



Big Thinking. Personal Focus.

May 14, 2018

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

Dear Mr. Herron:

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

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

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

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

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

May 14, 2018
Mr. Raymond F. Herron
Page 2

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

Very truly yours,

Schneider Downs & Co., Inc.

Certified Public Accountants

JPP/mbj
Ref.: 25168-24000
Enclosures

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

TRWIB, INC.

25-1898851

Name and title of officer

RAYMOND F HERRON

CHIEF FINANCIAL OFFICER

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>16,335,863.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

I authorize SCHNEIDER DOWNS CO INC to enter my PIN 25168
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25330518500

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRWIB, INC. Doing business as PARTNER4WORK Number and street (or P.O. box if mail is not delivered to street address) Room/suite 650 SMITHFIELD STREET 2600 City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15222 F Name and address of principal officer: RAYMOND F. HERRON 650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH	D Employer identification number 25-1898851 E Telephone number 412-552-7090 G Gross receipts \$ 16,335,863. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PARTNER4WORK.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2001		M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 30
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 67
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 13,671,041. Current Year: 16,332,779.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,449. 3,084.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,674,490. 16,335,863.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,590,101. 1,856,904.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,584,269. 14,794,201.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,174,370. 16,651,105.	
19	Revenue less expenses. Subtract line 18 from line 12	500,120. -315,242.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 6,722,480. End of Year: 6,410,270.
	21	Total liabilities (Part X, line 26)	3,989,609. 3,992,641.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,732,871. 2,417,629.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer RAYMOND F. HERRON, CHIEF FINANCIAL OFFICER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name EUGENE J. LOGAN	Preparer's signature EUGENE J. LOGAN	Date	Check if self-employed <input type="checkbox"/>	PTIN P00227231
	Firm's name ▶ SCHNEIDER DOWNS & CO., INC.	Firm's EIN ▶ 25-1408703			
	Firm's address ▶ ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222	Phone no. (412) 261-3644			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PARTNER4WORK MEETS THE NEEDS OF BUSINESSES AND JOB SEEKERS BY ANNUALLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT; TRAINING AND PLACING MORE THAN 20,000 JOB SEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES. WE LEAD THE DEVELOPMENT, INTEGRATION AND IMPLEMENTATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,144,973. including grants of \$) (Revenue \$) LEADING THE PUBLIC WORKFORCE SYSTEM:

ESTABLISHED BY THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, AND NATIONALLY RECOGNIZED FOR INNOVATION, 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 \$ 3,046,830. including grants of \$) (Revenue \$) INNOVATIVE INITIATIVES:

LEARN AND EARN - LEARN AND EARN IS A \$4.5 MILLION SUMMER YOUTH EMPLOYMENT PROGRAM DELIVERED IN CONJUNCTION WITH THE CITY OF PITTSBURGH AND ALLEGHENY COUNTY. IT AIMS TO SET YOUNG PEOPLE ON THE PATH TO A SUCCESSFUL FUTURE THROUGH A 6-WEEK, PAID SUMMER EMPLOYMENT PROGRAM. YOUNG PEOPLE 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 \$ 263,288. including grants of \$) (Revenue \$) PITTSBURGH WORKS:

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.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,455,091.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 1098-C, 4966, 720, and 1041.

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

Section 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 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.		
	1a 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **RAYMOND F. HERRON, CPA - 412-552-7092**
650 SMITHFIELD STREET, NO. 2600, PITTSBURGH, PA 15222

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICH BARCASKEY DIRECTOR	0.90 0.10	X						0.	0.	0.
(2) JOSEPH G. BELECHAK DIRECTOR	0.90 0.10	X						0.	0.	0.
(3) DONALD G. BLOCK DIRECTOR	0.90 0.10	X						0.	0.	0.
(4) DR. QUINTIN BULLOCK DIRECTOR	0.90 0.10	X						0.	0.	0.
(5) DEBRA CAPLAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(6) DON CHARLTON DIRECTOR	0.90 0.10	X						0.	0.	0.
(7) MARC CHERNA DIRECTOR	0.90 0.10	X						0.	0.	0.
(8) MARY FRANCES COOPER DIRECTOR	0.90 0.10	X						0.	0.	0.
(9) DAVID A. COPLAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(10) ANN DUGAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(11) MELISSA FERRARO DIRECTOR (ENTERED 12/16)	0.90 0.10	X						0.	0.	0.
(12) JASON FINCKE DIRECTOR (EXITED 3/17)	0.90 0.10	X						0.	0.	0.
(13) LAURA FISHER DIRECTOR	0.90 0.10	X						0.	0.	0.
(14) IKE GLITTLIN DIRECTOR	0.90 0.10	X						0.	0.	0.
(15) RON GDOVIC DIRECTOR (EXITED 10/16)	0.90 0.10	X						0.	0.	0.
(16) DR. LINDA HIPPERT DIRECTOR	0.90 0.10	X						0.	0.	0.
(17) RAZI IMAM DIRECTOR (EXITED 10/16)	0.90 0.10	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCI KATONA DIRECTOR	0.90 0.10	X						0.	0.	0.
(19) LISA KUZMA DIRECTOR	0.90 0.10	X						0.	0.	0.
(20) JEFF NOBERS DIRECTOR (ENTERED 4/17)	0.90 0.10	X						0.	0.	0.
(21) STEVE NOLDER DIRECTOR	0.90 0.10	X						0.	0.	0.
(22) STEVE MASSARO DIRECTOR (ENTERED 4/17)	0.90 0.10	X						0.	0.	0.
(23) SCOTT PIPITONE DIRECTOR	0.90 0.10	X						0.	0.	0.
(24) JOSHUA POLLARD DIRECTOR (ENTERED 4/17)	0.90 0.10	X						0.	0.	0.
(25) BETH POWERS DIRECTOR	0.90 0.10	X						0.	0.	0.
(26) DAVID SCHLOSSER DIRECTOR (ENTERED 7/16)	0.90 0.10	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								466,141.	0.	85,279.
d Total (add lines 1b and 1c)								466,141.	0.	85,279.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	15,527,644.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	805,135.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		16,332,779.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,084.			3,084.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			16,335,863.	0.	0.	3,084.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,593,805.	1	2,347,732.
	2 Savings and temporary cash investments	289,448.	2	289,523.
	3 Pledges and grants receivable, net	458,753.	3	0.
	4 Accounts receivable, net	4,177,304.	4	3,591,919.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	89,660.	9	90,483.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 128,450.		
	b Less: accumulated depreciation	10b 37,837.	0.	10c 90,613.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	113,510.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,722,480.	16	6,410,270.	
Liabilities	17 Accounts payable and accrued expenses	3,989,609.	17	3,965,273.
	18 Grants payable		18	
	19 Deferred revenue		19	27,368.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 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		25	
	26 Total liabilities. Add lines 17 through 25	3,989,609.	26	3,992,641.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	897,065.	27	801,932.
	28 Temporarily restricted net assets	1,835,806.	28	1,615,697.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,732,871.	33	2,417,629.	
34 Total liabilities and net assets/fund balances	6,722,480.	34	6,410,270.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,335,863.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,651,105.
3	Revenue less expenses. Subtract line 2 from line 1	3	-315,242.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,732,871.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,417,629.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2016)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						58,719,381.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,784.	3,205.	2,465.	3,449.	3,084.	14,987.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			2,168.			2,168.
11 Total support. Add lines 7 through 10						58,736,536.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section 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.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

Section 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.	Yes	No
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S DEPARTMENT OF LABOR 7 PARKWAY CTR #290 PITTSBURGH, PA 15220	\$ 9,863,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20201	\$ 2,601,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$ 718,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222-5414	\$ 347,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		128,450.	37,837.	90,613.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				90,613.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART X, LINE 2:

TRWIB, INC. AND RWC-SWPA ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC. THE ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

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

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 2014.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TRWIB, INC.

Employer identification number
25-1898851

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
9 If "Yes" on 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) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEFANI PASHMAN CEO	(i)	171,917.	0.	0.	8,596.	19,589.	200,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTINO MCCRAE COO	(i)	125,000.	0.	0.	6,250.	19,589.	150,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

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

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

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

OF A WORLD-CLASS WORKFORCE DEVELOPMENT SYSTEM FOR PITTSBURGH AND
ALLEGHENY COUNTY

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

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) (2016)

632211 08-25-16

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

IN PITTSBURGH, CNI CURRENTLY TAKES PLACE IN TWO PUBLIC HOUSING PROPERTIES, EAST LIBERTY GARDENS AND HAMILTON LARIMER. WE CONTRACT WITH UNITED LABOR AGENCY TO OFFER ONSITE CAREERLINK SERVICES THAT PROVIDE INTENSIVE WORKFORCE SERVICES TO THE FAMILIES IN THESE COMMUNITIES. AS A RESULT OF THESE EFFORTS, NEIGHBORHOOD RESIDENTS HAVE FOUND FULL-TIME EMPLOYMENT, AND SEVERAL TEENS RECEIVED PAID WORK EXPERIENCE THROUGH THE

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

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

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

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

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

AS OF DECEMBER 16, 2016 THE BYLAWS HAVE BEEN REVISED AND INCLUDE THE FOLLOWING SIGNIFICANT CHANGES:

-TRWIB WILL BE DOING BUSINESS AS PARTNER4WORK

-THE CHAIR MUST BE A MEMBER OF THE BUSINESS COMMUNITY

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

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

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

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

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPROVES, AND ANNUALLY REVIEWS, THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ARE AVAILABLE ON SITE BY REQUEST.

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

PARTNER4WORK DID NOT CHANGE THEIR OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

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

UNRESTRICTED PORTION: \$-95,133

TEMPORARILY RESTRICTED: \$-220,109

TOTAL: \$-315,268

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
REGIONAL WORKFORCE COLLABORATIVE - SWPA - 20-1967716, 650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA 15222	WORKFORCE DEVELOPMENT	PENNSYLVANIA	501(C)(3)	7	TRWIB, INC.	X	

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

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

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

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

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

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

	Yes	No
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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

..... JUNE 30, 2017

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

**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: _____

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: 06/30/2017

Employer Identification Number (EIN): 25-1898851

1. Legal name of organization: TRWIB, INC.

Check if name change Previous name: _____

2. All other names used to solicit contributions: _____

3. Contact person: RAYMOND F. HERRON, CPA

Contact's E-mail: RHERRON@PARTNER4WORK.ORG

Physical address of organization: (Required)

Mailing address: (If different than physical)

650 SMITHFIELD STREET, NO. 2600

City: PITTSBURGH

State: PA ZIP code: 15222

County: ALLEGHENY

Phone number: 412-552-7090

City: _____

State: _____ ZIP code: _____

800 number: _____

Fax number: _____

E-mail (If different than Contact's E-mail): _____

Website: WWW.PARTNER4WORK.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

REGIONAL WORKFORCE COLLABORATIVE - SWPA

650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA 15222

412-552-7090

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) 162.7(a)(4) Not Applicable

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.)

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 No (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.) SEE STATEMENT 1

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. _____

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____

9. If organization solicited Pennsylvania residents and received 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 No

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes 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, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

THE PURPOSE OF THE ORGANIZATION IS TO CARRY OUT ITS OBLIGATIONS IN COMPLIANCE WITH THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, AND ADDRESS OTHER POLICY MATTERS AS THEY RELATE TO WORKFORCE DEVELOPMENT.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :

SOLICITATION IS MADE THROUGH GRANT PROPOSALS.

14. Is organization registered to solicit contributions in any other state or municipality? Yes No

(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 will be solicited:(Attach separate sheet if necessary)

N/A

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents:(Attach separate sheet if necessary)

N/A

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

N/A

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
SEE STATEMENT 2

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

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

SEE STATEMENT 3

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

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

BOARD OF DIRECTORS - SEE STATEMENT 3

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

BOARD OF DIRECTORS - SEE STATEMENT 3

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

BOARD OF DIRECTORS - SEE STATEMENT 3

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

RAYMOND F. HERRON

650 SMITHFIELD STREET, SUITE 2600 PITTSBURGH, PA 15222

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

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

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

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

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:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I 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 _____

RAYMOND F. HERRON, CHIEF FINANCIAL OFFICER

Type or Print Name and Title of Chief Fiscal Officer

Signature of Another Authorized Officer Date _____

Type or Print Name and Title of Another Authorized Officer

<u>Checklist</u>	
<input checked="" type="checkbox"/>	Original Registration Statement Properly Signed and Dated
<input checked="" type="checkbox"/>	A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input type="checkbox"/>	Form BCO-23, if Required
<input checked="" type="checkbox"/>	Applicable Financial Statements
<input checked="" type="checkbox"/>	Registration Fee and any Late Filing Fees
<input type="checkbox"/>	Additional Filings, if an Initial Registrant

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.

FORM BCO-10	FORMAL GOVERNANCE SHARED	STATEMENT	2
-------------	--------------------------	-----------	---

NAME AND ADDRESS

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

<u>TYPE OF ORGANIZATION</u>	<u>RELATIONSHIP TO ORGANIZATION</u>
501(C)(3)	SUPPORTING ORGANIZATION

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
STEFANI PASHMAN 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	CEO

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
RAYMOND HERRON 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	CFO

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
RICH BARCASKEY 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JOSEPH G. BELECHAK 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DONALD G. BLOCK 650 SMITHFIELD STREET, NO. 2600 PITTSBURGH, PA 15222	DIRECTOR

NAME AND ADDRESS

DR. QUINTIN BULLOCK
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

DEBRA CAPLAN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

DON CHARLTON
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MARC CHERNA
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MARY FRANCES COOPER
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

DAVID A. COPLAN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

ANN DUGAN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

MELISSA FERRARO
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 12/16)

NAME AND ADDRESS

JASON FINCKE
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (EXITED 3/17)

NAME AND ADDRESS

LAURA FISHER
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

IKE GLITTLEN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

RON GDOVIC
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (EXITED 10/16)

NAME AND ADDRESS

DR. LINDA HIPPERT
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

RAZI IMAM
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (EXITED 10/16)

NAME AND ADDRESS

MARCI KATONA
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

LISA KUZMA
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

JEFF NOBERS
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TITLE

DIRECTOR (ENTERED 4/17)

NAME AND ADDRESS

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

TITLE

DIRECTOR

NAME AND ADDRESS

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

TITLE

DIRECTOR (ENTERED 4/17)

NAME AND ADDRESS

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

TITLE

DIRECTOR

NAME AND ADDRESS

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

TITLE

DIRECTOR (ENTERED 4/17)

NAME AND ADDRESS

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

TITLE

DIRECTOR

NAME AND ADDRESS

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

TITLE

DIRECTOR (ENTERED 7/16)

NAME AND ADDRESS

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

TITLE

DIRECTOR

NAME AND ADDRESS

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

TITLE

DIRECTOR (EXITED 6/17)

NAME AND ADDRESS

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

TITLE

DIRECTOR

NAME AND ADDRESS

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

TITLE

DIRECTOR (ENTERED 9/16)

NAME AND ADDRESS

TITLE

MARK LATERNER
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

CHAIR

NAME AND ADDRESS

TITLE

LAURA ELLSWORTH
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

VICE CHAIR

NAME AND ADDRESS

TITLE

ED HARTMAN
650 SMITHFIELD STREET, NO. 2600
PITTSBURGH, PA 15222

TREASURER

NAME AND ADDRESS

TITLE

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

SECRETARY

PARTNER4WORK
Pittsburgh, Pennsylvania

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

and Independent Auditors' Report Thereon



Big Thinking. Personal Focus.

www.schneiderdowns.com

C O N T E N T S

	<u>PAGE</u>
INDEPENDENT AUDITORS' REPORT	1
CONSOLIDATED FINANCIAL STATEMENTS	
Consolidated Statements of Financial Position, June 30, 2017 and 2016	3
Consolidated Statements for the years ended June 30, 2017 and 2016:	
Activities and Changes in Net Assets	4
Cash Flows	5
Notes to Consolidated Financial Statements	6
SUPPLEMENTARY CONSOLIDATING FINANCIAL INFORMATION	
Consolidating Statements of Financial Position, June 30, 2017 and 2016	12
Consolidating Statements of Activities and Changes in Net Assets for the years ended June 30, 2017 and 2016	14
Consolidated Schedule of Functional Expenses for the year ended June 30, 2017 (with comparative totals for the year ended June 30, 2016)	17
Detail of Consolidated Schedule of Functional Expenses for the years ended June 30, 2017 and 2016	18
REPORTING UNDER <i>GOVERNMENT AUDITING STANDARDS</i> AND THE UNIFORM GUIDANCE	
Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With <i>Government Auditing Standards</i>	23
Schedule of Expenditures of Federal Awards for the year ended June 30, 2017	25
Notes to the Schedule of Expenditures of Federal Awards for the year ended June 30, 2017	27
Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance	29
Schedule of Findings and Questioned Costs for the year ended June 30, 2017	31
Schedule of Prior Audit Findings for the year ended June 30, 2017	33



Big Thinking. Personal Focus.

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Schneider Downs & Co., Inc.
www.schneiderdowns.com



One PPG Place, Suite 1700
Pittsburgh, PA 15222
TEL 412.261.3644
FAX 412.261.4876

65 E. State Street, Suite 2000
Columbus, OH 43215
TEL 614.621.4060
FAX 614.621.4062

Opinion

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

Other Matters

Supplementary and Other Information

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

Other Reporting Required by Government Auditing Standards

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

Schneider Downs & Co., Inc.

Pittsburgh, Pennsylvania
March 26, 2018

PARTNER4WORK

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

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

See notes to financial statements.

PARTNER4WORK

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

	2017			2016		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenue and other support:						
Public funds/government grants	\$ 15,527,644	-	\$ 15,527,644	\$ 12,194,403	-	\$ 12,194,403
Foundation and private contributions	-	\$ 804,272	804,272	-	\$ 1,454,250	1,454,250
Interest income	3,084	-	3,084	3,449	-	3,449
Other income	863	-	863	22,388	-	22,388
Net assets released from restrictions	1,024,381	(1,024,381)	-	1,100,022	(1,100,022)	-
 Total Revenue And Other Support	 16,555,972	 (220,109)	 16,335,863	 13,320,262	 354,228	 13,674,490
Expenses:						
Management and general	1,158,203	-	1,158,203	921,802	-	921,802
Fundraising	-	-	-	3,587	-	3,587
Program services	15,455,091	-	15,455,091	12,248,986	-	12,248,986
 Total Expenses	 16,613,294	 -	 16,613,294	 13,174,375	 -	 13,174,375
 Changes In Net Assets before Depreciation	 (57,322)	 (220,109)	 (277,431)	 145,887	 354,228	 500,115
 Depreciation	 37,837	 -	 37,837	 -	 -	 -
 Changes In Net Assets	 (95,159)	 (220,109)	 (315,268)	 145,887	 354,228	 500,115
 NET ASSETS						
Beginning of year	920,070	1,835,806	2,755,876	774,183	1,481,578	2,255,761
 End of year	 \$ 824,911	 \$ 1,615,697	 \$ 2,440,608	 \$ 920,070	 \$ 1,835,806	 \$ 2,755,876

See notes to financial statements.

PARTNER4WORK

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

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

See notes to financial statements.

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

NOTE 1 - DESCRIPTION OF ORGANIZATION

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

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

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

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

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

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

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

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

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

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

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

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

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

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

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

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

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

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

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

Specifically, the new guidance:

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

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

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

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

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

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

NOTE 3 - RESTRICTIONS ON NET ASSETS

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

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

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

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

NOTE 4 - LEASES

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

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

Fiscal Year	
Ending June 30	Amount
2018	\$ 104,000
2019	132,000
2020	127,000
2021	130,000
2022	134,000
Thereafter	<u>23,000</u>
	<u>\$ 650,000</u>

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

NOTE 5 - EMPLOYEE RETIREMENT PLAN

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

NOTE 6 - RELATED-PARTY TRANSACTIONS

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

NOTE 7 - FEDERAL GRANTS

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

SUPPLEMENTARY CONSOLIDATING FINANCIAL INFORMATION

PARTNER4WORK

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

JUNE 30, 2017

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

See independent auditors' report on supplementary financial information.

PARTNER4WORK

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

JUNE 30, 2016

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

See independent auditors' report on supplementary financial information.

PARTNER4WORK

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

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

See independent auditors' report on supplementary financial information.

PARTNER4WORK

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

	Partner4Work		RWC-SWPA		Eliminations	Consolidated
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted		
REVENUE AND OTHER SUPPORT						
Public funds/government grants	\$12,194,403	-	-	-	-	\$12,194,403
Foundation and private contributions	-	\$ 1,454,250	-	-	-	1,454,250
Interest income	3,449	-	-	-	-	3,449
Other income	22,388	-	-	-	-	22,388
Net assets released from restrictions	1,100,022	(1,100,022)	-	-	-	-
Total Revenue And Other Support	13,320,262	354,228	-	-	-	13,674,490
EXPENSES						
Management and general	921,797	-	\$ 5	-	-	921,802
Fundraising	3,587	-	-	-	-	3,587
Program services	12,248,986	-	-	-	-	12,248,986
Total Expenses	13,174,370	-	5	-	-	13,174,375
Change In Net Assets	145,892	354,228	(5)	-	-	500,115
NET ASSETS						
Beginning of year	751,173	1,481,578	23,010	-	-	2,255,761
End of year	\$ 897,065	\$ 1,835,806	\$ 23,005	-	-	\$ 2,755,876

See independent auditors' report on supplementary financial information.

[This Page Intentionally Left Blank.]

PARTNER4WORK

CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2017

(With Comparative Totals for the Year Ended June 30, 2016)

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

See independent auditors' report on supplementary financial information.

PARTNER4WORK

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

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

Program Services

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

See independent auditors' report on supplementary financial information.

TRWIB, INC. AND AFFILIATE

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

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

Program Services

Sector Strategies	Learn and Earn	Place Based Strategies	Pittsburgh Works	Program Services Total	Total
\$ 73,880	\$ 1,320,370	\$ 83,264	\$ 175,605	\$ 11,125,538	\$ 11,125,538
29,283	273,161	17,320	178,005	1,078,420	\$ 1,590,101
-	-	-	-	1,100	89,282
-	6,100	-	-	6,100	84,856
-	2,257	-	-	2,257	47,449
-	3,434	-	360	3,821	42,633
-	5,113	-	504	8,771	36,422
-	6,146	259	1,600	11,587	23,268
-	-	-	-	-	22,551
-	566	-	313	3,885	20,915
-	-	-	-	-	17,615
-	-	-	-	-	16,485
-	2,849	-	-	2,849	16,452
-	3,098	-	-	3,098	14,664
-	-	-	-	-	12,823
-	-	-	600	600	6,062
-	151	-	286	437	3,954
-	426	-	-	523	2,465
-	-	-	-	-	840
<u>\$ 103,163</u>	<u>\$ 1,623,671</u>	<u>\$ 100,843</u>	<u>\$ 357,273</u>	<u>\$ 12,248,986</u>	<u>\$ 13,174,375</u>

See independent auditors' report on supplementary financial information.

[This Page Intentionally Left Blank.]

REPORTING UNDER *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE



Big Thinking. Personal Focus.

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

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

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

Internal Control Over Financial Reporting

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

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

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

Schneider Downs & Co., Inc.
www.schneiderdowns.com



One PPG Place, Suite 1700
Pittsburgh, PA 15222
TEL 412.261.3644
FAX 412.261.4876

65 E. State Street, Suite 2000
Columbus, OH 43215
TEL 614.621.4060
FAX 614.621.4062

Compliance and Other Matters

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

Purpose of This Report

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

Schneider Downs & Co., Inc.

Pittsburgh, Pennsylvania
March 26, 2018

PARTNER4WORK

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

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

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

PARTNER4WORK

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED JUNE 30, 2017

(Continued)

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Federal Expenditures
WIOA National Dislocated Worker Grants/ WIA National Emergency Grants	17.277	005-14-7200	\$ 90,114	\$ 96,261
WIOA National Dislocated Worker Grants/ WIA National Emergency Grants	17.277	095-14-7200	122,358	128,505
WIOA National Dislocated Worker Grants/ WIA National Emergency Grants	17.277	095-15-5100	130,638	152,055
			<u>343,110</u>	<u>376,821</u>
Workforce Innovation Fund	17.283	005-15-2100	142,780	142,921
Workforce Innovation Fund	17.283	005-15-2101	-	16,749
			<u>142,780</u>	<u>159,670</u>
Sub-Total Department Of Labor Pass-Through Programs			<u>8,373,878</u>	<u>9,731,085</u>
Total Department Of Labor			8,477,463	9,863,075
Department of Health and Human Services Pass-Through Programs				
Pennsylvania Department of Labor and Industry				
Temporary Assistance for Needy Families	93.558	005-15-3361	94,159	148,039
Temporary Assistance for Needy Families	93.558	005-15-3362	299,617	403,022
Temporary Assistance for Needy Families	93.558	005-16-3361	606,727	702,189
Temporary Assistance for Needy Families	93.558	005-16-3362	90,371	92,841
Temporary Assistance for Needy Families	93.558	095-15-3361	304,911	418,090
Temporary Assistance for Needy Families	93.558	095-15-3362	277,644	308,670
Temporary Assistance for Needy Families	93.558	095-16-3361	433,765	465,862
Temporary Assistance for Needy Families	93.558	095-16-3362	62,088	62,469
Total Department of Health and Human Services			<u>2,169,282</u>	<u>2,601,182</u>
Community Development and Urban Development Pass-Through Programs				
City of Pittsburgh				
Community Development Block Grants / Special Purpose Grants / Insular Areas	14.218	09063117-58101-00	617,366	718,264
Corporation for National and Community Service Pass-Through Programs				
Jobs for the Future, Inc.				
Social Innovation Fund	94.019	14-048	99,802	110,983
Total Expenditures Of Federal Awards			<u>\$ 11,363,913</u>	<u>\$ 13,293,504</u>

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

PARTNER4WORK

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

NOTE 1 - BASIS OF ACCOUNTING

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICY

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

NOTE 3 - INDIRECT COST RATE

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

NOTE 4 - RECONCILIATION

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

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

[This Page Intentionally Left Blank.]



Big Thinking. Personal Focus.

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

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

Report on Compliance for Each Major Federal Program

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

Management's Responsibility

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

Auditors' Responsibility

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

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

Opinion on Each Major Federal Program

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

Schneider Downs & Co., Inc.
www.schneiderdowns.com



One PPG Place, Suite 1700
Pittsburgh, PA 15222

TEL 412.261.3644
FAX 412.261.4876

65 E. State Street, Suite 2000
Columbus, OH 43215

TEL 614.621.4060
FAX 614.621.4062

Report on Internal Control Over Compliance

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

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

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

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

Schneider Downs & Co., Inc.

Pittsburgh, Pennsylvania
March 26, 2018

PARTNER4WORK

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

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements:

Type of auditors' report issued: Unmodified

Internal control over financial reporting:
Material weakness(es) identified? _____ yes X no

Significant deficiency(ies) identified? _____ yes X none reported

Noncompliance material to financial statements noted? _____ yes X no

Federal Awards:

Internal control over major federal programs:
Material weakness(es) identified? _____ yes X no

Significant deficiency(ies) identified? _____ yes X none reported

Type of auditors' report on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? _____ yes X no

Identification of major federal programs:

<u>CFDA Numbers</u>	<u>Name of Federal Program or Cluster</u>
17.258, 17.259, 17.278	WIA/WIOA Cluster

Dollar threshold used to distinguish between Type A and Type B programs: \$750,000

Auditee qualified as low-risk auditee? _____ yes X no

See independent auditors' report on compliance.

PARTNER4WORK

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

(Continued)

SECTION II - FINANCIAL STATEMENT FINDINGS

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

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

SECTION III - FEDERAL AWARDS FINDINGS AND QUESTIONED COSTS

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

There were no reportable matters.

See independent auditors' report on compliance.

PARTNER4WORK

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

<u>Finding Number</u>	<u>Finding</u>	<u>Status</u>
-----------------------	----------------	---------------

There were no prior-year audit findings.

See independent auditors' report on compliance.

[This Page Intentionally Left Blank.]

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2017

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

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRWIB, INC.		D Employer identification number 25-1898851	
	Doing business as PARTNER4WORK		E Telephone number 412-552-7090	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 650 SMITHFIELD STREET 2600		G Gross receipts \$ 16,335,863.	
	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15222		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: RAYMOND F. HERRON 650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.PARTNER4WORK.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2001** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,671,041.	16,332,779.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,449.	3,084.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,674,490.	16,335,863.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,590,101.	1,856,904.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,584,269.	14,794,201.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,174,370.	16,651,105.	
19 Revenue less expenses. Subtract line 18 from line 12	500,120.	-315,242.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,722,480.	6,410,270.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,989,609.	3,992,641.
		2,732,871.	2,417,629.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	RAYMOND F. HERRON, CHIEF FINANCIAL OFFICER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	EUGENE J. LOGAN	EUGENE J. LOGAN	
	Firm's name	Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
	SCHNEIDER DOWNS & CO., INC.	25-1408703	P00227231
	Firm's address	Phone no.	
	ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222	(412) 261-3644	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PARTNER4WORK MEETS THE NEEDS OF BUSINESSES AND JOB SEEKERS BY ANNUALLY CONNECTING MORE THAN 6,000 EMPLOYERS WITH TALENT; TRAINING AND PLACING MORE THAN 20,000 JOB SEEKERS; AND EXPOSING 1,000 YOUTH TO CAREER OPPORTUNITIES. WE LEAD THE DEVELOPMENT, INTEGRATION AND IMPLEMENTATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,144,973. including grants of \$) (Revenue \$) LEADING THE PUBLIC WORKFORCE SYSTEM:

ESTABLISHED BY THE WORKFORCE INVESTMENT ACT OF 1998, REAUTHORIZED BY THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, AND NATIONALLY RECOGNIZED FOR INNOVATION, 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 \$ 3,046,830. including grants of \$) (Revenue \$) INNOVATIVE INITIATIVES:

LEARN AND EARN - LEARN AND EARN IS A \$4.5 MILLION SUMMER YOUTH EMPLOYMENT PROGRAM DELIVERED IN CONJUNCTION WITH THE CITY OF PITTSBURGH AND ALLEGHENY COUNTY. IT AIMS TO SET YOUNG PEOPLE ON THE PATH TO A SUCCESSFUL FUTURE THROUGH A 6-WEEK, PAID SUMMER EMPLOYMENT PROGRAM. YOUNG PEOPLE 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 \$ 263,288. including grants of \$) (Revenue \$) PITTSBURGH WORKS:

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.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,455,091.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for line numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-rows for various IRS forms and reporting requirements.

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

Section 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 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.		
	1a 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **RAYMOND F. HERRON, CPA - 412-552-7092**
650 SMITHFIELD STREET, NO. 2600, PITTSBURGH, PA 15222

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICH BARCASKEY DIRECTOR	0.90 0.10	X						0.	0.	0.
(2) JOSEPH G. BELECHAK DIRECTOR	0.90 0.10	X						0.	0.	0.
(3) DONALD G. BLOCK DIRECTOR	0.90 0.10	X						0.	0.	0.
(4) DR. QUINTIN BULLOCK DIRECTOR	0.90 0.10	X						0.	0.	0.
(5) DEBRA CAPLAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(6) DON CHARLTON DIRECTOR	0.90 0.10	X						0.	0.	0.
(7) MARC CHERNA DIRECTOR	0.90 0.10	X						0.	0.	0.
(8) MARY FRANCES COOPER DIRECTOR	0.90 0.10	X						0.	0.	0.
(9) DAVID A. COPLAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(10) ANN DUGAN DIRECTOR	0.90 0.10	X						0.	0.	0.
(11) MELISSA FERRARO DIRECTOR (ENTERED 12/16)	0.90 0.10	X						0.	0.	0.
(12) JASON FINCKE DIRECTOR (EXITED 3/17)	0.90 0.10	X						0.	0.	0.
(13) LAURA FISHER DIRECTOR	0.90 0.10	X						0.	0.	0.
(14) IKE GLITTLIN DIRECTOR	0.90 0.10	X						0.	0.	0.
(15) RON GDOVIC DIRECTOR (EXITED 10/16)	0.90 0.10	X						0.	0.	0.
(16) DR. LINDA HIPPERT DIRECTOR	0.90 0.10	X						0.	0.	0.
(17) RAZI IMAM DIRECTOR (EXITED 10/16)	0.90 0.10	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCI KATONA DIRECTOR	0.90 0.10	X						0.	0.	0.
(19) LISA KUZMA DIRECTOR	0.90 0.10	X						0.	0.	0.
(20) JEFF NOBERS DIRECTOR (ENTERED 4/17)	0.90 0.10	X						0.	0.	0.
(21) STEVE NOLDER DIRECTOR	0.90 0.10	X						0.	0.	0.
(22) STEVE MASSARO DIRECTOR (ENTERED 4/17)	0.90 0.10	X						0.	0.	0.
(23) SCOTT PIPITONE DIRECTOR	0.90 0.10	X						0.	0.	0.
(24) JOSHUA POLLARD DIRECTOR (ENTERED 4/17)	0.90 0.10	X						0.	0.	0.
(25) BETH POWERS DIRECTOR	0.90 0.10	X						0.	0.	0.
(26) DAVID SCHLOSSER DIRECTOR (ENTERED 7/16)	0.90 0.10	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								466,141.	0.	85,279.
d Total (add lines 1b and 1c)								466,141.	0.	85,279.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Jack Shea, Latrenda Leonard Sherrill, Craig Stambaugh, Dr. Nancy Washington, Mark Latterner, Laura Ellsworth, Ed Hartman, Jessica Trybus, Stefani Pashman, Raymond Herron, Martino McCrae, and Vera Krofcheck.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	15,527,644.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	805,135.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		16,332,779.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,084.			3,084.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			16,335,863.	0.	0.	3,084.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,593,805.	1	2,347,732.
	2 Savings and temporary cash investments	289,448.	2	289,523.
	3 Pledges and grants receivable, net	458,753.	3	0.
	4 Accounts receivable, net	4,177,304.	4	3,591,919.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	89,660.	9	90,483.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 128,450.		
	b Less: accumulated depreciation	10b 37,837.	0.	10c 90,613.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	113,510.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,722,480.	16	6,410,270.	
Liabilities	17 Accounts payable and accrued expenses	3,989,609.	17	3,965,273.
	18 Grants payable		18	
	19 Deferred revenue		19	27,368.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 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		25	
	26 Total liabilities. Add lines 17 through 25	3,989,609.	26	3,992,641.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	897,065.	27	801,932.
	28 Temporarily restricted net assets	1,835,806.	28	1,615,697.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,732,871.	33	2,417,629.	
34 Total liabilities and net assets/fund balances	6,722,480.	34	6,410,270.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,335,863.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,651,105.
3	Revenue less expenses. Subtract line 2 from line 1	3	-315,242.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,732,871.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,417,629.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						58,719,381.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9,935,681.	10,053,260.	8,726,620.	13,671,041.	16,332,779.	58,719,381.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,784.	3,205.	2,465.	3,449.	3,084.	14,987.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			2,168.			2,168.
11 Total support. Add lines 7 through 10						58,736,536.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section 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.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

Section 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.	Yes	No
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>9,863,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,601,182.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>718,264.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>347,112.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		128,450.	37,837.	90,613.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				90,613.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART X, LINE 2:

TRWIB, INC. AND RWC-SWPA ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC. THE ORGANIZATIONS ARE NOT CLASSIFIED AS PRIVATE FOUNDATIONS.

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

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 2014.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TRWIB, INC.

Employer identification number
25-1898851

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEFANI PASHMAN CEO	(i)	171,917.	0.	0.	8,596.	19,589.	200,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTINO MCCRAE COO	(i)	125,000.	0.	0.	6,250.	19,589.	150,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

TRWIB, INC.

Employer identification number

25-1898851

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

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

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

OF A WORLD-CLASS WORKFORCE DEVELOPMENT SYSTEM FOR PITTSBURGH AND
ALLEGHENY COUNTY

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

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) (2016)

632211 08-25-16

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

IN PITTSBURGH, CNI CURRENTLY TAKES PLACE IN TWO PUBLIC HOUSING PROPERTIES, EAST LIBERTY GARDENS AND HAMILTON LARIMER. WE CONTRACT WITH UNITED LABOR AGENCY TO OFFER ONSITE CAREERLINK SERVICES THAT PROVIDE INTENSIVE WORKFORCE SERVICES TO THE FAMILIES IN THESE COMMUNITIES. AS A RESULT OF THESE EFFORTS, NEIGHBORHOOD RESIDENTS HAVE FOUND FULL-TIME EMPLOYMENT, AND SEVERAL TEENS RECEIVED PAID WORK EXPERIENCE THROUGH THE

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

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

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

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

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

AS OF DECEMBER 16, 2016 THE BYLAWS HAVE BEEN REVISED AND INCLUDE THE FOLLOWING SIGNIFICANT CHANGES:

- TRWIB WILL BE DOING BUSINESS AS PARTNER4WORK
- THE CHAIR MUST BE A MEMBER OF THE BUSINESS COMMUNITY

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

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

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

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

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPROVES, AND ANNUALLY REVIEWS, THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ARE AVAILABLE ON SITE BY REQUEST.

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

PARTNER4WORK DID NOT CHANGE THEIR OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

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

UNRESTRICTED PORTION: \$-95,133

TEMPORARILY RESTRICTED: \$-220,109

TOTAL: \$-315,268

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
REGIONAL WORKFORCE COLLABORATIVE - SWPA - 20-1967716, 650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA 15222	WORKFORCE DEVELOPMENT	PENNSYLVANIA	501(C)(3)	7	TRWIB, INC.	X	

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

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

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

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

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

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

	Yes	No
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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

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

Lined area for supplemental information.