

Big Thinking. Personal Focus.

February 24, 2017

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

Dear Mr. Herron:

We have prepared in draft the following exempt organization returns on behalf of TRWIB, Inc. for the year ended June 30, 2016:

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

In connection with your review of the enclosed draft returns please forward any questions or comments to us for resolution. Should changes to the enclosed drafts be necessary we will revise the appropriate return and submit a revised draft to you for your approval.

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

Very truly yours,

Schneider Downs & Co., Unc.

Certified Public Accountants

JDK/mbj

Ref.: 25168-24000

Enclosures



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2016

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

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Return of Organization Exempt From Income Tax

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

2016

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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

and ending JUN 30,

JUL 1, 2015

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

Inspection

Check if applicable: C Name of organization D Employer identification number Address change TRWIB, INC. Name change 25-1898851 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 412-552-7090 650 SMITHFIELD STREET 2600 termin-ated 13,674,490. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 15222 PITTSBURGH, PA H(a) Is this a group return Applica-F Name and address of principal officer: STEFANI J. PASHMAN ∐Yes LX No for subordinates? pending 650 SMITHFIELD STREET, SUITE 2600, PITTSBURG H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L ___ 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► WWW.TRWIB.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2001 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 28 Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>65</u> Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8,726,620. 13,671,041. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 3,449. 2,465. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,168. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,731,253. 13,674,490 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, co umn (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 1,332,005. 1,590,101. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part X, column (D), line 25) 7,167,668. 11,584,269. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,499,673. 13,174,370. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 500,120. 231,580. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 6,722,480. 4,003,299. 20 Total assets (Part X, line 16) 3,989,609. 1,770,548. 21 Total liabilities (Part X, line 26) 2,232,751. 2,732,871. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign STEFANI J. PASHMAN, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature EUGENE J. LOGAN EUGENE J. LOGAN P00227231 Paid Firm's name SCHNEIDER DOWNS & CO., INC. 25-1408703 Preparer Firm's EIN Firm's address ONE PPG PLACE SUITE 1700 Use Only Phone no. (412)261-3644 PITTSBURGH, PA 15222 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THREE RIVERS WORKFORCE INVESTMENT BOARD (3RWIB) MEETS THE NEEDS OF
	BUSINESSES AND JOB SEEKERS BY ANNUALLY CONNECTING MORE THAN 6,000
	EMPLOYERS WITH TALENT; TRAINING AND PLACING MORE THAN 20,000 JOB
	SEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES. WE LEAD THE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ 10,115,678 · including grants of \$) (Revenue \$) LEADING THE PUBLIC WORKFORCE SYSTEM:
	LEADING THE PUBLIC WORKFORCE SISIEM:
	ESTABLISHED BY THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY
	THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, AND NATIONALLY RECOGNIZED
	FOR INNOVATION, 3RWIB DELIVERS A MENU OF WORKFORCE SOLUTIONS FOR
	PITTSBURGH AND ALLEGHENY COUNTY TO ENSURE THE CURRENT AND FUTURE NEEDS
	OF BUSINESSES AND JOB SEEKERS ARE MET. THE CORNERSTONE OF THE
	LEGISLATION AND AT THE CORE OF OUR WORK IS THE ESTABLISHMENT OF A
	ONE-STOP SERVICE SYSTEM, LOCALLY BRANDED AS PA CAREERLINK
	PITTSBURGH/ALLEGHENY COUNTY. THIS ONE STOP FOCUSES ON GETTING PEOPLE
	BACK TO WORK WHILE HELPING BUSINESSES GROW. WITH MORE THAN 20,000 JOB
	SEEKERS USING SERVICES ANNUALLY, CAREERLINK STAFF MEMBERS SUPPORT ADULT
4b	(Code:) (Expenses \$ 1,776,035. including grants of \$) (Revenue \$
	INNOVATIVE INITIATIVES:
	LEARN AND EARN - LEARN AND LARN IS A \$4.5 MILLION SUMMER YOUTH
	EMPLOYMENT PROGRAM DELIVERED IN CONJUNCTION WITH THE CITY OF PITTSBURGH
	AND ALLEGHENY COUNTY. IT ALMS TO SET YOUNG PEOPLE ON THE PATH TO A
	SUCCESSFUL FUTURE THROUGH A 6-WEEK, PAID SUMMER EMPLOYMENT PROGRAM.
	YOUNG PEOPLE SPEND AT LEAST 20 HOURS PER WEEK AT A WORKSITE AND ALSO
	RECEIVE PROFESSIONAL DEVELOPMENT COACHING IN SOFT SKILLS. THIS PROGRAM
	IS OPEN TO YOUNG PEOPLE WHO ARE BETWEEN THE AGES OF 14 AND 21 AND WHO
	MEET INCOME AND RESIDENCY REQUIREMENTS. YOUNG PEOPLE WORK AT SITES
	ACROSS THE COUNTY IN CORPORATIONS, NONPROFITS, AND COMMUNITY-BASED
	ORGANIZATIONS. TO DATE, ALMOST 4,000 YOUNG PEOPLE HAVE WORKED AT MORE
4c	(Code:) (Expenses \$ 357,273. including grants of \$) (Revenue \$)
	TITIBBOKGII WOKKD:
	PITTSBURGH WORKS CONTINUES TO BE A CORNERSTONE OF OUR EFFORTS TO
	CONNECT JOB SEEKERS AND BUSINESSES. SINCE 2012, PITTSBURGH WORKS HAS
	UNITED MORE THAN 80 WORKFORCE DEVELOPMENT ORGANIZATIONS AND DEVELOPED A
	COMMON PLATFORM TO ASSESS AND PATH JOB SEEKERS INTO JOBS.
	PITTSBURGH WORKS HAS MADE AN OVERALL INVESTMENT IN PITTSBURGH'S
	REGIONAL WORKFORCE OF MORE THAN \$1.3 MILLION. AS A RESULT, PITTSBURGH
	WORKS-RELATED PROGRAMS HAVE SERVED MORE THAN 900 EMPLOYERS, TRAINED 422
	JOB SEEKERS, DEVELOPED SEVEN SHORT-TERM EMPLOYER-LED TRAINING PROGRAMS,
	AND HELPED MORE THAN A THOUSAND JOB SEEKERS FIND QUALITY JOBS.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$\frac{\text{including grants of \$}}{12,248,986}\$. \tag{Revenue \$}\$
70	Form 990 (2015

D15) TRWIB, INC. 25-1898851 Page 3

Form 990 (2015) TRWIB, INC. Part IV Checklist of Required Schedules

1 Is the organization described in section 501(s)(9) or 4947(a)(1) other than a private foundation)? 1 Yes, 'complete Schedule or Complete Schedule of Contributions? 2 Is the organization required to complete Schedule of Schedule of Contributions? 3 Is the organization engage in direct or indirect political campaing activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Is the organization activities on the half of or in opposition to candidate for public office? If 'Yes,' complete Schedule C, Part I Is the organization activities as estimated in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part II Is the organization maintain any done 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 II Is the organization maintain any done advised funds or any similar funds or accounts If 'Yes,' complete Schedule D, Part II Is the organization maintain collections of works of art, historical treasures, or other similar assets of It 'Yes,' complete Schedule D, Part II Is the organization maintain collections of works of art, historical treasures, or other similar assets of It 'Yes,' complete Schedule D, Part II Is the organization or port an amount in Part X, line 21, for escrow or custodial account liability, sery as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotions services? 1 Yes,' complete Schedule D, Part IV 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line of IV I'ves,' complete Schedule D, Part IV 2 Did the organization report an amount for investments - program relate in Part X, line 10 If I'ves,' complete Schedule D, Part IV 3 Did the organization report an amount for other assets in Part X, line 12 that is 5% or				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect positional campaging activities on behalf of or in opposition to candidates for public officer? If "es," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the text year? If "es," complete Schedule C, Part II 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6), or 501	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 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 5 Is the organization ascention 501(c)(4), 501(c)(6), 501(c)(6)			1		
by bublic office? If "Yes," complete Schedule C, Part I and Section 501(C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II as the organization as action 501(c)(4), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III and 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 II and 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 and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II and the organization organization report an amount in Part X, line 21, for escrow or custodial account liability, servers a custodian for amounts not listed at Part X, or provide credit counseling, debt management, credit repair, or debt negot iton services? If "Yes," complete Schedule D, Part V 10 Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part V as a spipicable. 11 Did the organization report an amount for investments or the 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 X ii 11 Did the organization report an amount for investments or the securities 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 X ii 12	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II x	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year *II *Yas," complete Schedule C, Part II \$ Is the organization a section \$510(4), \$510(5), \$675(0)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? II *Yas," complete Schedule C, Part III \$ Did the organization maintain any donor advised funds or any similar funds or accounts II *Yas," complete Schedule D, Part II \$ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures II *Yas," complete Schedule D, Part III \$ Did the organization maintain collections of works of art, historical treasures, or other similar assets? II *Yas," complete Schedule D, Part III \$ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serving a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negoritation services? If *Yas," complete Schedule D, Part IV \$ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments II *Yas," complete Schedule D, Part V 10 Did the organization's answer to any of the following questions is *Yas,* then complete Schedule D, Part V ** 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 187 If *Yas," complete Schedule D, Part V ** 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 187 If *Yas," complete Schedule D, Part X ** 11 Did the organization report an amount for other assets in Part X, line 187 If *Yas," complete Schedule D, Part X ** 12 Did the organization report an amount for other liat tities in Part X, line 18 Sh or more of its total assets reported in Part X, line 187 If *Yas," complete Schedule D, Part X ** 12 D			3		X
Sign Is the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure \$9-1971 **Pes,** complete Schedule C, Part III	4				
similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 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 II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical advases, or instoric structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization meport an amount in Part X, line 21, for escrow or custodial account liability, sery as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negot iton services? If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, ine 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, ine 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for other assets in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 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 X Did the organization is behalve in 16? If "Yes," complete Schedule D, Part		during the tax year? If "Yes," complete Schedule C, Part II	4		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 P 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 P Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I I Wes, "complete Schedule D, Part II I I Wes," complete Schedule D, Part IV I Did the organization, directly or through a related organization, hold assets in temporarily re-sime ed endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV I Wes organization, directly or through a related organization, hold assets in temporarily re-sime ed endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV I Wes organization report an amount for land, buildings, and equipment in Part K, line 10 Part K, line 10 Part K, line 16 Part "Yes," complete Schedule D, Part IV I I Wes organization report an amount for investments - program eate in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16 Part X, l	5				
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Schedule D, Part III 1 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, servy as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negot rition services? If "Yes," complete Schedule D, Part IV 1 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 1 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10			7		X
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If "Yes," and if the organization answered. "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15b 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 16 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 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 for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	h		128		- 25
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Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 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 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	12				x
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or more? If "Yes," complete Schedule F, Parts I and IV 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 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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"					
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			18		X
complete Schedule G, Part III	19				
		complete Schedule G, Part III	19		Х

Form **990** (2015)

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TRWIB, INC.

Form 990 (2015) TRWIB, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 9.0-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or pa vaples to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, rustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of a t, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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			,
	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		v	
	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		 _,
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	j.		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form **990** (2015)

Form 990 (2015) TRWIB, INC. 25-1898851 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series The number reported in Box 3 of Form 1096. Enter 0 if not applicable 1a 255		Check if Schedule O contains a response or note to any line in this Part V					
tale Enter the number reported in Box 3 of Form 1086. Enter -0** into a applicable 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o'. If not applicable 10 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	25			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining digamining within sevinines? 2a Effect the number of employees reported on Form W-9, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8 If I at least one is reported on line 2a, did the organization line all required federal employment tax returns? 8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrelated business gross income of \$1,000 or more during the year? 9 At any time during the calendar year, did the organization loop or more during the year? 9 At any time during the calendar year, did the organization have an interest n, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 9 At any time the hanne of the foreign country. 9 B If "Yes," in the same the hanne of the foreign country. 9 B Was the organization have the organization that it was or is a party to a prohibited tax shelter transaction? 9 B Was the organization have the organization that it was or is a party to a prohibited tax shelter transaction? 9 B If "Yes," to line 5a or5b, did the organization file Form 8886 1? 5 C I "Yes," to line 5a or5b, did the organization file Form 8886 1? 5 C I "Yes," to line 5a or5b, did the organization file form 8887 as a contribution or griss were not tax deductible? 9 B Organization shell were not tax deductible as charitable contributions? 10 If "Yes," if did the organization include with every solicitation an expose statement that buck contributions or grifts were not tax deductible? 10 If "Yes," if did the organization include with every solicitation an expose services provided? 10 If "Yes," indicate the number of Forms 8282 filed during the year. 11 I "Yes," indicate the number of Forms 8282 filed during the year. 1			1b	0			
gambling) winnings to prize winners? a Effect 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 Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the prevail of the organization have unrelated business gross income of \$1,000 or more during the year? 3a Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 4a Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 5b If "Yes," enter the name of the foreign country. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line Sar of 5b, did the organization that it was on is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line Sar of 5b, did the organization have an inual gross receipts that are normally greater than \$100,000, and rid the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party in a goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization receive a payment in excess of \$%" made party as a contribution of quit pit yin ying ontices and services provided? 9d If "Yes," indicate the number of Forms 8282			eporta	ble gaming			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled of the caendary year anding with or within the year covered by this return. If it at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If it is required the second of the comparization file all required federal employment tax returns? 3c Did the organization have unreated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b A At any time during the calendary avar, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line the name of the foreign country. 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelet transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8868-T? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheleter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8868-T? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheleter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 8868-T? 6c If "Yes," to line 6a or 5b, did the organization file form 8868-T? 6d Does the organization shall ensure a large secretary that are normally greater than \$100,000, and rid the organization solicit any contributions that many receive deductible contributions under section 1700(c). 6d If "Yes," indicate the number of Forms 8282 filed during the year to the properties of the organization second to the properties of the organization receive any funds, directly or indirectly, to lavy a leniums on a personal benefit contract? 7d If Yes, organization receive					1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, *has it filed a Form 900-Tro this year? If Yes, *to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, *to line fee the name of the foreign country ★country ★ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Uid the year organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(s). 8d Uid the organization neceive a payment in excess of \$75 made party is a contributor in ple rify for goods and services provided to the payor? 7b Uid the organization receive a payment in excess of \$75 made party is a contribution or ple rify for goods and services provided to the payor? 7c Vid If Yes, * (inclinate the number of Forms 8282 filed during the year or provided? 7c Uid the organization will be contribution of qualified intellectual property, of the organization file a Form 1098-c7 or A Vid 1 Mes. * (inclinate the number of Forms 8282 filed during the year or the verticles, did the organization in the Payment of the payment of the property of the organization of the Form 8899 a	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a In the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If "Yes," set a filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yes," enter the name of the foreign country. ▶ 5a If any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ▶ 5a Was the organization party to a prohibited tax sheller transaction of any time during the tax year? 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b If "Yes," enter the name of the foreign country. ▶ 5c Was the organization have annual gross receipts that are normally greater than \$100,000, file "life the organization have annual gross receipts that are normally greater than \$100,000, file "life the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization state may receive deductible contributions under section 170(i). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 9 If "Yes," did the organization include with every solicitation and express statement that such contributions of the value of the goods of serve ce provided? 7b If "Yes," did the organization neceive a payment		filed for the calendar year ending with or within the year covered by this return	2a	65			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes,* has it filled a Form 9901 for this year? if *\"\0,* * for ins 3b, provide an explanation in Schedule 0 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c if Yes,* the first the name of the foreign country \(\) \> 5c with the organization or party to a prohibited the foreign or party. 5c with the organization or party to a prohibited that shelter transaction at any time during the tax year? 5c if Yes,* to line 5a or 5b, did the organization file Form 8886 to? 6c if Yes,* to line 5a or 5b, did the organization file Form 8886 to? 6c if Yes,* to line 5a or 5b, did the organization file Form 8886 to? 6c if Yes,* to line 5a or 5b, did the organization file Form 8886 to? 6c if Yes,* to line 5a or 5b, did the organization file form 8886 to? 6c if Yes,* to line 5a or 5b, did the organization file form 8886 to? 6c if Yes,* to line 5a or 5b, did the organization file form 8886 to? 6d if Yes,* the standard was annual gross receipts that are normally greater than \$100,000, \(\) \(\	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 inancial accountly of "Yes," enter the name of the foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did was the organization have annual gross receipts that are normally greater than \$100,000, and "if the organization solicit any contributions that were not tax deductibles? 5c Did "Yes," to line 5a or 5b, did the organization the Form 8986-1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and "if the organization solicit any contributions that were not tax deductibles? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and "if the organization solicit any contributions that may receive deductible contributions under section 170(i). a Did the organization sell, exchange, or otherwise dispose of tangibly precipal property for which it was required to the Form 8888? 6c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X Y Y Sponsoring organization received a contribution of cush bed shown and previously the organization fleeves or shareholders. 8 Sponsoring organization have excess busines it owns, as a premium on a personal benefit contract? 7r Y X Y Y Sponsoring organization have excess busines it owns, as a previously the organization fleeves or shareholders. 8 Sponsoring organization several contribution of call by the previously different previ		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of care boats, airplaness, or other vehicles, did the organization file a Form 1098-C? N/A Sponsoring organizations maintaining do nor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess busine as buckings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organization in sentur: a linitiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities line Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 14a Did the organization receive any payments for indoor tanning services during the tax y				x+2	70		x
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					44		v
							Λ
	b	IT "Yes," has it filed a Form 120 to report these payments? If "No," provide an explanation in Schedule	e U			990	(201E

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock holders, or			
_	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can not be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Sci edule 0	9		X
Sec	tion B. Policies (This Section B requests information about policies not equire of by the Internal Revenue Code.)			<u> </u>
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblover policy?	13	X	
14	Did the organization have a written occument retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and con emporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
-	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		
Sec	tion C. Disclosure	100		<u> </u>
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	unu		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd finar	ncial	
	statements available to the public during the tax year.	. a miai	Jul	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
5	RAYMOND F. HERRON, CPA - 412-552-7092			
	650 SMITHETELD STREET NO 2600 PITTSRIEGH PA 15222			

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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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l		(0)		iloui	(D)	(E)	(F)
Name and Title	Average hours per week	(do not check more than of		h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1)99-n'ISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICH BARCASKEY DIRECTOR (ENTERED 07/15)	0.90	X						0.	0.	0.
(2) JOSEPH G. BELECHAK DIRECTOR	0.90	х						0.	0.	0.
(3) DONALD G. BLOCK	0.90	Λ			1				0.	0.
DIRECTOR	0.10	Х						0.	0.	0.
(4) DR. QUINTIN BULLOCK DIRECTOR	0.90	x						0.	0.	0.
(5) DEBRA CAPLAN DIRECTOR	0.10	x						0.	0.	0.
(6) DON CHARLTON DIRECTOR (ENTERED 05/16)	0.90	Ţ						0.	0.	0.
(7) MARC CHERNA	0.90	Α				\vdash		0.	0.	0.
DIRECTOR	0.10	Х						0.	0.	0.
(8) MARY FRANCES COOPER DIRECTOR	0.90	x						0.	0.	0.
(9) DAVID A. COPLAN	0.90									
DIRECTOR (10) ANN DUGAN	0.10	Х						0.	0.	0.
DIRECTOR		x						0.	0.	0.
(11) JASON FINCKE DIRECTOR (ENTERED 07/15)	0.90	x						0.	0.	0.
(12) LAURA FISHER	0.90									
OIRECTOR (13) IKE GLITTLEN	0.10	Х						0.	0.	0.
DIRECTOR		x						0.	0.	0.
(14) RON GDOVIC	0.90									
DIRECTOR		Х						0.	0.	0.
(15) DR. LINDA HIPPERT DIRECTOR	0.90	x						0.	0.	0.
(16) RAZI IMAM	0.90						\vdash			
DIRECTOR	0.10							0.	0.	0.
(17) MARCI KATONA	0.90								•	•
DIRECTOR 532007 12-16-15	0.10	Ā						0.	0.	0 . Form 990 (2015)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	iH t	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	son i	is bot	h an	compensation	compensatio	n	ar	nount	of
	week	-	cer ar	nd a di	recto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		l	pensa	
	hours for	or dir	g,			ated		organization	(W-2/1099-MIS	SC)	l	rom the	
	related organizations	ustee	truste		æ	suadi		(W-2/1099-MISC)			ı ~	anizat	
	below	ual tr	ional		ploye	t con	١.				l	d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	zi iizati	0110
(18) CHAZ KELLEM	0.90	_	_		~	1 0	_						
DIRECTOR (EXITED 10/15)	0.10	Х						0.		0.			0.
(19) LISA KUZMA	0.90												
DIRECTOR	0.10	Х						0.		0.			0.
(20) CAROLYN MCKINNEY	0.90							_					
DIRECTOR (EXITED 03/16)	0.10	Х						0.		0.	<u> </u>		0.
(21) STEVE NOLDER	0.90	l								_	İ		•
DIRECTOR (ENTERED 07/15)	0.10	Х						0.		0.	<u> </u>		0.
(22) SCOTT PIPITONE	0.90	. ,								٥	ĺ		0
DIRECTOR	0.10	Х						0.		0.	 		0.
(23) BETH POWERS DIRECTOR (ENTERED 07/15)	0.30	x						0.		0.	ĺ		0.
(24) JACK SHEA	0.90							1000		<u> </u>	-		
DIRECTOR	0.10	x						0.		0.	İ		0.
(25) LATRENDA LEONARD SHERRILL	0.90			Н									
DIRECTOR	0.10	Х						0.		0.	İ		0.
(26) CRAIG STAMBAUGH	0.90				1								
DIRECTOR	0.10	Х						0.		0.	<u> </u>		0.
1b Sub-total					. I		>	0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A				.V.		ightharpoons	250,633.		0.		1,7	
d Total (add lines 1b and 1c)	,			<u>).</u>	····		<u> </u>	250,633.		0.	3	1,7	80.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wł	no re	eceived more than \$100	0,000 of reportabl	е			
compensation from the organization		_											1
		Ť										Yes	No
3 Did the organization list any former officer,													v
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the standard related organizations greater than \$150.												х	
5 Did any person listed on line 12 receive or a											4		
rendered to the organization? If "Yes," com	•				•		Olat	od organization of marv	iddai for scriviocs		5		х
Section B. Independent Contractors	1												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of com	pens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith	or w	ithir	n the organization's tax	year.				
(A)				_				(B)		_	(0		
Name and business	address	N	INC	<u> </u>				Description of s	services		ompe	nsatio	<u>n</u>
							_						
							1						
							_						
2 Total number of independent contractors (i	ncluding but a	O+ 1:	mita	d to	the	SO 114	etad	d above) who received a	nore than				
- rotal number of independent contractors (I	noidaing but I	OL III		u iu	., 10	اا ت	Jieu	abovo, wito received it	ioio iiiaii				

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2015)

Form 990 TRWIB, INC. 25-1898851

Form 990 TRWIB,	INC.								25-189	8851
Part VII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c	hecl	k all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen				organizations
	below	dualt	ntiona	_	Key employee	stco	 			organization o
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(27) MARK LATTERNER	4.90									
PRESIDENT	0.10	x		х				0.	0.	0.
(28) LAURA ELLSWORTH	4.90	 								
VICE PRESIDENT	0.10	x		x				0.	0.	0.
(29) ED HARTMAN	4.90		\vdash							<u> </u>
TREASURER	0.10	X		Х				0.	0.	0.
(30) JESSICA TRYBUS	4.90	122							•	•
SECRETARY	0.10	X		х				0.	0.	0.
(31) STEFANI PASHMAN	39.90	12	<u> </u>					0.	0.	0.
CEO	0.10	-		x				160,000.	0.	26,627.
(32) JILL PALMER (EXITED 10/15)	39.90			^				100,000	0.	20,027.
DIRECTOR OF FINANCE	0.10	-		x				90,633.	0.	5,153.
DIRECTOR OF FINANCE	1 0.10							00,033.	0.	3,133.
		1					1			
								X		
		1								
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		Į į								
		1								
		<u> </u>	<u> </u>			_				
		1								
			1							
Tatalas Bastalli C. III. A. II. I								250,633.		31 700
Total to Part VII, Section A, line 1c								∠50,033.		31,780.

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TRWIB, INC.

Form 990 (2015) TRWIB, :
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
iran		Membership dues 1b					
Å,		Fundraising events 1c					
ar /		Related organizations 1d					
s, C		Government grants (contributions) 1e	12,194,403.				
rigi		All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	1,476,638.				
	q	Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		13,671,041.			
			Business Code				
e l	2 a						
اه کِ	b						
Program Service Revenue	С						
eve	d						
Pg	е						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
		other similar amounts)	>	3,449.			3,449.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)					
en		Gross income from fundraising events (not					
		including \$ of					
Other Rever		contributions reported on line 1.). See					
×		Part IV, line 18	ı				
Ĕ	b	Less: direct expenses k					
١	С	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19	ı				
	b	Less: direct expenses k					
	С	Net income or (loss) from gaming activities .					
	10 a	Gross sales of inventory, less returns					
		and allowances and	1				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory .					
		Miscellaneous Revenue	Business Code				
Ī	11 a						
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		13,674,490.	0.	0.	3,449.

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Form 990 (2015) TRWIB, INC.

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) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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, 248,521. 168,255. 79,701. 565. 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) 2,409. 1,063,071. 714,473. 346,189. Other salaries and wages 7 Pension plan accruals and contributions (include 29,685 41,451 11,654 112. section 401(k) and 403(b) employer contributions) 38,205. 133,050. 94 565. 280. Other employee benefits 9 71,442.32,345. 104,008. 221. Payroll taxes 10 Fees for services (non-employees): a Management 8,771. 36,422. 27,651. Legal 89,282. 1,100. 88,182. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 36,009. 4,221. 31,788. Office expenses 13 22,551 22,551. Information technology 14 15 Royalties 78,756. 84,856. 6,100. Occupancy 16 17,030. 20,915. 3,885. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public o ficials 23,268. 11,587. 11,681. Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 16,485. 16,485. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,125,538. 11,125,538. PROJECT COSTS TEMPORARY SERVICE 47,449 2,257. 45,192. MATERIALS AND SUPPLIES 42,633. 3,821. 38,812. 17,615. d MEMBERSHIPS 17,615. 21,246. 17,960. 3,286. e All other expenses 13,174,370. 12,248,986. 921,797. 3,587. 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)

25-1898851 Page **11**

TRWIB, INC.

Form 990 (2015)
Part X Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	1,402,365.	1	1,593,805.
	2	Savings and temporary cash investments		2	289,448.
	3	Pledges and grants receivable, net	0.	3	458,753.
	4	Accounts receivable, net		4	4,177,304.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	89,660.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	113,510.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,003,299.	16	6,722,480.
	17	Accounts payable and accrued expenses	1,770,548.	17	3,989,609.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,770,548.	25	3,989,609.
	26	Total liabilities. Add lines 17 through 25	1,770,540.	26	3,303,003.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	751,173.		897,065.
<u>a</u>	27	Unrestricted net assets	4 404	27	1,835,806.
Ва	28	Temporarily restricted net assets	1,401,370.	28	1,033,000.
рц	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.		00	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	2,732,871.
•	33	Total lie bilities and not seed of fund belonges	4 000 000	33	6,722,480.
	34	Total liabilities and net assets/fund balances	<u> </u>	34	0,144,400.

Form **990** (2015)

Form 990 (2015) TRWIB, INC. 25-1898851 Page 12

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	2 13	5,67 5,17 50 2,23	4,3 0,1	70. 20.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 2	73	2.8	71.		
Pai	rt XIII Financial Statements and Reporting	10 2	,,,				
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Sci edule O.						
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
За	review, or compilation of its financial statements and selection of an incependent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b	X	(2015)		
			Form	990 (2015)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TRWIB. INC. 25-1898851 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See sect in 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to pe form to e functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or ection 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 organication 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 or anization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and						_	
	membership fees received. (Do not							
	include any "unusual grants.")	8,120,775.	9,935,681.	10,053,260.	8,726,620.	13,671,041.	50,507,377.	
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	8,120,775.	9,935,681.	10,053,260.	8,726,620.	13,671,041.	50,507,377.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly				Λ			
	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.			70			50,507,377.	
	ction B. Total Support				7			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 4	8,120,775.	9,935,681.	10,053,260.	8,726,620.	13,671,041.	50,507,377.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	2,105.	2,784	3,205.	2,465.	3,449.	14,008.	
9	Net income from unrelated business		, ()					
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)				2,168.		2,168.	
11	Total support. Add lines 7 through 10						50,523,553.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stor	here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2015 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.97 %	
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	99.87 %	
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization	·			\ X	
b	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the		
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization		
<u>18</u>	Private foundation. If the organization							
	Schodulo A (Form 000 or 000 E7) 2015							

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
4	3						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				A \		
	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						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			OV			
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	_ X					
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 in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
-	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	1.6 11 601 1	<u> </u>	504()(0)	<u></u>
14	First five years. If the Form 990 is fo	-			•		zation,
50	check this box and stop here ction C. Computation of Publ	lia Support Da					<u></u>
	-			l (5)		45	
	Public support percentage for 2015 (15 16	<u>%</u>
	Public support percentage from 2014 ction D. Computation of Inve					16	<u>%</u>
	•					47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
ŀ	o 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(a)(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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an RS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Fart Vi in Cuding (i) the names and EIN numbers of the supported organizations added, substituted, or name ed; (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 illing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Ра	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Par VI now control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of not fication, 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 varking relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2) did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b				
_	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

25168-21

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must com	nplete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Sec. ion A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-	-integra	ated Type III supporting org	janization (see	
	instructions)	•	3	-	

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b		1		
С				
d	From 2013		Ť	
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount great of than zero, see			
_	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
<u>а</u>				
b	5 (2010			
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Scriedule A	(Form 990 of 990-E2) 2015 INVID, INC.
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, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2015

т	RWIB, INC.	25-1898851				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	m 990 or 990-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	is covered by the General Rule or a Special Rule.					
Note. Only a section 501(d	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
_	on filing Form 990, 990-EZ, or 990-PF that received during the year, contributions totaling by one contributor. Complete Parts I and II See instructions for determining a contributor	•				
Special Rules						
sections 509(a)(1 any one contribu	on described in section 501(a)(3) aling Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount Z, line 1. Complete Parts I and II.	or 16b, and that received from				
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 nore than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
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. Do not 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 \rightarrow \$						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	Ι,	(c) Total contributions	(d) Type of contribution	
1	U.S DEPARTMENT OF LABOR 7 PARKWAY CTR #290 PITTSBURGH, PA 15220	\$	9,430,278.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	,	(c) Fotal contributions	(d) Type of contribution	
2	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES		.1	Person X Payroll	
	WASHINGTON, DC 20201	\$_	1,552,562.	Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	1	(c) Fotal contributions	(d) Type of contribution	
3	THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222-5414	\$	875,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	١ ,	(c) Fotal contributions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	,	(c) Fotal contributions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	1	(c) Total contributions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number

TRWIB, INC. 25-1898851

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		80	
(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
		\$	990 990-F7 or 990-PF) (2015)

Name of orga	anization		Employer identification number	
TRWIB,	INC.		25-1898851	
Part III	the year from any one contributor. Complete	columns (a) through (e) and the fol	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 llowing line entry. For organizations	for
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		0 or less for the year. (Enter this info. once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
		(e) Transfer of g	gift	
	Transferee's name, address, a	nd 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	
			-02	
_		()7		
		(e) Transier of g	thr.	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of g	ni#	
	()	(e) Transier of g	girt	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				—
H		(e) Transfer of g		
	Transferee's name, address, a	nd 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TRWIB, INC.

Employer identification number 25-1898851

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin		·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	increased a little contract a large fit 0					
Pai						
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or e		orically important land area			
	Protection of natural habitat	Preservation of a certi-	lied historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	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 str					
d	Number of conservation easements included in (c) acquired					
	listed in the National Register					
3	Number of conservation easements modified, transferred, re-					
	year▶					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements in	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	—					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati					
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for			
	conservation easements.					
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	bes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pub	olic service, provide the following amounts			
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
h	Assets included in Form 990, Part X		▶ \$			

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

Schedule D (Form 990) 2015

		INC.	4 112-4	· 1 - -		011			39885		age 2
	t III Organizations Maintaining C										
3	Using the organization's acquisition, access	ion, and other record	ls, check ar	ny of the	following th	at are a	signific	ant use of its	s collection	item:	S
	(check all that apply):										
а	Public exhibition	d			change prog	rams					
b	Scholarly research	е	□ □ Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's c	•	•		ū			•	art XIII.		
5	During the year, did the organization solicit of							_	_		1
D	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the or	ganizatio	on answered	l "Yes" o	n Form	n 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								$\neg \cdot $		1
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing tab	e:			Г		A		
	Danisaria a balanca							4 -	Amount		
	Beginning balance						⊢	1c			
	Additions during the year							1d			
_	Distributions during the year							1e 1f			
† 22	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII		•				•	∟			
Par											
		(a) Current year	(b) Prior					ree years back	(e) Four	vears	back
1a	Beginning of year balance	(a) cament year	(2):	<i>y</i> 55	(4)		(-,		(5)	<i>y</i>	
	Contributions										
	Net investment earnings, gains, and losses			70							
	Grants or scholarships		1								
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g, d	olumn (a)) held as:				•		
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held a	and administ	ered for	the or	ganization	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	edule R?	?				3b		
4	Describe in Part XIII the intended uses of the		wment fun	ds.							
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere										
	Description of property	(a) Cost or o			t or other	· ' '	Accum		(d) Book	value	Э
		basis (investr	nent)	basis	(other)	de	eprecia	ition			
	Land										
	Buildings					1					
	Leasehold improvements					1					
	Equipment					1					
	Other		V - 1	(D) "	10-1						
Total	. Add lines 1a through 1e. (Column (d) must e	auai Form 990. Part	х. column i	മ). IIne ്	IUC.)						0.

Schedule D (Form 990) 2015

1) Financial derivatives	Complete if the organization answered "Yes"				
2) Closely-held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or en	d-of-year market value
(A)	1) Financial derivatives				
(A) (B) (C) (C) (D) (E) (E) (F) (G) (G) (G) (G) (H) (F) (F) (G) (G) (G) (G) (H) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	2) Closely-held equity interests				
(B)	3) Other				
C C C C C C C C	(A)				
(D) (E) (E) (F) (G) (G) (G) (H) (F) (Data. (Col. (b) must equal Form 990. Part X, col. (8) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990. Part IV, line 11c. See Form 990. Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year marker (1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Col. (b) must equal Form 990. Part X, col. (B) line 13.) ▶ Part XI Other Assets. Complete if the organization answered "Yes" on Form 990. Part IV, line 11d. See Form 990. Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (11) (20) (31) (41) (42) (43) (44) (44) (45) (55) (66) (77) (87) (88) (89) (99) (90) (10) (11) (10) (11) (12) (13) (14) (15) (15) (16) (17) (16) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (16) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18)	(B)				
(E) (F) (G) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)				
(F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(D)				
(G) (H) (H) (H) (Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of value in on: Cost or end-of-year marke (l) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(E)				
(F)	(F)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete If the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuit pn: Cost or end-of-year marker of the program of the prog	(G)				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valua on: Cost or end-of-year marker and the second of the					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year marke (1)					
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			ne 11c. See Form 990,	Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form (90, Part N, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6)	(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or en	d-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 190, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8)	(1)				
(4) (5) (6) (7) (8) (9) Fortal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(2)				
(5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 190, "Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(3)				
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 190, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(4)				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form (90, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(5)			<i>r</i>	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (77 (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (77 (8)	(6)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▼ Part IX Other Assets. Complete if the organization answered "Yes" on Form 90, Part IV, line 11d. See Form 990, Part X, line 15.	(7)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(8)				
Part IX	(9)				
Complete if the organization answered "Yes" on Form '90, 1 art 1/, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Fart X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11d. See Form 990,	, Part X, line 15.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Fart X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(a) I	Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Fart X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Vart X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Vart X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Fart X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(4)				
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		= 15.)		>	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		,		,	•
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11e or 11f. See For	m 990, Part X, line 2!	5.
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	. (a) Description of liability			,	
(2) (3) (4) (5) (6) (7) (8)					
(3) (4) (5) (6) (7) (8)					
(4) (5) (6) (7) (8)				-	
(5) (6) (7) (8)				-	
(6) (7) (8)				1	
(7) (8)				-	
(8)				-	
	. ,			-	
IMI				-	
		25)		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			a da dha annani - 11 - 1	financial -t-t	Albah wang da di
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Pa	organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Che	еск nere it the text of th		n provided in Part XIII 🛂 nedule D (Form 990) 20

532053 09-21-15

Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per R	leturn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
С						
d	Other (Describe in Part XIII.)					
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			
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	20				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
			4c			
	Total expenses. Add lines 3 and 4c. (This must equal Form 99), Part I, Irre 18.)		5			
Pai	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I		4; Part X, line 2; Part XI,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.				
PAI	RT X, LINE 2:					
TRV	VIB, INC. AND RWC-SWPA ARE NOT-FOR-PROFIT C	CORPORATIONS AS	DESCRIBED IN			
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE COL	DE (IRC) AND ARE	EXEMPT FROM			
FEI	DERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC.	THE			
ORO	GANIZATIONS ARE NOT CLASSIFIED AS PRIVATE F	OUNDATIONS.				
THE	E ORGANIZATION FOLLOWS THE INCOME TAXES TOP	PIC OF THE FINAN	CIAL			
	COUNTING STANDARDS BOARD (FASB) ACCOUNTING					
	777 7111 7111 7111 7111 7111 7111 7111					

ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION

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

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

REQUIRES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL

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

Part XIII Supplemental Information (continued)
TAX RETURN. THE ORGANIZATION HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN
OR EXPECTS TO TAKE IN ITS TAX RETURNS, AND NO LIABILITY FOR UNCERTAIN TAX
POSITIONS HAS BEEN RECORDED; FURTHER, THE ORGANIZATION HAS NO UNRECOGNIZED
TAX BENEFITS. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION OF ITS
TAX RETURNS FOR YEARS BEFORE 2013.
<u></u>

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

TRWIB, INC.

Part I Questions Regarding Compensation

Employer identification number 25-1898851

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

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Base compensation (ii) Bonus & incentive compensation		compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) STEFANI PASHMAN (i)	160,000.	0.	0.	8,000.	18,627.	186,627.	0.	
CEO (ii)		0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
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(ii)				X				
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Page 2

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.
PART I, LINE 4A:
JILL PALMER RECEIVED SEVERANCE PAYMENTS FOR THE FISCAL YEAR ENDING JUNE 30,
2016 TOTALLING \$26,769.68.
OV.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 25-1898851

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THREE RIVERS WORKFORCE INVESTMENT BOARD (3RWIB), WE ENSURE THE NEEDS

OF BUSINESSES AND JOB SEEKERS ARE MET BY ANNUALLY CONNECTING MORE THAN

6,000 EMPLOYERS WITH TALENT; PLACING AND TRAINING MORE THAN 20,000

JOBSEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES.

INC.

TRWIB,

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTEGRATION AND IMPLEMENTATION OF A WORLD-CLASS WORKFORCE DEVELOPMENT, DEVELOPMENT SYSTEM FOR PITTSBURGH AND ALLEGHENY COUNTY

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

IN ADDITION, REGIONAL BUSINESSES CAN ACCESS A MENU OF FREE SERVICES. SERVICES TO BUSINESSES INCLUDE FUNDING TO TRAIN NEW AND EXISTING WORKERS; ACCESS TO A POOL OF PRE-SCREENED, MOTIVATED AND DIVERSE TALENT; SPACE FOR CAREER FAIRS AND INTERVIEWS; LAYOFF AVERSION; CUSTOMIZED LABOR MARKET DATA; AND OTHER RESOURCES. THROUGH THIS WORK, WE CONNECT 13,000 PEOPLE TO EMPLOYMENT AND SERVE OVER 1,100 COMPANIES ANNUALLY.

YOUTH WORKFORCE RELATED POLICY IS A PIVOTAL COMPONENT OF WIOA AND

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

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization TRWIB, INC.

Employer identification number 25-1898851

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

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

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

3RWIB PREPARES YOUTH WITH THE SKILLS TO DEVELOP A WORLD CLASS WORKFORCE

PIPELINE FOR THE REGION. WE FUND AS MANY AS 20 COMMUNITY PROGRAMS

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

OUR YOUTH TO CAREERS. THROUGH A MIX OF MENTORING AND TRAINING SERVICES,

THESE PROGRAMS HELP YOUTH EARN GEDS, PAY THEM FOR WORK, PROVIDE THEM

OCCUPATIONAL SKILL TRAINING, IN ADDITIONAL TO OTHER LIFE SKILLS SUCH AS

LEADERSHIP AND COMMUNICATIONS SKILLS.

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

THAN 400 WORKSITES AND RETURNED MORE THAN \$3 MILLION IN WAGES TO THE

LOCAL ECONOMY.

CHOICE NEIGHBORHOODS INITIATIVE - THE CHOICE NEIGHBORHOODS INITIATIVE

(CNI) SEEKS TO REVITALIZE SIPUGGLING NEIGHBORHOODS IN A COMPREHENSIVE

WAY THROUGH THREE PRIMARY AREAS OF FOCUS: HOUSING, PEOPLE, AND

NEIGHBORHOODS. THIS NATIONAL INITIATIVE IS DESIGNED TO BE

LOCALLY-DRIVEN, WITH THE NEEDS OF EACH COMMUNITY BEING THE MEASURING

STICK FOR SUCCESS.

IN PITTSBURGH, CNI CURRENTLY TAKES PLACE IN TWO PUBLIC HOUSING

PROPERTIES, EAST LIBERTY GARDENS AND HAMILTON LARIMER. WE CONTRACT WITH

UNITED LABOR AGENCY TO OFFER ONSITE CAREERLINK SERVICES THAT PROVIDE

INTENSIVE WORKFORCE SERVICES TO THE FAMILIES IN THESE COMMUNITIES. AS A

RESULT OF THESE EFFORTS, NEIGHBORHOOD RESIDENTS HAVE FOUND FULL-TIME

EMPLOYMENT, AND SEVERAL TEENS RECEIVED PAID WORK EXPERIENCE THROUGH THE

532212 09-02-15

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

SUMMER LEARN AND EARN PROGRAM. CNI CONTINUES UNTIL 2020.

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

PITTSBURGH WORKS HAS ALSO INITIATED A QUARTERLY SERIES CALLED EMPLOYER

TALKS!, AN INNOVATIVE FORUM FOR COMMUNICATING WITH THE BUSINESS

COMMUNITY ON RECRUITING NEEDS, BEST PRACTICES, AND NEW IDEAS. IN

2015-2016, PITTSBURGH WORKS ESTABLISHED THE AMPLIFY PROFESSIONAL

DEVELOPMENT SERIES FOR WORKFORCE DEVELOPMENT PROFESSIONALS. THROUGH

THIS SERIES, WE ARM FRONTLINE STAFF WITH THE SKILLS AND TOOLS THEY NEED

TO EFFECTIVELY SERVE THE REGION'S JOB SEEKERS.

PITTSBURGH WORKS STREAMLINES AND SYNCHRONIZES THE REGION'S WORKFORCE

AND HUMAN SERVICES AGENCIES TO EFFICIENTLY AND EFFECTIVELY ADDRESS THE

DIVERSE NEEDS OF BUSINESSES, JOB SEEKERS, FUNDERS, AND OTHER

STAKEHOLDERS.

QUICK TRAIN FOR JOBS, A KIY PIECE OF PITTSBURGH WORKS, BRIDGES THE GAP

BETWEEN PEOPLE LOOKING TO WORK AND COMPANIES LOOKING TO HIRE. QUICK

TRAIN PROVIDES THE FUNDING FOR SHORT-TERM CUSTOMIZED TRAINING PROGRAMS

TO ARM MOTIVATED JOB SEEKERS WITH THE SKILLS FOR IN-DEMAND JOBS IN

HEALTHCARE, MANUFACTURING, FINANCE, CONSTRUCTION OR THE TRADES,

INFORMATION TECHNOLOGY, TRANSPORTATION AND LOGISTICS, AND ENERGY. AT

THE SAME TIME, COMPANIES, OR A GROUP OF COMPANIES, CAN GROOM SPECIFIC

CANDIDATES WITH THE SKILLS NEEDED TO FILL POSITIONS. QUICK TRAIN

PROJECTS ARE NIMBLE TO MEET THE NEEDS OF COMPANIES AND TO KEEP UP WITH

TRENDS IN THE REGIONAL ECONOMY. A SIX-WEEK TIME FRAME IS TYPICAL OF

QUICK TRAIN OFFERINGS, WITH PITTSBURGH WORKS PARTNERS PROVIDING THE

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

Employer identification number 25-1898851

TRAINEES AND OFTEN DELIVERING CURRICULUM ASSISTANCE AND INSTRUCTORS.

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

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

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

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

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

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

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

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

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

THE ORGANIZATION HAS EACH BOARD MEMBER CONFIRM ANNUALLY THAT HE OR SHE DOES NOT HAVE ANY CONFLICTS OF INTEREST.

TRWIB, INC.	25-1898851
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS APPROVES, AND ANNUALLY REVIEWS, TH	E COMPENSATION OF
THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL ARE AVAILABLE ON SITE BY REQUEST.	
FORM 990, PART XII, LINE 2(C), RESPONSIBILTY OF OVERSIGHT	':
TRWIB DID NOT CHANGE THEIR OVERSIGHT OR SELECTION PROCESS	DURING THE
TAX YEAR.	

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

(a)

Name, address, and EIN (if applicable)

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.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

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

2015
Open to Public Inspection

(f)

Direct controlling

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

of disregarded entity		foreign country)			е	ntity	
	_						
	_	10 x					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization a	nswered "Yes" on Form 990,	, Part IV, line 34 b	ecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(h) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	ity?
REGIONAL WORKFORCE COLLABORATIVE - SWPA - 20-1967716, 650 SMITHFIELD STREET, SUITE	-03			301(0)(0))		Yes	No
2600, PITTSBURGH, PA 15222	WORKFORCE DEVELOPMENT	PENNSYLVANIA	501(C)(3)	7	TRWIB, INC.	Х	
	_						

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

Schedule R (Form 990) 2015

Page 2

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	i)	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	contr	
		country)		0. 1.004		4,000,00		Yes	No
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Х

Yes No

1a

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

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

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

b	b Gift, grant, or capital contribution to related organization(s)	L1	1b		_X_			
	c Gift, grant, or capital contribution from related organization(s)	1.	1c		X			
d	d Loans or loan guarantees to or for related organization(s)							
е	e Loans or loan guarantees by related organization(s)		1e		Х			
	A							
f	f Dividends from related organization(s)	·	1f		X			
g	g Sale of assets to related organization(s)		1g		X			
h	h Purchase of assets from related organization(s)		1h		Х			
i	i Exchange of assets with related organization(s)	<u> </u>	1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)		1j		X			
k	k Lease of facilities, equipment, or other assets from related organization(s)		1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)		11		X			
n	m Performance of services or membership or fundraising solicitations by related organization(s)	<u>_1</u>	m		X			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u> </u>		Х				
0	Sharing of paid employees with related organization(s)		10	Х				
р	p Reimbursement paid to related organization(s) for expenses		1p		X			
q	q Reimbursement paid by related organization(s) for expenses	1	1q		X			
	r Other transfer of cash or property to related organization(s)		1r		<u>X</u>			
S	s Other transfer of cash or property from related organization(s)		1s		X			
2	2 If the answer to any of the above is "Yes," see the instructions for in ormation on who must complete this line, including covered relationships a	and transaction thresholds.						
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved type (a-s)	(d) Method of determining amount involve	ed					
(1)	(1)							
(2)	(2)							
(3)	(3)							
(4)	(4)							
(5)	(5)							
(6)	(6)							
3216	332163 09-08-15 41	Schedule R (F	orm	990)	2015			

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)	(b)	(c)	(d)	(e) Are all partners s 501(c)(3 orgs.?	(f)	(g)	(h	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners s	Share of	Share of	Dispro	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(c)(3 oras.?	total	end-of-year	allocat	ate ions?	amount in box 20 Lof Schedule K-1	partner	ownership
		country)		Yes N		assets	Yes	No	(Form 1065)	Yes N	5
											
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				W							
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TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	TRWIB, INC. 650 SMITHFIELD STREET NO. 2600
	PITTSBURGH, PA 15222
Prepared by	SCHNEIDER DOWNS & CO., INC. ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222
Amount due or refund	BALANCE DUE OF \$250.00
Make check payable to	COMMONWEALTH OF PENNSYLVANIA
Mail tax return and check (if applicable) to	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120
Return must be mailed on or before	RETURN MUST BE RECEIVED BY THE BUREAU BY MAY 15,2017
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY TWO AUTHORIZED INDIVIDUALS A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Bureau of Charitable Organizations 207 North Office Building Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720 (800) 732-0999 (within PA only) Fax: (717) 783-6014 Website: www.dos.state.pa.us/charities

For Official Use Only				
•				
Approved:				
RF:				
AF:				
Ar				
LF:				
Fee Received:				

Commonwealth of Pennsylvania Department of State

Charitable Organization Registration Statement - Form BCO-10

	Check if registering voluntarily (See note under "important information")	Certificate Number: 28657 (Renewals Only)							
Fiscal Year Ended: <u>06/30/2016</u>									
	Employer Iden	tification Number (EIN): 25-1898851							
1.	. Legal name of organization: TRWIB, INC.								
	☐ Check if name change Previous name:								
2.	2. All other names used to solicit contributions:								
3.	Contact person: RAYMOND F. HERR	ON, CPA							
	Contact's E-mail: RHERRON@PARTNE	R4WORK.ORG							
	Physical address of organization: (Require	Mailing address: (If different than physical)							
	650 SMITHFIELD STREET, NO.	2600							
	City: PITTSBURGH	City:							
	State: <u>PA</u> ZIP cod c. <u>15222</u>	State: ZIP code:							
	County: ALLEGHENY	800 number:							
	Phone number: <u>412-552-7090</u>	Fax number:							
	E-mail (If different than Contact's E-mail):								
	Website: WWW.TRWIB.ORG								
4.	Names, addresses, and telephone number subordinate units located in Pennsylvania	ers of all offices, chapters, branches, auxiliaries, affiliates, or other a: (Attach separate sheet if necessary)							
	REGIONAL WORKFORCE COLLABOR	ATIVE - SWPA							
	650 SMITHFIELD STREET, SUIT	E 2600, PITTSBURGH, PA 15222							
	412-552-7090								

	TRWIB, INC. 25-1898851
5.	For Organizations described in Section 162.7(a) of the Act, check section that describes organization:
	(See footnote #2 of instructions. Volunteer registrants do not respond.)
	162.7(a)(1) 162.7(a)(2)
	162.7(a)(3) L 162.7(a)(4) Not Applicable X
_	
6.	List type of organization (e.g. corporation, association, etc.) : CORPORATION
	Where established: PITTSBURGH, PA Date established:** 11/16/2001
	**(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)
	constitution, or other organizational instrument, and by-laws.)
7.	Is any person compensated, or do you intend to compensate any person, for soliciting contributions in
	Pennsylvania, including employees of the organization and professional solicitors? Yes X No
	(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)
	SEE STATEMENT 1
	If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania
	residents.
	Items 8 and 9 are required to be completed by initial registrants only
	, , , , , , , , , , , , , , , , , , , ,
8	Date organization first solicited contributions from Pennsylvania residen's.
٥.	Date organization mot concited contributions from Fermiographic recidents.
9.	If organization solicited Pennsylvania residents and received gross * contributions totaling more than
	\$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give
	date contributions first totaled more than \$25,000.
	*Includes contributions received both within and outside Pennsylvania
10	Has organization been granted IRS tax-exempt status? Yes X No
10.	(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)
	(II Tes , please submit copy of Into exemption letter in for previously submitted.)
	A. If "Yes", under which IRS code section: 501(C)(3)
	B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No X
	(If "Yes", attach copy of denial, reveration, or modification.)
11.	Was the organization required to file an IRS 990 return and applicable schedules for its most recently
	completed fiscal year? Yes 🛣 No 🗌
	(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not
	required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 300EZ, or 990PF.)
	organization that mes a 990N, 990E2, or 990FF.)
12.	A clear description of the specific programs for which contributions will be used, and a statement whether
	such programs are planned or in existence:
	E PURPOSE OF THE ORGANIZATION IS TO CARRY OUT ITS OBLIGATIONS IN
	MPLIANCE WITH THE WORKFORCE INVESTMENT ACT OF 1998, AND ADDRESS OTHER
901	LICY MATTERS AS THEY RELATE TO WORKFORCE DEVELOPMENT.

TRWIB, INC. 13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) SOLICITATION IS MADE THROUGH GRANT PROPOSALS No X 14. Is organization registered to solicit contributions in any other state or municipality? Yes 🔙 (If "Yes", list all states and municipalities. Attach separate sheet if necessary.) 15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or vill be solicited:(Attach separate sheet if necessary) N/A16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions rom Pennsylvania residents: (Attach separate sheet if necessary) N/A 17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization: N/A

25-1898851

	TRWIB, INC.	25-1898851
18.	18. If you are a parent organization located in Pennsylvania, do yo	ou elect to file a combined registration covering
	all of your Pennsylvania affiliates?	
	Yes No Not Applicable X (See note under "impo	rtant information")
	If "Yes", give all names and certificate numbers of your a parent organization files a Form IRS 990 group return, it must file a forganization's Form IRS 990 return.)	
19.		th elected to file a combined registration on
	your behalf? Yes No X (See note under "important inform	
	If "Yes", provide the name and, if available, certificate # owners whose parent organization files a Form IRS 990 group return, it must	
	copy of the organization's Form IRS 990 return.)	
	(Legal name of parent organization)	(Certificate #)
20.	20. Does your organization share contributions or other revenue unincorporated association? Yes No X (If "Yes", acts organization, and relationship to your organization.)	with any other nonprofit corporation or ach an explanation listing name, address, type of
21.		er nonprofit corporation or unincorporated listing name, address, type of organization, and TEMENT 2
22.	22. Does any other domestic or foreign organization own a 10% of Yes No X (If "Yes", attach the following information for each and type of organization, whether organization is for-profit or nonprofit, an organization.)	h other domestic or foreign organization: name
23.	23. Does your organization own a 0% or greater interest in any of Yes No X (If "Yes, a tach the following information for each and type of organization, whether organization is for-profit or nonprofit, an organization.)	h other domestic or foreign organization: name
24.	 Provide the names and addresses of all officers, directors, tru officers: (Attach separate sheet if necessary) 	stees, and principal salaried executive staff
	SEE STATEMENT 3	_

TRWIB, INC. 25-1898851 25. Names and addresses for: (Attach separate sheet if necessary) A. Individual(s) in charge of solicitation activities: BOARD OF DIRECTORS - SEE STATEMENT 3 B. Individual(s) with final responsibility for the custody of contributions: BOARD OF DIRECTORS - SEE STATEMENT 3 C. Individual(s) with final responsibility for final distribution of contributions: BOARD OF DIRECTORS - SEE STATEMENT 3 D. Individual(s) responsible for custody of financial records: MCCRAE MARTINO 650 SMITHFIELD STREET, SUITE 2600 PITTSPURCH, PA 15222 26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: No X A. Any other officer, director, trustee, or employee? Yes B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No X No X C. Any supplier or vendor providing goods or services? Yes 27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers: Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes B. Had its registration or license to solicit contributions denied, suspended, or revoked by any

governmental agency? Yes

other local or state governmental agency? Yes

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No X

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or

TRWIB, INC. 25-1898851

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

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

25-1898851

FOOTNOTES

STATEMENT

1

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



TRWIB, INC. 25-1898851

FORM BCO-10 FORMAL GOVERNANCE SHARED STATEMENT

NAME AND ADDRESS

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

TYPE OF ORGANIZATION RELATIONSHIP TO ORGANIZATION

501(C)(3) SUPPORTING ORGANIZATION

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

NAME AND ADDRESS TITLE

STEFANI PASHMAN 650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITL

JILL PALMER (EXITED 10/15)

650 SMITHFIELD STREET, NO. 2600

DIRECTOR OF FINANCE

PITTSBURGH, PA 15222

PITTSBURGH, PA 15222

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

RICH BARCASKEY DIRECTOR (ENTERED 07/15)

650 SMITHFIELD STREET, NO. 2 00

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

JOSEPH G. BELECHAK DIRECTOR

650 SMITHFIELD STREET, NO. 2600

NAME AND ADDRESS TITLE

DONALD G. BLOCK DIRECTOR

650 SMITHFIELD STREET, NO. 2600

TRWIB, INC. 25-1898851

NAME AND ADDRESS TITLE

DR. QUINTIN BULLOCK DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DEBRA CAPLAN DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DON CHARLTON DIRECTOR (ENTERED 05/16)

650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

MARC CHERNA DIRECTOR

650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DIRECTOR MARY FRANCES COOPER

650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DAVID A. COPLAN DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

ANN DUGAN DIRECTOR

650 SMITHFIELD STREET. NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

JASON FINCKE DIRECTOR (ENTERED 07/15)

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

LAURA FISHER DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

TRWIB, INC. 25-1898851

NAME AND ADDRESS TITLE

IKE GLITTLEN DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

RON GDOVIC DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DR. LINDA HIPPERT DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

RAZI IMAM DIRECTOR

650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

MARCI KATONA DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

CHAZ KELLEM DIRECTOR (EXITED 10/15)

650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

LISA KUZMA DIRECTOR

650 SMITHFIELD STREET. NO. 2600

NAME AND ADDRESS TITLE

CAROLYN MCKINNEY DIRECTOR (EXITED 03/16)

650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

STEVE NOLDER DIRECTOR (ENTERED 07/15)

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

TRWIB, INC. 25-1898851

NAME AND ADDRESS TITLE

SCOTT PIPITONE DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

BETH POWERS DIRECTOR (ENTERED 07/15)

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

JACK SHEA DIRECTOR

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

LATRENDA LEONARD SHERRILL DIRECTOR 650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

DIRECTOR CRAIG STAMBAUGH

650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

MARK LATTERNER PRESIDENT

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

LAURA ELLSWORTH VICE PRESIDENT

650 SMITHFIELD STREET. NO. 2600

PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

ED HARTMAN TREASURER

650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222

NAME AND ADDRESS TITLE

JESSICA TRYBUS **SECRETARY** 650 SMITHFIELD STREET, NO. 2600

PITTSBURGH, PA 15222