

May 13, 2019

Mr. Raymond F. Herron  
Chief Financial Officer  
Regional Workforce Collaborative – SWPA  
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 Regional Workforce Collaborative - SWPA for the year ended June 30, 2018:

Form 990-EZ - Short Form Return of Organization Exempt From Income Tax  
BCO-10 - Pennsylvania Charitable Organization Registration Statement  
BCO-23 - Pennsylvania Public Disclosure Form

Your Form 990-EZ 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, 2019 via fax at (412) 697-5050 or pdf e-mail attachment to ([sdEfile@schneiderdowns.com](mailto: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 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-EZ, Short Form 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-EZ. The public disclosure copy should be provided upon request by third party requestors.

May 13, 2019  
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

CWK/mbj  
Ref.: 25168-24001  
Enclosures

# TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

JUNE 30, 2018

<b>Prepared for</b>	REGIONAL WORKFORCE COLLABORATIVE - SWPA 650 SMITHFIELD STREET NO. 2600 PITTSBURGH, PA 15222
<b>Prepared by</b>	SCHNEIDER DOWNS & CO., INC. ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	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 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**REGIONAL WORKFORCE COLLABORATIVE - SWPA**

**20-1967716**

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.

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

### 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 2017 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 2017 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 2017 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 2017 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** (2017)

723051 10-11-17

# Short Form Return of Organization Exempt From Income Tax

# 2017

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

<b>A</b> For the 2017 calendar year, or tax year beginning <b>JUL 1, 2017</b> and ending <b>JUN 30, 2018</b>																															
<b>B</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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>REGIONAL WORKFORCE COLLABORATIVE - SWPA</b></td> <td><b>D</b> Employer identification number <b>20-1967716</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>650 SMITHFIELD STREET</b></td> <td><b>2600</b></td> </tr> <tr> <td colspan="3">City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td colspan="3"><b>PITTSBURGH, PA 15222</b></td> </tr> <tr> <td colspan="2"><b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____</td> <td><b>E</b> Telephone number <b>412-552-7090</b></td> </tr> <tr> <td colspan="2"><b>I</b> Website: ▶ <b>N/A</b></td> <td><b>F</b> Group Exemption Number ▶ _____</td> </tr> <tr> <td colspan="2"><b>J</b> Tax-exempt status (check only one) — <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</td> <td><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</td> </tr> <tr> <td colspan="3"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____</td> </tr> <tr> <td colspan="3"><b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>5.</b></td> </tr> </table>	<b>C</b> Name of organization <b>REGIONAL WORKFORCE COLLABORATIVE - SWPA</b>		<b>D</b> Employer identification number <b>20-1967716</b>	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	<b>650 SMITHFIELD STREET</b>		<b>2600</b>	City or town, state or province, country, and ZIP or foreign postal code			<b>PITTSBURGH, PA 15222</b>			<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		<b>E</b> Telephone number <b>412-552-7090</b>	<b>I</b> Website: ▶ <b>N/A</b>		<b>F</b> Group Exemption Number ▶ _____	<b>J</b> Tax-exempt status (check only one) — <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		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>5.</b>		
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income <span style="float: right;">SEE SCHEDULE O</span>	<b>4</b>	<b>5.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	<b>9</b>	<b>5.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 ▶	<b>17</b>	<b>0.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>5.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>22,979.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>0.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	<b>21</b>	<b>22,984.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22 22,979.	22 22,984.
23 Land and buildings	23	23
24 Other assets (describe in Schedule O)	24	24
25 Total assets	25 22,979.	25 22,984.
26 Total liabilities (describe in Schedule O)	26 0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 22,979.	27 22,984.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <b>SEE SCHEDULE O</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WILL ALLEN DIRECTOR (ENTERED 09/2017)	0.10	0.	0.	0.
RICH BARCASKEY DIRECTOR	0.10	0.	0.	0.
JOSEPH G. BELECHAK DIRECTOR	0.10	0.	0.	0.
NATALIE BELL DIRECTOR (ENTERED 01/2018)	0.10	0.	0.	0.
DONALD G. BLOCK DIRECTOR	0.10	0.	0.	0.
DR. QUINTIN BULLOCK DIRECTOR	0.10	0.	0.	0.
DEBRA CAPLAN DIRECTOR (EXITED 10/2017)	0.10	0.	0.	0.
DON CHARLTON DIRECTOR (EXITED 02/2018)	0.10	0.	0.	0.
MARC CHERNA DIRECTOR	0.10	0.	0.	0.
MARY FRANCES COOPER DIRECTOR	0.10	0.	0.	0.
DAVID A. COPLAN DIRECTOR	0.10	0.	0.	0.
ANN DUGAN DIRECTOR	0.10	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed PA
42a The organization's books are in care of RAYMOND F. HERRON, CPA Telephone no. 412-552-7090
Located at 650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA ZIP + 4 15222
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States?
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>46</b>	<b>X</b>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b> If "Yes," was the related organization a section 527 organization? .....	<input type="checkbox"/>	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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** Date: \_\_\_\_\_

Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>EUGENE LOGAN</b>	<b>EUGENE LOGAN</b>			<b>P00227231</b>
	Firm's name <b>▶ SCHNEIDER DOWNS &amp; CO., INC.</b>	Firm's EIN <b>▶ 25-1408703</b>		Phone no. <b>(412) 261-3644</b>	
	Firm's address <b>▶ ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **REGIONAL WORKFORCE COLLABORATIVE - SWPA** Employer identification number **20-1967716**

**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 ..... 1
  - 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		
PARTNER4WORK	25-1898851	7	X		0.	0.
<b>Total</b>					0.	0.

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> 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>	X	
<b>2</b> 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>		X
<b>3a</b> 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>		X
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		X
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		X
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		X
<b>7</b> 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>		X
<b>8</b> 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>		X
<b>9a</b> 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>		X
<b>b</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>		X
<b>c</b> 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>		X
<b>10a</b> 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>		X
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		X
<b>b</b> A family member of a person described in (a) above?		X
<b>c</b> 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.		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>	X	
<b>2</b> 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.		
<b>2</b>		X

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>3a</b>		
<b>b</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.		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017





**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization <b>REGIONAL WORKFORCE COLLABORATIVE - SWPA</b>	Employer identification number <b>20-1967716</b>
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**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<b>DESCRIPTION OF PROPERTY:</b>	<b>AMOUNT:</b>
<b>INTEREST INCOME</b>	<b>5.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE POLICY GUIDANCE, TECHNICAL ASSISTANCE, AND PROGRAM OVERSIGHT FOR THE CITY OF PITTSBURGH AND ALLEGHENY COUNTY, AND TO ASSIST IN THE ECONOMIC DEVELOPMENT OF SOUTHWESTERN PA REGION.**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**  
**THE REGIONAL WORKFORCE COLLABORATIVE STRIVES TO CREATE AND PROMOTE AN INTEGRATED AND ACCOUNTABLE WORKFORCE DEVELOPMENT SYSTEM FOR SOUTHWESTERN PA TO ENSURE THE NEEDS OF JOB SEEKERS AND EMPLOYERS ARE MET.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**  
**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**  
**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Name of the organization

REGIONAL WORKFORCE COLLABORATIVE - SWPA

Employer identification number

20-1967716

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MELISSA FERRARO DIRECTOR	0.10	0.	0.	0.
LAURA FISHER DIRECTOR (EXITED 01/2018)	0.10	0.	0.	0.
IKE GITTLEN DIRECTOR	0.10	0.	0.	0.
DR. LINDA HIPPERT DIRECTOR	0.10	0.	0.	0.
DARRIN KELLY DIRECTOR (ENTERED 01/2018)	0.10	0.	0.	0.
LISA KUZMA DIRECTOR	0.10	0.	0.	0.
MAJESTIC LANE DIRECTOR (ENTERED 09/2017)	0.10	0.	0.	0.
CAITLIN MCLAUGHLIN DIRECTOR (ENTERED 09/2017)	0.10	0.	0.	0.
STEVE MASSARO DIRECTOR	0.10	0.	0.	0.
JEFF NOBERS DIRECTOR	0.10	0.	0.	0.
STEVE NOLDER DIRECTOR	0.10	0.	0.	0.
SCOTT PIPITONE DIRECTOR	0.10	0.	0.	0.
JOSHUA POLLARD DIRECTOR	0.10	0.	0.	0.
BETH POWERS DIRECTOR	0.10	0.	0.	0.
JACK SHEA DIRECTOR (EXITED 12/2017)	0.10	0.	0.	0.
CRAIG STAMBAUGH DIRECTOR (EXITED 12/2017)	0.10	0.	0.	0.
DR. NANCY WASHINGTON DIRECTOR	0.10	0.	0.	0.
MARK LATTERNER CHAIR	0.10	0.	0.	0.
LAURA ELLSWORTH VICE CHAIR (EXITED 09/2017)	0.10	0.	0.	0.
DAVID SCHLOSSER, DIRECTOR (THRU 9/17) VICE CHAIR (AS OF 09/2017)	0.10	0.	0.	0.
ED HARTMAN TREASURER	0.10	0.	0.	0.
JESSICA TRYBUS SECRETARY	0.10	0.	0.	0.
STEFANI PASHMAN CEO (EXITED 09/2017)	0.10	0.	0.	0.
MARCI KATONA DIRECTOR	0.10	0.	0.	0.
EARL BUFORD CEO (ENTERED 06/2018)	0.10	0.	0.	0.
RAYMOND HERRON CFO	0.10	0.	0.	0.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>REGIONAL WORKFORCE COLLABORATIVE - SWPA</b>	Employer identification number (EIN) or <b>20-1967716</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>650 SMITHFIELD STREET, NO. 2600</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PITTSBURGH, PA 15222</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**RAYMOND F. HERRON, CPA**

• The books are in the care of ▶ **650 SMITHFIELD STREET, SUITE 2600 - PITTSBURGH, PA 15222**  
Telephone No. ▶ **412-552-7090** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2018

<b>Prepared for</b>	REGIONAL WORKFORCE COLLABORATIVE - SWPA 650 SMITHFIELD STREET NO. 2600 PITTSBURGH, PA 15222
<b>Prepared by</b>	SCHNEIDER DOWNS & CO., INC. ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222
<b>Amount due or refund</b>	BALANCE DUE OF \$15.00
<b>Make check payable to</b>	COMMONWEALTH OF PENNSYLVANIA
<b>Mail tax return and check (if applicable) to</b>	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120
<b>Return must be mailed on or before</b>	MAY 15, 2019
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY TWO AUTHORIZED INDIVIDUALS.  A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990-EZ (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Mail to:

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

See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

# Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 32458  
(N/A if initial registration)

Fiscal year ended: 06/30/2018  
MM DD YYYY

FEIN: 20-1967716

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: REGIONAL WORKFORCE COLLABORATIVE - SWPA

Check if name change and give previous name \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_

3. Contact person: RAYMOND F. HERRON Contact's E-mail: RHERRON@PARTNER4WORK.ORG

4. Physical address of organization: \_\_\_\_\_ Mailing address: (If different than physical) \_\_\_\_\_

650 SMITHFIELD STREET, NO. 2600

PITTSBURGH

PA 15222

County: ALLEGHENY

Phone number: 412-552-7090

800 number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email (if different than Contact's email): \_\_\_\_\_

Website: N/A

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):  
CORPORATION

Where established: PITTSBURGH, PA

Date established:\* 08/18/2004

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

REGIONAL WORKFORCE COLLABORATIVE - SWPA

- 6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

PARTNER4WORK

650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA 15222

412-552-7090

- 7. Short form registration applicability - Specified types of charitable organizations described in 162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

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

8. Date organization first solicited contributions from Pennsylvania residents: \_\_\_\_\_  
MM DD YYYY  
Other \_\_\_\_\_

9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.  
\_\_\_\_\_  
MM DD YYYY  
Other \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

REGIONAL WORKFORCE COLLABORATIVE - SWPA

10. Has the organization been granted IRS tax-exempt status?  Yes  No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified?  Yes  No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?  Yes  No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

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

NO SOLICITATION ACTIVITIES WERE CONDUCTED DURING THE YEAR.

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

TO CARRY OUT THE ORGANIZATION'S OBLIGATIONS IN COMPLIANCE WITH THE WORKFORCE INVESTMENT ACT OF 1998, AND TO ADDRESS OTHER POLICY MATTERS AS THEY RELATE TO WORKFORCE DEVELOPMENT.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes  No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.)  Yes  No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: \_\_\_\_\_  
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

N/A

REGIONAL WORKFORCE COLLABORATIVE - SWPA

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

N/A

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- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

N/A

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- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization")  Yes  No  Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

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- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes  No  Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

\_\_\_\_\_  
Legal name of parent organization

\_\_\_\_\_  
Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 1

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REGIONAL WORKFORCE COLLABORATIVE - SWPA

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

NO SOLICITATION ACTIVITIES WERE CONDUCTED DURING THE YEAR.

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS - SEE STATEMENT 2

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS - SEE STATEMENT 2

D. Are responsible for custody of financial records:

RAYMOND F. HERRON, CPA

650 SMITHFIELD STREET, SUITE 2600 PITTSBURGH, PA 15681

23. 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 officers, agents or employees of any supplier or vendor providing goods or services? \*\*  Yes  No

\*\* (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?  Yes  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 or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?  Yes  No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

REGIONAL WORKFORCE COLLABORATIVE - SWPA

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

**I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).**

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

**RAYMOND F. HERRON, CHIEF FINANCIAL OFFICER**

Type or print name and title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Other Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

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FORM BCO-10                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT                      1

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NAME AND ADDRESSTITLE

WILL ALLEN  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

DIRECTOR (ENTERED 09/2017)

NAME AND ADDRESSTITLE

RICH BARCASKEY  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESSTITLE

JOSEPH G. BELECHAK  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESSTITLE

NATALIE BELL  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

DIRECTOR (ENTERED 01/2018)

NAME AND ADDRESSTITLE

DONALD G. BLOCK  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESSTITLE

DR. QUINTIN BULLOCK  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

DIRECTOR

NAME AND ADDRESSTITLE

DEBRA CAPLAN  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

DIRECTOR (EXITED 10/2017)

NAME AND ADDRESSTITLE

DON CHARLTON  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

DIRECTOR (EXITED 02/2018)

NAME AND ADDRESS  
 MARC CHERNA  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR

NAME AND ADDRESS  
 MARY FRANCES COOPER  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR

NAME AND ADDRESS  
 DAVID A. COPLAN  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR

NAME AND ADDRESS  
 ANN DUGAN  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR

NAME AND ADDRESS  
 MELISSA FERRARO  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR

NAME AND ADDRESS  
 LAURA FISHER  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR (EXITED 01/2018)

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 IKE GITTLEN  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
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NAME AND ADDRESS  
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 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR (ENTERED 01/2018)

NAME AND ADDRESS  
LISA KUZMA  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

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NAME AND ADDRESS  
MAJESTIC LANE  
650 SMITHFIELD STREET  
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CAITLIN MCLAUGHLIN  
650 SMITHFIELD STREET  
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STEVE NOLDER  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

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NAME AND ADDRESS  
SCOTT PIPITONE  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

TITLE  
DIRECTOR

NAME AND ADDRESS  
JOSHUA POLLARD  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

TITLE  
DIRECTOR

NAME AND ADDRESS  
BETH POWERS  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

TITLE  
DIRECTOR

NAME AND ADDRESS  
 JACK SHEA  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR (EXITED 12/2017)

NAME AND ADDRESS  
 CRAIG STAMBAUGH  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR (EXITED 12/2017)

NAME AND ADDRESS  
 DR.NANCY WASHINGTON  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 DIRECTOR

NAME AND ADDRESS  
 MARK LATERNER  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 CHAIR

NAME AND ADDRESS  
 LAURA ELLSWORTH  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 VICE CHAIR (EXITED 09/2017)

NAME AND ADDRESS  
 DAVID SCHLOSSER, DIRECTOR (THRU 9/17)  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 VICE CHAIR (AS OF 09/2017)

NAME AND ADDRESS  
 ED HARTMAN  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 TREASURER

NAME AND ADDRESS  
 JESSICA TRYBUS  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 SECRETARY

NAME AND ADDRESS  
 STEFANI PASHMAN  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA 15222

TITLE  
 CEO (EXITED 09/2017)

NAME AND ADDRESS

MARCI KATONA  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

TITLE

DIRECTOR

NAME AND ADDRESS

EARL BUFORD  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

TITLE

CEO (ENTERED 06/2018)

NAME AND ADDRESS

RAYMOND HERRON  
650 SMITHFIELD STREET  
PITTSBURGH, PA 15222

TITLE

CFO

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME: <u>REGIONAL WORKFORCE COLLABORATIVE - SWPA</u>
CERTIFICATE NUMBER: <u>32458</u> FOR FISCAL YEAR ENDED: <u>06/30/2018</u>

**Part I: Gross Contributions**

1) General Contributions	1	0.
2) Gross Receipts from Special Events	2	0.
3) Contributions from Affiliates	3	0.
4) Contributions Received from Federated Fundraising Organizations	4	0.
5) Receipts from Membership Dues in Excess of Bona Fide Dues	5	0.
<b>6) Gross Contributions (add lines 1 through 5)</b>	→ 6	<b>0.</b>

**Part II: Other Income**

7) Program Service Revenues	7	0.
8) Bona Fide Membership Dues and Assessments	8	0.
9) Government Grants and Contracts	9	0.
10) Miscellaneous Income	10	5.
<b>11) Total Income (add lines 6 through 10)</b>	→ 11	<b>5.</b>

**Part III: Expenses**

12) Program Services	12	0.
13) Administrative Expenses	13	0.
14) Fundraising Expenses	14	0.
15) Payments to Affiliated Organizations	15	0.
16) Other Expenses from Special Events (other than fundraising expenses)	16	0.
17) Miscellaneous Expenses	17	0.
<b>18) Total Expenses (add lines 12 through 17)</b>	→ 18	<b>0.</b>

**Part IV: Net Assets**

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19	5.
20) Net Assets or Fund Balances at Beginning of Year	20	22,979.
21) Other Changes in Net Assets or Fund Balances (attach explanation)	21	0.
<b>22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)</b>	→ 22	<b>22,984.</b>

(See Next Page for "Salaries and Expense Allowance Statement")



**SALARIES AND EXPENSE ALLOWANCE STATEMENT**

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
--------------------	--	--------	--------------------------------------

Five Highest Paid Employees:

1.			
2.			
3.			
4.			
5.			

Officers:


PARTNER4WORK  
Pittsburgh, Pennsylvania

Consolidated Financial Statements  
and  
Supplementary Information and Reporting Under  
*Government Auditing Standards* and the Uniform Guidance  
For the years ended June 30, 2018 and 2017

and Independent Auditors' Report Thereon



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## CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITORS' REPORT	1
CONSOLIDATED FINANCIAL STATEMENTS	
Consolidated Statements of Financial Position, June 30, 2018 and 2017	3
Consolidated Statements for the years ended June 30, 2018 and 2017:	
Activities and Changes in Net Assets	4
Cash Flows	5
Notes to Consolidated Financial Statements	6
SUPPLEMENTARY INFORMATION	
Consolidating Statements of Financial Position, June 30, 2018 and 2017	13
Consolidating Statements of Activities and Changes in Net Assets for the years ended June 30, 2018 and 2017	15
Consolidated Schedule of Functional Expenses for the year ended June 30, 2018 (with comparative totals for the year ended June 30, 2017)	17
Detail of Consolidated Schedule of Functional Expenses for the years ended June 30, 2018 and 2017	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, 2018	25
Notes to the Schedule of Expenditures of Federal Awards for the year ended June 30, 2018	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, 2018	31
Schedule of Prior Audit Findings for the year ended June 30, 2018	33



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## 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, 2018 and 2017, 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 (U.S. GAAP); 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.  
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An Association of  
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***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, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. GAAP.

***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 29, 2019 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, 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 29, 2019

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CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

	June 30	
	<u>2018</u>	<u>2017</u>
<b>ASSETS</b>		
Cash and cash equivalents - unrestricted	\$ 1,381,823	\$ 1,054,511
Cash and cash equivalents - restricted	871,890	1,605,723
	<u>2,253,713</u>	<u>2,660,234</u>
Contractual revenue receivable	8,614,670	3,591,919
Furniture and computer software, net	89,765	90,613
Other assets	38,580	90,483
	<u>38,580</u>	<u>90,483</u>
Total Assets	<u><u>\$ 10,996,728</u></u>	<u><u>\$ 6,433,249</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Due to subrecipients	\$ 3,997,241	\$ 3,784,894
Accounts payable	202,292	115,697
Accrued liabilities	163,204	92,050
	<u>163,204</u>	<u>92,050</u>
Total Liabilities	4,362,737	3,992,641
<b>NET ASSETS</b>		
Unrestricted	787,082	824,911
Temporarily restricted	5,846,909	1,615,697
	<u>5,846,909</u>	<u>1,615,697</u>
Total Net Assets	<u>6,633,991</u>	<u>2,440,608</u>
Total Liabilities And Net Assets	<u><u>\$ 10,996,728</u></u>	<u><u>\$ 6,433,249</u></u>

See notes to consolidated financial statements.

PARTNER4WORK

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS  
FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

	2018			2017		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>Revenue and other support:</b>						
Public funds/government grants	\$ 15,911,487	\$ 6,968,289	\$ 22,879,776	\$ 15,527,644	-	\$ 15,527,644
Foundation and private contributions	576	1,274,294	1,274,870	-	\$ 804,272	804,272
Interest income	3,651	-	3,651	3,084	-	3,084
Other income	4,232	-	4,232	863	-	863
Net assets released from restrictions	4,011,371	(4,011,371)	-	1,024,381	(1,024,381)	-
<b>Total Revenue And Other Support</b>	<b>19,931,317</b>	<b>4,231,212</b>	<b>24,162,529</b>	<b>16,555,972</b>	<b>(220,109)</b>	<b>16,335,863</b>
<b>Expenses:</b>						
Management and general	1,380,829	-	1,380,829	1,158,203	-	1,158,203
Fundraising	11,773	-	11,773	-	-	-
Program services	18,531,884	-	18,531,884	15,455,091	-	15,455,091
<b>Total Expenses</b>	<b>19,924,486</b>	<b>-</b>	<b>19,924,486</b>	<b>16,613,294</b>	<b>-</b>	<b>16,613,294</b>
<b>Changes In Net Assets Before Depreciation</b>	<b>6,831</b>	<b>4,231,212</b>	<b>4,238,043</b>	<b>(57,322)</b>	<b>(220,109)</b>	<b>(277,431)</b>
<b>Depreciation</b>	<b>44,660</b>	<b>-</b>	<b>44,660</b>	<b>37,837</b>	<b>-</b>	<b>37,837</b>
<b>Changes In Net Assets</b>	<b>(37,829)</b>	<b>4,231,212</b>	<b>4,193,383</b>	<b>(95,159)</b>	<b>(220,109)</b>	<b>(315,268)</b>
<b>NET ASSETS</b>						
Beginning of year	824,911	1,615,697	2,440,608	920,070	1,835,806	2,755,876
End of year	<u>\$ 787,082</u>	<u>\$ 5,846,909</u>	<u>\$ 6,633,991</u>	<u>\$ 824,911</u>	<u>\$ 1,615,697</u>	<u>\$ 2,440,608</u>

See notes to consolidated financial statements.

PARTNER4WORK

CONSOLIDATED STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Changes in net assets	\$ 4,193,383	\$ (315,268)
Adjustments to reconcile changes in net assets to net cash (used in) provided by operating activities:		
Depreciation expense	44,660	37,837
Changes in assets and liabilities:		
Contractual revenue receivable	(5,022,751)	1,044,137
Other assets	51,903	(823)
Due to subrecipients	212,347	102,127
Accounts payable and accrued liabilities	157,749	(99,095)
Net Cash (Used In) Provided By Operating Activities	<u>(362,709)</u>	<u>768,915</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of computer software	<u>(43,812)</u>	<u>(14,940)</u>
Net (Decrease) Increase In Cash, Cash Equivalents And Restricted Cash	(406,521)	753,975
<b>CASH, CASH EQUIVALENTS AND RESTRICTED CASH</b>		
Beginning of year	<u>2,660,234</u>	<u>1,906,259</u>
End of year	<u>\$ 2,253,713</u>	<u>\$ 2,660,234</u>

See notes to consolidated financial statements.



PARTNER4WORK  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

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, 2018 and 2017.

**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 CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Restricted and Unrestricted Revenue and Other Support - Contributions and grants received are recorded as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions. Contractual revenue results from billings to various agencies for reimbursement of costs incurred during the operation of the programs related to its mission. 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 statements of activities as net assets released from restrictions.

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, 2018 and 2017, 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.

Furniture and Computer Software - Purchases of furniture and 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 assets ranging from 3 to 7 years. Depreciation expense for the years ended June 30, 2018 and 2017 was \$44,660 and \$37,837, respectively.

Fair Value Measurement - The Fair Value Measurement topic of the Accounting Standards Codification (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 CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

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) 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 2015.

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, ASU 2016-14:

- 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 CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

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 ASU 2016-14 will have on its consolidated financial statements.

In May 2014, the FASB issued ASU No. 2014-09 Revenue for Contract with Customers (ASU 2014-09), which changes accounting guidance related to revenue recognition. This new standard will replace all current U.S. GAAP 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 2014-09 will have on its consolidated financial statements.

In June 2018, the FASB issued ASU No. 2018-08 Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (ASU 2018-08), to clarify and improve the scope and accounting guidance for contributions received and contributions made. The amendments in ASU 2018-08 should assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958 Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. ASU 2018-08 is effective for transactions in which the entity serves as the resource recipient for annual periods beginning after December 15, 2018. For transactions in which the entity serves as the resource provider, ASU 2018-08 is effective for annual periods beginning after December 15, 2019. The Organization is currently evaluating the impact ASU 2018-08 will have on its consolidated financial statements.

PARTNER4WORK  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

In February 2016, the FASB issued ASU No. 2016-02 Leases (Topic 842) (ASU 2016-02), which requires a lessee to recognize a liability to make lease payments (lease liability) and a right-of-use asset representing its right to use the underlying asset for the lease term initially measured at the present value of the lease payments. The lessee should also include payments to be made on an optional lease extension if it is reasonably certain that the extension will be exercised when measuring the asset and liability. Companies will be permitted to make an accounting policy election to not recognize leases with a term of 12 months or less. ASU 2016-02 is effective for annual reporting periods beginning after December 15, 2019. Early application is permitted. The Organization is assessing the impact that ASU 2016-02 will have on its consolidated financial statements and related disclosures.

Subsequent Events - Management has evaluated subsequent events and transactions for potential recognition or disclosure through March 29, 2019, the date on which the consolidated financial statements were available to be issued.

NOTE 3 - RESTRICTIONS ON NET ASSETS

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

	<u>2018</u>	<u>2017</u>
Learn and Earn	\$ 2,294,632	\$ 435,806
EARN Program	797,750	-
Pittsburgh Works	272,546	344,163
Sector Strategies	238,260	62,211
Regional Workforce Strategies	169,660	90,340
Place Based Strategies	163,523	91,861
CEO Search	75,000	-
	<u>\$ 4,011,371</u>	<u>\$ 1,024,381</u>

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

	<u>2018</u>	<u>2017</u>
EARN Program	\$ 3,124,073	-
Learn and Earn	2,223,929	\$ 856,725
Place Based Strategies	214,566	28,088
Pittsburgh Works	129,566	357,112
Sector Strategies	115,851	204,112
Regional Workforce Strategies	38,924	169,660
	<u>\$ 5,846,909</u>	<u>\$ 1,615,697</u>

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

NOTE 4 - LEASES

The Organization leases two separate office spaces located at 650 Smithfield Street, Pittsburgh, Pennsylvania. These lease agreement runs through July 31, 2019 and August 31, 2022. The total rent expense for the years ended June 30, 2018 and 2017 was \$101,849 and \$112,153, respectively.

On October 17, 2018, the Organization amended its operating lease agreement providing an additional floor of office space at 650 Smithfield Street, Pittsburgh, Pennsylvania. The amended rent schedule, which includes the additional space leased, will commence October 15, 2018 and expires August 31, 2022.

Approximate future minimum lease payments are as follows:

<u>Fiscal Year</u> <u>Ending June 30</u>	<u>Amount</u> <u>Committed at</u> <u>June 30, 2018</u>	<u>Impact of</u> <u>Subsequent</u> <u>Event</u>	<u>Total</u>
2019	\$ 132,000	\$ 60,000	\$ 192,000
2020	127,000	82,000	209,000
2021	130,000	85,000	215,000
2022	134,000	87,000	221,000
2023	<u>23,000</u>	<u>15,000</u>	<u>38,000</u>
	<u>\$ 546,000</u>	<u>\$ 329,000</u>	<u>\$ 875,000</u>

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 \$65,187 and \$52,773 for the years ended June 30, 2018 and 2017, 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.

PARTNER4WORK  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

NOTE 7 - FEDERAL GRANTS

The Organization has been awarded federal grants and recognized grant revenue of approximately \$15,883,000 and \$13,294,000 in 2018 and 2017, 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.

NOTE 8 - COMMITMENTS AND CONTINGENCIES

The Organization is involved could become legal actions arising in the normal course of operations. In the opinion of the administration, after consultation of legal counsel, the ultimate disposition of any such matters will not have a material adverse effect on the Organization's consolidated financial position or results of operations.

**SUPPLEMENTARY INFORMATION**



PARTNER4WORK

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

JUNE 30, 2018

	<u>Partner4Work</u>	<u>RWC- SWPA</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>ASSETS</b>				
Cash and cash equivalents - unrestricted	\$ 1,358,839	\$ 22,984	-	\$ 1,381,823
Cash and cash equivalents - restricted	871,890	-	-	871,890
	<u>2,230,729</u>	<u>22,984</u>	<u>-</u>	<u>2,253,713</u>
Contractual revenue receivable	8,614,670	-	-	8,614,670
Furniture and computer software, net	89,765	-	-	89,765
Other assets	38,580	-	-	38,580
	<u>38,580</u>	<u>-</u>	<u>-</u>	<u>38,580</u>
 Total Assets	 <u>\$ 10,973,744</u>	 <u>\$ 22,984</u>	 <u>-</u>	 <u>\$ 10,996,728</u>
 <b>LIABILITIES AND NET ASSETS</b>				
<b>LIABILITIES</b>				
Due to subrecipients	\$ 3,997,241	-	-	\$ 3,997,241
Accounts payable	202,292	-	-	202,292
Accrued liabilities	163,204	-	-	163,204
	<u>163,204</u>	<u>-</u>	<u>-</u>	<u>163,204</u>
 Total Liabilities	 4,362,737	 -	 -	 4,362,737
 <b>NET ASSETS</b>				
Unrestricted	764,098	\$ 22,984	-	787,082
Temporarily restricted	5,846,909	-	-	5,846,909
	<u>5,846,909</u>	<u>-</u>	<u>-</u>	<u>5,846,909</u>
 Total Net Assets	 <u>6,611,007</u>	 <u>22,984</u>	 <u>-</u>	 <u>6,633,991</u>
 Total Liabilities And Net Assets	 <u>\$ 10,973,744</u>	 <u>\$ 22,984</u>	 <u>-</u>	 <u>\$ 10,996,728</u>

See independent auditors' report on supplementary information.

PARTNER4WORK

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

JUNE 30, 2017

	<u>Partner4Work</u>	<u>RWC- SWPA</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>ASSETS</b>				
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>-</u>	<u>2,660,234</u>
Contractual revenue receivable	3,591,919	-	-	3,591,919
Computer software	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>
 <b>LIABILITIES AND NET ASSETS</b>				
<b>LIABILITIES</b>				
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
 <b>NET ASSETS</b>				
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 information.

PARTNER4WORK

CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS  
FOR THE YEAR ENDED JUNE 30, 2018

	Partner4Work		RWC-SWPA		Eliminations	Consolidated
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted		
<b>REVENUE AND OTHER SUPPORT</b>						
Public funds/government grants	\$ 15,911,487	\$ 6,968,289	-	-	-	\$ 22,879,776
Foundation and private contributions	576	1,274,294	-	-	-	1,274,870
Interest income	3,646	-	\$ 5	-	-	3,651
Other income	4,232	-	-	-	-	4,232
Net assets released from restrictions	4,011,371	(4,011,371)	-	-	-	-
Total Revenue And Other Support	19,931,312	4,231,212	5	-	-	24,162,529
<b>EXPENSES</b>						
Management and general	1,380,829	-	-	-	-	1,380,829
Fundraising	11,773	-	-	-	-	11,773
Program services	18,531,884	-	-	-	-	18,531,884
Total Expenses	19,924,486	-	-	-	-	19,924,486
<b>Change In Net Assets</b>						
Before Depreciation	6,826	4,231,212	5	-	-	4,238,043
Depreciation	44,660	-	-	-	-	44,660
Change In Net Assets	(37,834)	4,231,212	5	-	-	4,193,383
<b>NET ASSETS</b>						
Beginning of year	801,932	1,615,697	22,979	-	-	2,440,608
End of year	\$ 764,098	\$ 5,846,909	\$ 22,984	-	-	\$ 6,633,991

See independent auditors' report on supplementary 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		
<b>REVENUE AND OTHER SUPPORT</b>						
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
<b>EXPENSES</b>						
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)
<b>NET ASSETS</b>						
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 information.

PARTNER4WORK

CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2018

(With Comparative Totals for the Year Ended June 30, 2017)

	Management	Fundraising	Program	Total	
	and General		Services	2018	2017
Project costs	-	-	\$ 16,814,667	\$ 16,814,667	\$ 14,007,977
Salaries, wages and benefits	\$ 885,774	\$ 11,773	1,338,388	2,235,935	1,856,904
Contracted services	90,279	-	233,859	324,138	123,673
Technology/network	66,152	-	62,159	128,311	82,764
Rent	97,088	-	5,530	102,618	112,153
Accounting	62,683	-	-	62,683	63,379
Travel	14,022	-	38,384	52,406	29,208
Equipment expense	29,817	-	3,356	33,173	44,205
Staff administration	25,417	-	304	25,721	16,517
Legal	7,981	-	16,774	24,755	32,896
Materials and supplies	21,928	-	1,188	23,116	46,299
Memberships	20,660	-	-	20,660	18,604
Meeting expense	10,384	-	9,311	19,695	31,491
Insurance	19,627	-	-	19,627	18,957
Telephone	19,070	-	-	19,070	13,987
Communication	7,698	-	7,964	15,662	88,785
Bank fees	1,684	-	-	1,684	2,524
Publications	565	-	-	565	1,340
Temporary service	-	-	-	-	21,631
	<u>\$ 1,380,829</u>	<u>\$ 11,773</u>	<u>\$ 18,531,884</u>	<u>\$ 19,924,486</u>	<u>\$ 16,613,294</u>

See independent auditors' report on supplementary information.

PARTNER4WORK

DETAIL OF CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED JUNE 30, 2018

	Program Services					
	Management and General	Fundraising	Workforce Innovation and Opportunity Act		Temporary Assistance for Needy Families	Ex- Offenders
			City of Pittsburgh	Allegheny County		
Project costs	-	-	\$ 3,237,299	\$ 4,102,236	\$ 5,804,573	\$ 315,418
Salaries, wages and benefits	\$ 885,774	\$ 11,773	290,435	278,626	220,158	13,808
Contracted services	90,279	-	30,699	15,703	3,054	123,418
Technology/network	66,152	-	15,703	-	13,000	-
Rent	97,088	-	-	-	-	-
Accounting	62,683	-	-	-	-	-
Travel	14,022	-	17,006	14,232	4,664	-
Equipment expense	29,817	-	-	-	-	-
Staff administration	25,417	-	-	-	-	-
Legal	7,981	-	25	25	1,248	-
Materials and supplies	21,928	-	-	-	-	-
Memberships	20,660	-	-	-	-	-
Meeting expense	10,384	-	2,046	2,697	1,346	-
Insurance	19,627	-	-	-	-	-
Telephone	19,070	-	-	-	-	-
Communication	7,698	-	175	175	34	-
Bank fees	1,684	-	-	-	-	-
Publications	565	-	-	-	-	-
	<u>\$ 1,380,829</u>	<u>\$ 11,773</u>	<u>\$ 3,593,388</u>	<u>\$ 4,413,694</u>	<u>\$ 6,048,077</u>	<u>\$ 452,644</u>

Program Services

Sector Strategies	Learn and Earn	Place Based Strategies	Pittsburgh Works	Regional Workforce	Program Services Total	Total
\$ 625,825	\$ 2,461,279	\$ 234,118	\$ 33,919	-	\$ 16,814,667	\$ 16,814,667
56,030	209,210	23,051	160,157	\$ 86,913	1,338,388	2,235,935
362	49,581	792	-	10,250	233,859	324,138
-	-	-	-	33,456	62,159	128,311
-	5,530	-	-	-	5,530	102,618
-	-	-	-	-	-	62,683
845	503	-	550	584	38,384	52,406
-	540	-	-	2,816	3,356	33,173
-	304	-	-	-	304	25,721
648	13,724	-	-	1,104	16,774	24,755
616	57	515	-	-	1,188	23,116
-	-	-	-	-	-	20,660
-	1,465	372	1,385	-	9,311	19,695
-	-	-	-	-	-	19,627
-	-	-	-	-	-	19,070
196	1,604	462	90	5,228	7,964	15,662
-	-	-	-	-	-	1,684
-	-	-	-	-	-	565
<u>\$ 684,522</u>	<u>\$ 2,743,797</u>	<u>\$ 259,310</u>	<u>\$ 196,101</u>	<u>\$ 140,351</u>	<u>\$ 18,531,884</u>	<u>\$ 19,924,486</u>

See independent auditors' report on supplementary information.

TRWIB, INC. AND AFFILIATE

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

	Program Services					
	Management and General	Fundraising	Workforce Innovation and Opportunity Act		Temporary Assistance for Needy Families	Ex- Offenders
			City of Pittsburgh	Allegheny County		
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 information.

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REPORTING UNDER *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE



Big Thinking. Personal Focus.

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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of TRWIB, Inc. and Affiliate d/b/a Partner4Work (Organization), which comprise the consolidated statement of financial position as of June 30, 2018 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 29, 2019.

***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.

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***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 29, 2019

PARTNER4WORK

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED JUNE 30, 2018

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	\$ 429,930	\$ 469,492
SubTotal Department Of Labor Direct Programs			429,930	469,492
WIA/WIOA Cluster				
Department of Labor Pass-Through Programs				
Pennsylvania Department of Labor and Industry				
WIA/WIOA Adult Program	17.258	095-16-3011	531,840	640,788
WIA/WIOA Adult Program	17.258	095-16-3001	74,363	75,128
WIA/WIOA Adult Program	17.258	095-16-3132	15,000	15,063
WIA/WIOA Adult Program	17.258	005-16-3011	748,801	854,849
WIA/WIOA Adult Program	17.258	005-17-3011	689,724	771,492
WIA/WIOA Adult Program	17.258	095-17-3011	631,814	751,127
WIA/WIOA Adult Program	17.258	095-17-3001	109,284	109,284
			2,800,826	3,217,731
WIA/WIOA Youth Activities	17.259	005-17-3301	945,643	1,093,130
WIA/WIOA Youth Activities	17.259	005-15-3342	121,217	145,746
WIA/WIOA Youth Activities	17.259	005-16-3301	190,525	351,730
WIA/WIOA Youth Activities	17.259	095-17-3301	670,327	826,266
			1,927,712	2,416,872
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-15-4155	-	16,231
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-17-4011	481,645	598,794
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-16-4151	23,799	23,799
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-16-4011	450,421	547,335
WIA/WIOA Dislocated Worker Formula Grants	17.278	095-16-4134	78,658	78,743
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-15-4155	-	27,912
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-15-4053	12,221	12,221
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-17-4151	78,075	78,075
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-17-4011	302,645	432,963
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-16-4151	25,000	25,000
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-16-4001	-	8,796
WIA/WIOA Dislocated Worker Formula Grants	17.278	005-16-4011	602,811	757,590
SubTotal WIA/WIOA Dislocated Worker Formula Grants			2,055,275	2,607,459
SubTotal WIA/WIOA Cluster			6,783,813	8,242,062
WIOA National Dislocated Worker Grants/ WIA National Emergency Grants	17.277	095-15-5100	-	314,563
Workforce Innovation Fund	17.283	005-15-2100	183,402	183,402
SubTotal Department Of Labor Pass-Through Programs			6,967,215	8,740,027
Total Department Of Labor			7,397,145	9,209,519

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, 2018

(Continued)

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Federal Expenditures
Department of Health and Human Services Pass-Through Programs				
Pennsylvania Department of Labor and Industry				
Temporary Assistance for Needy Families	93.558	410-005-8195	\$ 375,975	\$ 409,073
Temporary Assistance for Needy Families	93.558	410-007-8069	2,785,103	3,249,319
Temporary Assistance for Needy Families	93.558	005-17-3361	974,815	1,110,305
Temporary Assistance for Needy Families	93.558	005-16-3362	414,173	415,239
Temporary Assistance for Needy Families	93.558	005-16-3361	3,660	18,017
Temporary Assistance for Needy Families	93.558	095-17-3361	410,002	414,509
Temporary Assistance for Needy Families	93.558	095-16-3362	420,156	487,951
Temporary Assistance for Needy Families	93.558	095-16-3361	143,622	213,418
Total Department of Health and Human Services			<u>5,527,506</u>	<u>6,317,831</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	<u>237,641</u>	<u>238,361</u>
Corporation for National and Community Service Pass-Through Programs				
Jobs for the Future, Inc.				
Social Innovation Fund	94.019	14-048	<u>102,878</u>	<u>117,538</u>
Total Expenditures Of Federal Awards			<u>\$ 13,265,170</u>	<u>\$ 15,883,249</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, 2018

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, 2018. 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	\$ 22,879,776
Non-federal revenue	<u>(6,996,527)</u>
Total expenditures of federal awards	<u>\$ 15,883,249</u>



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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, 2018. 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***

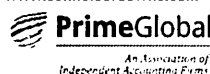
Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States 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, 2018.

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 combination 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 29, 2019

PARTNER4WORK

SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED JUNE 30, 2018

SECTION 1 - SUMMARY OF AUDITOR'S RESULTS

Financial Statements:

Type of report the auditor issued on whether the financial statements were prepared in accordance with accounting principles generally accepted in the United States of America:

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 notes

\_\_\_\_\_ yes   X   no

Federal Awards:

Internal control over major programs:  
Material weakness(es) identified?

\_\_\_\_\_ yes   X   no

Significant deficiency(ies) identified?

\_\_\_\_\_ yes   X   none reported

Type of auditor's report on compliance for major federal programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

\_\_\_\_\_ yes   X   no

Identification of major federal programs:

CFDA Numbers  
17.258, 17.259, 17.278

Name of Federal Program or Cluster  
WIA/WIOA Cluster

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

  X   yes \_\_\_\_\_ no

See independent auditors' report on compliance should be read with this schedule.

PARTNER4WORK

SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED JUNE 30, 2018

(Continued)

SECTION II - FINANCIAL STATEMENT FINDINGS

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

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

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

This section identifies the audit findings required to be reported by 2 CFR 200.516(a) (significant deficiencies, material weaknesses, material instances of noncompliance, including questioned costs and material abuse.)

There were no findings noted in the current year that are required to be reported in accordance with 2 CFR 200.516(a).

See independent auditors' report on compliance should be read with this schedule.

PARTNER4WORK

SCHEDULE OF PRIOR AUDIT FINDINGS  
FOR THE YEAR ENDED JUNE 30, 2018

<u>Finding Number</u>	<u>Finding</u>	<u>Status</u>
	There were no prior-year audit findings.	

See independent auditors' report on compliance.

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# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990-EZ PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING

JUNE 30, 2018

<b>Prepared for</b>	REGIONAL WORKFORCE COLLABORATIVE - SWPA 650 SMITHFIELD STREET NO. 2600 PITTSBURGH, PA 15222
<b>Prepared by</b>	SCHNEIDER DOWNS & CO., INC. ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES.



Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

# 2017

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning <b>JUL 1, 2017</b> and ending <b>JUN 30, 2018</b>	
<b>B</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	<b>C</b> Name of organization <b>REGIONAL WORKFORCE COLLABORATIVE - SWPA</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>650 SMITHFIELD STREET 2600</b> City or town, state or province, country, and ZIP or foreign postal code <b>PITTSBURGH, PA 15222</b>
<b>D</b> Employer identification number <b>20-1967716</b>	
<b>E</b> Telephone number <b>412-552-7090</b>	
<b>F</b> Group Exemption Number ▶	
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ▶ <b>N/A</b>	
<b>J</b> Tax-exempt status (check only one) — <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	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>5.</b>	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
	<b>1</b> Contributions, gifts, grants, and similar amounts received ..... <b>1</b>
	<b>2</b> Program service revenue including government fees and contracts ..... <b>2</b>
	<b>3</b> Membership dues and assessments ..... <b>3</b>
	<b>4</b> Investment income ..... <b>SEE SCHEDULE O</b> <b>4</b> <b>5.</b>
Revenue	<b>5a</b> Gross amount from sale of assets other than inventory ..... <b>5a</b>
	<b>b</b> Less: cost or other basis and sales expenses ..... <b>5b</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ..... <b>5c</b>
	<b>6</b> Gaming and fundraising events
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) ..... <b>6a</b>
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ..... <b>6b</b>
	<b>c</b> Less: direct expenses from gaming and fundraising events ..... <b>6c</b>
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) ..... <b>6d</b>
	<b>7a</b> Gross sales of inventory, less returns and allowances ..... <b>7a</b>
	<b>b</b> Less: cost of goods sold ..... <b>7b</b>
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ..... <b>7c</b>	
<b>8</b> Other revenue (describe in Schedule O) ..... <b>8</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ..... ▶ <b>9</b> <b>5.</b>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) ..... <b>10</b>
	<b>11</b> Benefits paid to or for members ..... <b>11</b>
	<b>12</b> Salaries, other compensation, and employee benefits ..... <b>12</b>
	<b>13</b> Professional fees and other payments to independent contractors ..... <b>13</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance ..... <b>14</b>
	<b>15</b> Printing, publications, postage, and shipping ..... <b>15</b>
	<b>16</b> Other expenses (describe in Schedule O) ..... <b>16</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 ..... ▶ <b>17</b> <b>0.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) ..... <b>18</b> <b>5.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ..... <b>19</b> <b>22,979.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) ..... <b>20</b> <b>0.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 ..... ▶ <b>21</b> <b>22,984.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22 22,979.	22 22,984.
23 Land and buildings	23	23
24 Other assets (describe in Schedule O)	24	24
25 Total assets	25 22,979.	25 22,984.
26 Total liabilities (describe in Schedule O)	26 0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 22,979.	27 22,984.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <b>SEE SCHEDULE O</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WILL ALLEN DIRECTOR (ENTERED 09/2017)	0.10	0.	0.	0.
RICH BARCASKEY DIRECTOR	0.10	0.	0.	0.
JOSEPH G. BELECHAK DIRECTOR	0.10	0.	0.	0.
NATALIE BELL DIRECTOR (ENTERED 01/2018)	0.10	0.	0.	0.
DONALD G. BLOCK DIRECTOR	0.10	0.	0.	0.
DR. QUINTIN BULLOCK DIRECTOR	0.10	0.	0.	0.
DEBRA CAPLAN DIRECTOR (EXITED 10/2017)	0.10	0.	0.	0.
DON CHARLTON DIRECTOR (EXITED 02/2018)	0.10	0.	0.	0.
MARC CHERNA DIRECTOR	0.10	0.	0.	0.
MARY FRANCES COOPER DIRECTOR	0.10	0.	0.	0.
DAVID A. COPLAN DIRECTOR	0.10	0.	0.	0.
ANN DUGAN DIRECTOR	0.10	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed PA
42a The organization's books are in care of RAYMOND F. HERRON, CPA Telephone no. 412-552-7090
Located at 650 SMITHFIELD STREET, SUITE 2600, PITTSBURGH, PA ZIP + 4 15222
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States?
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>46</b>	<b>X</b>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
	<b>49a</b>	<b>X</b>
	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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** Date: \_\_\_\_\_

Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>EUGENE LOGAN</b>	<b>EUGENE LOGAN</b>			<b>P00227231</b>
	Firm's name <b>▶ SCHNEIDER DOWNS &amp; CO., INC.</b>	Firm's EIN <b>▶ 25-1408703</b>		Phone no. <b>(412) 261-3644</b>	
	Firm's address <b>▶ ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 15222</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **REGIONAL WORKFORCE COLLABORATIVE - SWPA** Employer identification number **20-1967716**

**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 ..... 1
  - 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		
PARTNER4WORK	25-1898851	7	X		0.	0.
<b>Total</b>					0.	0.

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> 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>	X	
<b>2</b> 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>		X
<b>3a</b> 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>		X
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		X
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		X
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		X
<b>7</b> 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>		X
<b>8</b> 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>		X
<b>9a</b> 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>		X
<b>b</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>		X
<b>c</b> 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>		X
<b>10a</b> 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>		X
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		X
<b>b</b> A family member of a person described in (a) above?		X
<b>c</b> 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.		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.	X	
<b>2</b> 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.		X

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>b</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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization <b>REGIONAL WORKFORCE COLLABORATIVE - SWPA</b>	Employer identification number <b>20-1967716</b>
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**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<b>DESCRIPTION OF PROPERTY:</b>	<b>AMOUNT:</b>
<b>INTEREST INCOME</b>	<b>5.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE POLICY GUIDANCE, TECHNICAL ASSISTANCE, AND PROGRAM OVERSIGHT FOR THE CITY OF PITTSBURGH AND ALLEGHENY COUNTY, AND TO ASSIST IN THE ECONOMIC DEVELOPMENT OF SOUTHWESTERN PA REGION.**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
THE REGIONAL WORKFORCE COLLABORATIVE STRIVES TO CREATE AND PROMOTE AN INTEGRATED AND ACCOUNTABLE WORKFORCE DEVELOPMENT SYSTEM FOR SOUTHWESTERN PA TO ENSURE THE NEEDS OF JOB SEEKERS AND EMPLOYERS ARE MET.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Name of the organization

REGIONAL WORKFORCE COLLABORATIVE - SWPA

Employer identification number

20-1967716

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MELISSA FERRARO DIRECTOR	0.10	0.	0.	0.
LAURA FISHER DIRECTOR (EXITED 01/2018)	0.10	0.	0.	0.
IKE GITTLEN DIRECTOR	0.10	0.	0.	0.
DR. LINDA HIPPERT DIRECTOR	0.10	0.	0.	0.
DARRIN KELLY DIRECTOR (ENTERED 01/2018)	0.10	0.	0.	0.
LISA KUZMA DIRECTOR	0.10	0.	0.	0.
MAJESTIC LANE DIRECTOR (ENTERED 09/2017)	0.10	0.	0.	0.
CAITLIN MCLAUGHLIN DIRECTOR (ENTERED 09/2017)	0.10	0.	0.	0.
STEVE MASSARO DIRECTOR	0.10	0.	0.	0.
JEFF NOBERS DIRECTOR	0.10	0.	0.	0.
STEVE NOLDER DIRECTOR	0.10	0.	0.	0.
SCOTT PIPITONE DIRECTOR	0.10	0.	0.	0.
JOSHUA POLLARD DIRECTOR	0.10	0.	0.	0.
BETH POWERS DIRECTOR	0.10	0.	0.	0.
JACK SHEA DIRECTOR (EXITED 12/2017)	0.10	0.	0.	0.
CRAIG STAMBAUGH DIRECTOR (EXITED 12/2017)	0.10	0.	0.	0.
DR. NANCY WASHINGTON DIRECTOR	0.10	0.	0.	0.
MARK LATTERNER CHAIR	0.10	0.	0.	0.
LAURA ELLSWORTH VICE CHAIR (EXITED 09/2017)	0.10	0.	0.	0.
DAVID SCHLOSSER, DIRECTOR (THRU 9/17) VICE CHAIR (AS OF 09/2017)	0.10	0.	0.	0.
ED HARTMAN TREASURER	0.10	0.	0.	0.
JESSICA TRYBUS SECRETARY	0.10	0.	0.	0.
STEFANI PASHMAN CEO (EXITED 09/2017)	0.10	0.	0.	0.
MARCI KATONA DIRECTOR	0.10	0.	0.	0.
EARL BUFORD CEO (ENTERED 06/2018)	0.10	0.	0.	0.
RAYMOND HERRON CFO	0.10	0.	0.	0.