLVANIA	501(C)(3)	LINE 7	TRWIB II	NC	X	
For Donouverly Doduction Act Nation and the Instruction	for Forms 000	ı	1	1	1	Calaaduda D	/Farm 22	0) 0000

Schedule R (Form 990) 2022 TRWIB, INC.

25-1898851

Page 2

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 Part III organizations treated as a partnership during the tax year. (f) (b) (c) (d) (e) (g) (h) (k) Predominant income (related, unrelated, excluded from tax under sections 512-514) Name, address, and EIN of related organization Legal Code V-UBI amount in box Direct controlling Primary activity Share of total Share of General or Percentage Disproportionate domicile managing ownership entity income end-of-year (state or allocations? partner? 20 of Schedule assets foreign K-1 (Form 1065) Yes No Yes No country)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti Yes	

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

Page 3

Yes No

25-1898851

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	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
g	Sale of assets to related organization(s)				1g		_X_
h	Purchase of assets from related organization(s)				1h		_X_
i	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	on(s)			11		_X_
m	n Performance of services or membership or fundraising solicitations by related organization	on(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	
р	Reimbursement paid to related organization(s) for expenses				1p		_X_
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		_X_
s	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 mus	ust complete this	s line, including covered re	elationships and transaction thresholds.			
	g l	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
1)							
2)							
3)							
4)							
5)							
6)							
3216	33 09-14-22			Schedule F	₹ (Forn	n 990)	2022

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Schedule R (Form 990) 2022 TRWIB, INC. 25-1898851

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									



Schedule R (Form 990) 2022 TRWI
Part VII Supplemental Information 25-1898851 Page 5 TRWIB, INC. Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22 Schedule R (Form 990) 2022