

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

TwispWorks Foundation

91-1927956

Name and title of officer or person subject to tax

Steve Kern
Treasurer

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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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 one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,433,758.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Cordell, Neher & Company, P.L.L.C.** to enter my PIN **27956**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

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.

91286311189

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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** (2020)

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

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TwispWorks Foundation		D Employer identification number 91-1927956
	Doing business as		E Telephone number (509) 997-3300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO Box 264		G Gross receipts \$ 1,434,009.
	City or town, state or province, country, and ZIP or foreign postal code Twisp, WA 98856		
F Name and address of principal officer: Perri Howard PO Box 1086, Twisp, WA 98856		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **www.TwispWorks.org**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1997** **M** State of legal domicile: **WA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To increase economic and cultural vitality in the Methow Valley. TwispWorks supports		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	27
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,532,290.	Current Year 1,037,705.
	9 Program service revenue (Part VIII, line 2g)	365,234.	360,311.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142.	45.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,361.	35,697.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,941,027.	1,433,758.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	72,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	318,480.	374,270.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,238.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	414,358.	440,258.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	732,838.	886,528.	
19 Revenue less expenses. Subtract line 18 from line 12	1,208,189.	547,230.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,503,456.	End of Year 4,092,576.
	21 Total liabilities (Part X, line 26)	345,561.	387,451.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,157,895.	3,705,125.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ Steve Kern, Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Jennifer Babcock, CPA				P01703260
Firm's name ▶ Cordell, Neher & Company, P.L.L.C.			Firm's EIN ▶ 91-0950793		
Firm's address ▶ P.O. Box 3068 Wenatchee, WA 98807-3068			Phone no. (509) 663-1661		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To increase economic and cultural vitality in the Methow Valley. TwispWorks supports businesses, non-profits, artists and makers and provides the community a vibrant and collaborative place to create.

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

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

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

4a (Code:) (Expenses \$ 344,131. including grants of \$) (Revenue \$) TwispWorks has revitalized and filled the former Twisp Ranger Station which has become a center for creative enterprise housing more than 40 businesses, non-profits, community organizations, artists and craftspeople on the 6.4 acre campus. They include an interpretive center for Native American and natural history, manufacturing and professional services companies, the MV School District's welding and automotive tech programs providing youth real-life skills in the trades, and art studios and gallery spaces. The campus features an outdoor community plaza, a splash pad, public art, a signature native plant garden, and a natural dye garden. We sponsor events, celebrations, classes and programs engaging residents and visitors.

4b (Code:) (Expenses \$ 311,999. including grants of \$ 72,000.) (Revenue \$) TwispWorks delivers programs, services and educational opportunities for individuals and businesses in the Methow Valley as well as programs promoting economic and cultural vitality. The Methow Made program helps over 60 local producers market and sell their goods in 10 retail locations. The Methow Investment Network has paired 80 community lenders with 15 local businesses seeking capital support, infusing over \$3.5M in the local economy since its inception in 2017. In 2020, we initiated direct outreach to over 535 businesses and established an emergency grant program in response to the COVID-19 pandemic. Our partnership with the Methow Valley School District provides dozens of youth internships for skills in sought after trades. TwispWorks is home to the district's Independent Learning Center (ILC), Little Star

4c (Code:) (Expenses \$ 94,394. including grants of \$) (Revenue \$) Winthrop Solar Project: In 2011 Winthrop residents and Okanogan County Electric Cooperative (OCEC) customers previously funded a community solar project located on Town of Winthrop land. Twisp Solar Project: In 2012 TwispWorks campus became host to the third installment of the Methow Valley's community solar project. These programs ended June 30, 2020, and the final solar incentive distributions were made on October 8, 2020. The Winthrop Solor Project equipment was turned over to the Town of Winthrop and the Twisp Solar Project equipment was turned over to the Twisp Public Development Authority as required by the project contracts.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 750,524.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
Anne Acheson - (509)997-3300
PO Box 264, Twisp, WA 98856

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Don Linnertz Executive Director	32.00			X			54,144.	0.	0.	
(2) Perri Howard President	5.00	X		X			0.	0.	0.	
(3) Rachel Hong Vice President	5.00	X		X			0.	0.	0.	
(4) Jim Salter Secretary	2.50	X		X			0.	0.	0.	
(5) Steve Kern Treasurer	4.00	X		X			0.	0.	0.	
(6) Susan Donahue Executive Committee Member	5.00	X		X			0.	0.	0.	
(7) Jane Gilbertsen Board Member	0.00	X					0.	0.	0.	
(8) Joanna Bastian Board Member	2.50	X					0.	0.	0.	
(9) Ken Young Board Member	2.50	X					0.	0.	0.	
(10) Phil Davis Board Member	2.50	X					0.	0.	0.	
(11) Char Alkire Board Member	2.50	X					0.	0.	0.	
(12) Anne Eckman Board Member	2.50	X					0.	0.	0.	
(13) Baylie Peplow Board Member	2.50	X					0.	0.	0.	
(14) Denny Weston Board Member	2.50	X					0.	0.	0.	
(15) Stu Spencer Board Member	2.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							54,144.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							54,144.	0.	0.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 1,037,705.					
	g Noncash contributions included in lines 1a-1f	1g \$ 178,390.					
	h Total. Add lines 1a-1f		1,037,705.				
Program Service Revenue	2 a <u>Mission related rental</u>	Business Code 531120	263,611.			263,611.	
	b <u>Twisp Solar Project</u>	221000	45,894.			45,894.	
	c <u>Winthrop Solar Project</u>	221000	32,014.			32,014.	
	d <u>MethowMade and Valley</u>	900099	18,792.			18,792.	
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		360,311.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		45.			45.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	17,152.			
			(ii) Personal				
			6b Less: rental expenses ...	251.			
	c Rental income or (loss)	6c	16,901.				
	d Net rental income or (loss)		16,901.	16,901.			
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			7b Less: cost or other basis and sales expenses				
			7c Gain or (loss)				
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
		8b Less: direct expenses					
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b Less: direct expenses					
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		10b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a <u>Other</u>	Business Code 900099	18,794.			18,794.	
	b <u>Miscellaneous</u>	221000	2.			2.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		18,796.				
12 Total revenue. See instructions		1,433,758.	16,901.	0.	379,152.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	72,000.	72,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	54,144.	26,658.	13,957.	13,529.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	247,470.	182,569.	35,475.	29,426.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	44,407.	30,837.	6,417.	7,153.
10 Payroll taxes	28,249.	19,729.	4,921.	3,599.
11 Fees for services (nonemployees):				
a Management				
b Legal	300.	300.		
c Accounting	1,200.		1,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	25,167.	20,567.	1,500.	3,100.
12 Advertising and promotion	7,282.	7,282.		
13 Office expenses	11,906.	4,555.	5,526.	1,825.
14 Information technology	11,642.	6,769.	3,820.	1,053.
15 Royalties				
16 Occupancy	94,569.	94,505.	64.	
17 Travel	874.	683.	44.	147.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	159.	80.	10.	69.
20 Interest	10,328.	10,328.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	115,362.	115,292.	70.	
23 Insurance	27,482.	25,393.	2,089.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Solar Incentive Payment	77,760.	77,760.		
b Repairs and Maintenance	43,303.	43,303.		
c Dues, Supplies, Taxes,	12,524.	11,514.	673.	337.
d Event Expense - Communi	400.	400.		
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	886,528.	750,524.	75,766.	60,238.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	57,192.	1	235,255.
	2 Savings and temporary cash investments	309,568.	2	356,591.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	998.	8	3,823.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,803,243.		
	b Less: accumulated depreciation	10b 394,727.	3,135,046.	10c 3,408,516.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	652.	15	88,391.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,503,456.	16	4,092,576.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	88,682.	22	
	23 Secured mortgages and notes payable to unrelated third parties	100,000.	23	299,949.
	24 Unsecured notes and loans payable to unrelated third parties	124,682.	24	32,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	32,197.	25	55,502.
	26 Total liabilities. Add lines 17 through 25	345,561.	26	387,451.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	152,815.	30	150,000.
	31 Retained earnings, endowment, accumulated income, or other funds	3,005,080.	31	3,555,125.
	32 Total net assets or fund balances	3,157,895.	32	3,705,125.
33 Total liabilities and net assets/fund balances	3,503,456.	33	4,092,576.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,433,758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	886,528.
3	Revenue less expenses. Subtract line 2 from line 1	3	547,230.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,157,895.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,705,125.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization TwispWorks Foundation	Employer identification number 91-1927956
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	535,088.	898,188.	764,490.	1532290.	1037705.	4767761.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	535,088.	898,188.	764,490.	1532290.	1037705.	4767761.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4767761.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	535,088.	898,188.	764,490.	1532290.	1037705.	4767761.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	141.	125.	155.	142.	44.	607.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4768368.
12 Gross receipts from related activities, etc. (see instructions)					12	377,212.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

TwispWorks Foundation

Employer identification number

91-1927956

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization TwispWorks Foundation	Employer identification number 91-1927956
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Philadelphia Foundation 1835 Market Street; Suite 2410 Philadelphia, PA 19103	\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Duncan Haas 1857 NW Roundhill Circle Seattle, WA 98177	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Moccasin Lake Foundation 1405 42nd Avenue East Seattle, WA 98112	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Carolanne Steinebach PO Box 873 Twisp, WA 98856	\$ 24,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Twisp Public Development Authority PO Box 517 Twisp, WA 98856	\$ 178,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TwispWorks Foundation	Employer identification number 91-1927956
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Commercial buildings _____ _____ _____	\$ 178,000.	12/31/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization TwispWorks Foundation	Employer identification number 91-1927956
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **TwispWorks Foundation** Employer identification number **91-1927956**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		261,686.		261,686.
b Buildings		3,533,617.	386,787.	3,146,830.
c Leasehold improvements				
d Equipment		7,940.	7,940.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,408,516.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Credit cards payable	6,202.
(3) Payroll taxes withheld	4,605.
(4) Retainage/security deposits	35,113.
(5) Sales tax payable	5,107.
(6) Accrued interest	1,719.
(7) Gift card liability	2,756.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	55,502.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **TwispWorks Foundation** Employer identification number **91-1927956**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3rd Avenue Salon PO Box 71 Twisp, WA 98856	53-9023927	N/A	1,500.	0.			COVID-19 assistance
Alison F Childers-Darwood PO Box 371 Winthrop, WA 98862	53-4946933	N/A	1,500.	0.			COVID-19 assistance
Alondra's Cleaning Service PO Box 543 Winthrop, WA 98862	61-1905180	N/A	1,500.	0.			COVID-19 assistance
Barnyard Theater LLC PO Box 327 Winthrop, WA 98862	47-3909579	N/A	1,500.	0.			COVID-19 assistance
Bear Creek Golf Course 30 Aspen Heights Dr Winthrop, WA 98862	82-4027583	N/A	1,500.	0.			COVID-19 assistance
Bella Luna Nostalgic Gownery PO Box 405 Twisp, WA 98856	53-8524393	N/A	1,500.	0.			COVID-19 assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 45.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Daily Business PO Box 552 Twisp, WA 98856	40-8554110	N/A	1,500.	0.			COVID-19 assistance
Diamond Patina 20396 Hwy 20, #A Twisp, WA 98856	53-7115739	N/A	1,500.	0.			COVID-19 assistance
Eqpd PO Box 253 Twisp, WA 98856	46-4386945	N/A	1,500.	0.			COVID-19 assistance
Fiber LLC 964C Twisp River Rd Twisp, WA 98856	83-0914222	N/A	1,500.	0.			COVID-19 assistance
French Quail 158 Riverside Ave Winthrop, WA 98862	20-4562819	N/A	1,500.	0.			COVID-19 assistance
Gathered PO Box 1286 Winthrop, WA 98862	81-4776184	N/A	1,500.	0.			COVID-19 assistance
Goldenhorn Enterprises PO Box 1185 Twisp, WA 98856	00-2645328	N/A	1,500.	0.			COVID-19 assistance
Idle a While PO Box 1338 Twisp, WA 98856	82-4395771	N/A	1,500.	0.			COVID-19 assistance
Kevin's Collision Repair, LLC PO Box 1009 Twisp, WA 98856	46-1487540	N/A	1,500.	0.			COVID-19 assistance

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
La Fonda Lopez PO Box 386 Twisp, WA 98856	96-5768515	N/A	1,500.	0.			COVID-19 assistance
Linwood Restaurant LLC PO Box 247 Winthrop, WA 98862	84-3409294	N/A	1,500.	0.			COVID-19 assistance
Mary Gray Personal Trainer PO Box 87 Winthrop, WA 98862	24-1842280	N/A	1,500.	0.			COVID-19 assistance
Merc Playhouse PO Box 425 Twisp, WA 98856	91-1891371	501(c)(3)	1,500.	0.			COVID-19 assistance
Methow Field Institute PO Box 771 Twisp, WA 98856	91-1626127	501(c)(3)	1,500.	0.			COVID-19 assistance
Methow Rafting PO Box 1161 Winthrop, WA 98862	83-4562372	N/A	1,500.	0.			COVID-19 assistance
Methow Valley Inn PO Box 668 Twisp, WA 98856	27-1633293	N/A	1,500.	0.			COVID-19 assistance
Methow Valley Jewelers Collective 10 Halyruud Dr. Twisp, WA 98856	50-7217105	N/A	1,500.	0.			COVID-19 assistance
Motive Yoga Co. 815 Main St Winthrop, WA 98862	81-2792056	N/A	1,500.	0.			COVID-19 assistance

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mount Gardner Massage PO Box 304 Winthrop, WA 98862	53-6929469	N/A	1,500.	0.			COVID-19 assistance
Mowen, Hayley PO Box 241 Twisp, WA 98856	53-9116159	N/A	1,500.	0.			COVID-19 assistance
Mt Gardner Inn PO Box 1173 Winthrop, WA 98862	82-3704106	N/A	1,500.	0.			COVID-19 assistance
MVCC PO Box 565 Twisp, WA 98856	91-1068585	501(c)(4)	1,500.	0.			COVID-19 assistance
Nectar Skin Bar & Boutique PO 424 Winthrop, WA 98862	84-2869176	N/A	1,500.	0.			COVID-19 assistance
North Cascades Mountain Hostel PO Box 1338 Winthrop, WA 98862	46-0593847	N/A	1,500.	0.			COVID-19 assistance
Old Schoolhouse Brewery PO Box 577 Winthrop, WA 98862	71-1049892	N/A	1,500.	0.			COVID-19 assistance
Oliver's Artisan Kitchen 341 Twin Lakes Rd. Winthrop, WA 98862	81-4082386	N/A	1,500.	0.			COVID-19 assistance
Retro Pony PO Box 434 Winthrop, WA 98862	46-2705663	N/A	1,500.	0.			COVID-19 assistance

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
River Run Inn 27 Rader Road Winthrop, WA 98862	20-2796384	N/A	1,500.	0.			COVID-19 assistance
Sunny Pine Farm 932A Twisp River Rd Twisp, WA 98856	47-3393515	N/A	1,500.	0.			COVID-19 assistance
Tappi PO Box 1275 Twisp, WA 98856	91-2107210	N/A	1,500.	0.			COVID-19 assistance
Terry's Appliance 19140 Hwy 20 Winthrop, WA 98862	26-2607494	N/A	1,500.	0.			COVID-19 assistance
The Floyd Company PO Box 655 Twisp, WA 98856	76-0774134	N/A	1,500.	0.			COVID-19 assistance
The Thrifty Fox PO Box 552 Carlton, WA 98814	60-4271465	N/A	1,500.	0.			COVID-19 assistance
True North Letterpress PO Box 1174 Twisp, WA 98856	48-4868988	N/A	1,500.	0.			COVID-19 assistance
Twisp River Inn Bed & Breakfast 894 Twisp River Rd Twisp, WA 98856	14-1686152	N/A	1,500.	0.			COVID-19 assistance
Twisp River Wellness PO Box 641 Twisp, WA 98856	26-1402410	N/A	1,500.	0.			COVID-19 assistance

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Valley Style PO Box 434 Twisp, WA 98856	60-2461302	N/A	1,500.	0.			COVID-19 assistance
Winthrop Gallery PO Box 272 Winthrop, WA 98862	26-0050898	N/A	1,500.	0.			COVID-19 assistance
Winthrop Guitar Studio PO Box 1316 Winthrop, WA 98862	46-7678583	N/A	1,500.	0.			COVID-19 assistance
Winthrop Ice & Sports Rink PO Box 1262 Winthrop, WA 98862	31-1676458	501(c)(3)	1,500.	0.			COVID-19 assistance
Winthrop Iron Horse LLC PO Box 3039 Winthrop, WA 98862	60-6229296	N/A	1,500.	0.			COVID-19 assistance
Yo Dog PO Box 187 Twisp, WA 98856	34-8788109	N/A	1,500.	0.			COVID-19 assistance

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Perri Howard	Board Member	4,057.	Board membe		X
HoJo Partners LLC	Craig Howard, Spous	6,385.	HoJo Partne		X
Black Cap Builders	Jim Salter, Board M	6,628.	Black Cap B		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Phil Davis

(b) Relationship with Organization: Board Member

(c) Purpose of Loan: Campus buildout

(d) Loan to or from organization? = To

(e) Original Principal Amount \$ 50,000. (f) Balance Due \$ 0.

(g) Loan in Default? = No

(h) Approved by Board or Committee? = Yes

(i) Written Agreement? = Yes

(a) Name of Person: Steve Kern

(b) Relationship with Organization: Board Member

(c) Purpose of Loan: Campus buildout

(d) Loan to or from organization? = To

(e) Original Principal Amount \$ 50,000. (f) Balance Due \$ 0.

(g) Loan in Default? = No

(h) Approved by Board or Committee? = Yes

(i) Written Agreement? = Yes

Sch L, Part IV, Business Transactions Involving Interested Persons:

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(a) Name of Person: Perri Howard

(d) Description of Transaction: Board member owns a business which leases studio space for \$595 per month plus utility reimbursement.

(a) Name of Person: HoJo Partners LLC

(b) Relationship Between Interested Person and Organization:

Craig Howard, Spouse of Board Member, co-owner

(d) Description of Transaction: HoJo Partners LLC leases a space for a total of \$533 per month plus utility reimbursements.

(a) Name of Person: Black Cap Builders

(b) Relationship Between Interested Person and Organization:

Jim Salter, Board Member, owner

(d) Description of Transaction: Black Cap Builders is a construction company that contracted services to the organization for various remodeling and improvement projects. Black Cap also leases office space from the organization.

.LIST 70 _ 3

jennifer@cnc CPA.com - 04/01/20 18:03 PM Worksheet Schedule L -

Transactions with Interested Persons

rent _ 7392

utilities _ 982

.LIST 75 _ 3

jennifer@cnc CPA.com - 04/01/20 18:03 PM Worksheet Schedule L -

Transactions with Interested Persons

rent _ 7268

utilities _ 662

.LIST 80 _ 4

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

jennifer@cnccpa.com - 04/01/20 18:04 PM Worksheet Schedule L -

Transactions with Interested Persons

rent 530

utilities 111

brewery 184261

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **TwispWorks Foundation** Employer identification number **91-1927956**

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded			
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial	X	1	178,000. Fair market value
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ()			
26	Other ()			
27	Other ()			
28	Other ()			

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

TwispWorks Foundation

Employer identification number

91-1927956

Form 990, Part I, Line 1, Description of Organization Mission:

businesses, non-profits, artists and makers and provides the community
a vibrant and collaborative place to create.

Form 990, Part III, Line 2, New Program Services:

The Small Business COVID Relief Program was undertaken during the year,
and granted a total of \$72,000 to local businesses impacted by the
COVID-19 pandemic.

Form 990, Part III, Line 3, Changes in Program Services:

The Winthrop and Twisp Community Solar projects ended June 30, 2020,
and final incentive distributions were made.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Montessori, the Methow Valley News newspaper and local radio station,
KTRT.

Form 990, Part VI, Section A, line 8b:

The Foundation has no committees authorized to act on behalf of the
governing board.

Form 990, Part VI, Section B, line 11b:

The TwispWorks board members and accountant review the tax return prior to
filing.

Form 990, Part VI, Section B, Line 12c:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization TwispWorks Foundation	Employer identification number 91-1927956
--	---

All board members and employees are required to fill out a conflict of interest disclosure form annually by January 31 of each calendar year.

Form 990, Part VI, Section C, Line 19:

Upon request

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
4	(D)Leasehold Improvements	12/31/05	SL	15.00	HY	17	4,257.				4,257.	4,118.		70.	4,188.
7	Awnings	11/01/14	SL	15.00	MC	17	3,675.				3,675.	1,256.		245.	1,501.
8	Green Room Renovation	11/01/14	SL	15.00	MC	17	10,128.				10,128.	3,459.		675.	4,134.
9	Landscaping - Entrance Park	11/01/14	SL	15.00	MC	17	26,749.				26,749.	9,138.		1,783.	10,921.
10	404/408 Lincoln - Shared Garage	06/30/14	SL	39.00	MM	17	4,060.				4,060.	576.		104.	680.
12	210 5th Ave	06/30/14	SL	39.00	MM	17	59,730.				59,730.	8,490.		1,532.	10,022.
14	214 5th Ave	06/30/14	SL	39.00	MM	17	66,897.				66,897.	9,504.		1,715.	11,219.
16	404 Lincoln	06/30/14	SL	39.00	MM	17	66,897.				66,897.	9,504.		1,715.	11,219.
18	408 Lincoln	06/30/14	SL	39.00	MM	17	62,119.				62,119.	8,828.		1,593.	10,421.
20	Bunkhouse	06/30/14	SL	39.00	MM	17	62,119.				62,119.	8,828.		1,593.	10,421.
22	Road Shop	06/30/14	SL	39.00	MM	17	71,676.				71,676.	10,186.		1,838.	12,024.
24	Tree Cooler	06/30/14	SL	39.00	MM	17	71,676.				71,676.	10,186.		1,838.	12,024.
26	N. Warehouse	06/30/14	SL	39.00	MM	17	38,227.				38,227.	5,431.		980.	6,411.
28	S. Warehouse	06/30/14	SL	39.00	MM	17	66,897.				66,897.	9,504.		1,715.	11,219.
30	W. Vehicle Bldg	06/30/14	SL	39.00	MM	17	11,946.				11,946.	1,696.		306.	2,002.
34	Conference Center	06/30/14	SL	39.00	MM	17	52,562.				52,562.	7,470.		1,348.	8,818.
36	Gateway Bldg	06/30/14	SL	39.00	MM	17	81,233.				81,233.	11,543.		2,083.	13,626.

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	Way Finding, Interpretive & Building Signage	06/30/15	SL	15.00		HY17	12,696.				12,696.	3,807.		846.	4,653.
38	Information Kiosk	06/30/15	SL	15.00		HY17	19,889.				19,889.	5,967.		1,326.	7,293.
39	Landscaping and Improvements	06/30/15	SL	15.00		HY17	12,485.				12,485.	3,744.		832.	4,576.
40	North Warehouse Renovation	05/31/15	SL	39.00		MM17	348,958.				348,958.	41,384.		8,948.	50,332.
41	Design Work (Entire Campus)	01/31/15	SL	15.00		HY17	10,483.				10,483.	3,145.		699.	3,844.
42	Bunkhouse Remodel	08/15/16	SL	39.00		MM17	17,267.				17,267.	1,495.		443.	1,938.
43	Gray Shed Renovation	05/15/16	SL	39.00		MM17	42,911.				42,911.	3,988.		1,100.	5,088.
44	Plumbing & Windows (Tree Cooler)	03/15/16	SL	15.00		HY17	5,393.				5,393.	1,260.		360.	1,620.
45	Generator - Community Plaza	05/01/16	SL	15.00		HY17	13,569.				13,569.	3,167.		905.	4,072.
46	Bunkhouse Basement Remodel	11/01/17	SL	39.00		MM17	8,588.				8,588.	468.		220.	688.
47	Community Plaza	05/01/17	SL	39.00		MM17	340,492.				340,492.	22,919.		8,731.	31,650.
48	West Shed Siding/Awning	11/01/17	SL	15.00		MC17	8,384.				8,384.	1,188.		559.	1,747.
49	Tree Cooler Remodel for Daycare	09/01/17	SL	39.00		MM17	155,482.				155,482.	9,137.		3,987.	13,124.
50	Catering Kitchen Facilities	05/01/17	SL	39.00		MM17	31,266.				31,266.	2,105.		802.	2,907.
51	Lookout Structure	09/01/17	SL	39.00		MM17	23,467.				23,467.	1,380.		602.	1,982.
52	S. Warehouse Brewery Remodel	06/01/17	SL	15.00		MC17	3,543.				3,543.	620.		236.	856.
53	N. Warehouse Ceramics Remodel	11/01/17	SL	15.00		MC17	2,678.				2,678.	380.		179.	559.
54	Connective Pathways (parking lot)	10/01/18	SL	15.00		MC17	455,172.				455,172.	34,032.		30,345.	64,377.

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	Trail signange	06/01/18	SL	15.00	MC17	28,405.				28,405.	3,078.		1,894.	4,972.
56	Brewery and Taproom	05/01/19	SL	39.00	MM17	657,994.				657,994.	10,545.		16,872.	27,417.
57	TW Shop Building	05/01/19	SL	39.00	MM17	66,637.				66,637.	1,068.		1,709.	2,777.
58	W Vehicle Building Remodel	11/01/19	SL	15.00	MC17	99,765.				99,765.	831.		6,651.	7,482.
59	S Vehicle Building Awning	12/01/19	SL	15.00	MC17	22,602.				22,602.	188.		1,507.	1,695.
60	Gray Shed/South Vehicle Building	12/31/20	SL	39.00	MM19I	178,000.				178,000.			190.	190.
61	408 Lincoln classroom remodel	09/01/20	SL	15.00	MC19E	91,739.				91,739.			2,293.	2,293.
62	408 Lincoln garage classroom remodel	12/01/20	SL	15.00	MC19E	23,215.				23,215.			193.	193.
63	S Vehicle woodworking studio remodel	05/01/20	SL	15.00	MC19E	30,026.				30,026.			1,251.	1,251.
64	Taproom trim out	12/01/20	SL	15.00	MC19E	65,922.				65,922.			549.	549.
	* 990 Page 10 Total Buildings					3,537,876.				3,537,876.	275,613.		115,362.	390,975.
	Machinery & Equipment													
3	(D)Office Equipment	05/27/03	200DB	7.00	HY17	8,787.				8,787.	8,787.		0.	8,787.
6	2006 Chevy Silverado	06/30/14	SL	5.00	MC17	7,940.				7,940.	7,940.		0.	7,940.
	* 990 Page 10 Total Machinery & Equipment					16,727.				16,727.	16,727.		0.	16,727.
	Land													
11	210 5th Ave - Land	06/30/14	L			21,520.				21,520.			0.	
13	214 5th Ave - Land	06/30/14	L			24,103.				24,103.			0.	

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
15	404 Lincoln - Land	06/30/14	L				24,103.				24,103.			0.	
17	408 Lincoln - Land	06/30/14	L				22,381.				22,381.			0.	
19	Bunkhouse - Land	06/30/14	L				22,381.				22,381.			0.	
21	Road Shop - Land	06/30/14	L				25,824.				25,824.			0.	
23	Tree Cooler - Land	06/30/14	L				25,824.				25,824.			0.	
25	N. Warehouse - Land	06/30/14	L				13,773.				13,773.			0.	
27	S. Warehouse - Land	06/30/14	L				24,103.				24,103.			0.	
29	W. Vehicle Bldg - Land	06/30/14	L				4,304.				4,304.			0.	
31	N. Vehicle Bldg - Land	06/30/14	L				5,165.				5,165.			0.	
33	Conference Center - Land	06/30/14	L				18,938.				18,938.			0.	
35	Gateway Bldg - Land	06/30/14	L				29,267.				29,267.			0.	
	* 990 Page 10 Total Land						261,686.				261,686.	0.		0.	0.
	Program Services														
1	(D)WCS Solar Project 2012	03/12/12	200DB	7.00		HY17	274.			137.	137.	137.		0.	137.
2	(D)TCS Solar Project 2012	08/06/12	200DB	7.00		HY17	218,255.			109,128.	109,127.	109,127.		0.	109,127.
5	(D)WCS Solar Project 2011	07/19/11	200DB	7.00		HY17	194,430.			194,430.				0.	
	* 990 Page 10 Total Program Services						412,959.			303,695.	109,264.	109,264.		0.	109,264.
	* Grand Total 990 Page 10 Depr						4,229,248.			303,695.	3,925,553.	401,604.		115,362.	516,966.

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

TwispWorks Foundation

Form 990 Page 10

91-1927956

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,040,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	110,886.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		210,902.	15 Yrs.	MQ	SL	4,286.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	12 /20	178,000.	39 yrs.	MM	S/L	190.
	/			MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	115,362.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - TwispWorks Foundation

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Buildings											
4	(D)Leasehold Improvements	123105	SL	15.00	17	4,257.			4,257.	4,118.		70.
7	Awnings	110114	SL	15.00	17	3,675.			3,675.	1,256.		245.
8	Green Room Renovation	110114	SL	15.00	17	10,128.			10,128.	3,459.		675.
9	Landscaping - Entrance Park	110114	SL	15.00	17	26,749.			26,749.	9,138.		1,783.
10	404/408 Lincoln - Shared Garage	063014	SL	39.00	17	4,060.			4,060.	576.		104.
12	210 5th Ave	063014	SL	39.00	17	59,730.			59,730.	8,490.		1,532.
14	214 5th Ave	063014	SL	39.00	17	66,897.			66,897.	9,504.		1,715.
16	404 Lincoln	063014	SL	39.00	17	66,897.			66,897.	9,504.		1,715.
18	408 Lincoln	063014	SL	39.00	17	62,119.			62,119.	8,828.		1,593.
20	Bunkhouse	063014	SL	39.00	17	62,119.			62,119.	8,828.		1,593.
22	Road Shop	063014	SL	39.00	17	71,676.			71,676.	10,186.		1,838.
24	Tree Cooler	063014	SL	39.00	17	71,676.			71,676.	10,186.		1,838.
26	N. Warehouse	063014	SL	39.00	17	38,227.			38,227.	5,431.		980.
28	S. Warehouse	063014	SL	39.00	17	66,897.			66,897.	9,504.		1,715.
30	W. Vehicle Bldg	063014	SL	39.00	17	11,946.			11,946.	1,696.		306.
34	Conference Center	063014	SL	39.00	17	52,562.			52,562.	7,470.		1,348.
36	Gateway Bldg	063014	SL	39.00	17	81,233.			81,233.	11,543.		2,083.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - TwispWorks Foundation

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	Way Finding, Interpretive & Buil	063015	SL	15.00	17	12,696.			12,696.	3,807.		846.
38	Information Kiosk	063015	SL	15.00	17	19,889.			19,889.	5,967.		1,326.
39	Landscaping and Improvements	063015	SL	15.00	17	12,485.			12,485.	3,744.		832.
40	North Warehouse Renovation	053115	SL	39.00	17	348,958.			348,958.	41,384.		8,948.
41	Design Work (Entire Campus)	013115	SL	15.00	17	10,483.			10,483.	3,145.		699.
42	Bunkhouse Remodel	081516	SL	39.00	17	17,267.			17,267.	1,495.		443.
43	Gray Shed Renovation	051516	SL	39.00	17	42,911.			42,911.	3,988.		1,100.
44	Plumbing & Windows (Tree Cooler)	031516	SL	15.00	17	5,393.			5,393.	1,260.		360.
45	Generator - Community Plaza	050116	SL	15.00	17	13,569.			13,569.	3,167.		905.
46	Bunkhouse Basement Remodel	110117	SL	39.00	17	8,588.			8,588.	468.		220.
47	Community Plaza	050117	SL	39.00	17	340,492.			340,492.	22,919.		8,731.
48	West Shed Siding/Awning	110117	SL	15.00	17	8,384.			8,384.	1,188.		559.
49	Tree Cooler Remodel for Daycare	090117	SL	39.00	17	155,482.			155,482.	9,137.		3,987.
50	Catering Kitchen Facilities	050117	SL	39.00	17	31,266.			31,266.	2,105.		802.
51	Lookout Structure	090117	SL	39.00	17	23,467.			23,467.	1,380.		602.
52	S. Warehouse Brewery Remodel	060117	SL	15.00	17	3,543.			3,543.	620.		236.
53	N. Warehouse Ceramics Remodel	110117	SL	15.00	17	2,678.			2,678.	380.		179.
54	Connective Pathways (parking lot)	100118	SL	15.00	17	455,172.			455,172.	34,032.		30,345.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - TwispWorks Foundation

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	Trail signange	060118	SL	15.00	17	28,405.			28,405.	3,078.		1,894.
56	Brewery and Taproom	050119	SL	39.00	17	657,994.			657,994.	10,545.		16,872.
57	TW Shop Building	050119	SL	39.00	17	66,637.			66,637.	1,068.		1,709.
58	W Vehicle Building Remodel	110119	SL	15.00	17	99,765.			99,765.	831.		6,651.
59	S Vehicle Building Awning	120119	SL	15.00	17	22,602.			22,602.	188.		1,507.
60	Gray Shed/South Vehicle Building	123120	SL	39.00	19I	178,000.			178,000.			190.
61	408 Lincoln classroom remodel	090120	SL	15.00	19E	91,739.			91,739.			2,293.
62	408 Lincoln garage classroom remodel	120120	SL	15.00	19E	23,215.			23,215.			193.
63	S Vehicle woodworking studio	050120	SL	15.00	19E	30,026.			30,026.			1,251.
64	Taproom trim out	120120	SL	15.00	19E	65,922.			65,922.			549.
	* 990 Page 10 Total Buildings					3537876.		0.	3537876.	275,613.		115,362.
	Machinery & Equipment											
3	(D)Office Equipment	052703	200DB	7.00	17	8,787.			8,787.	8,787.		0.
6	2006 Chevy Silverado	063014	SL	5.00	17	7,940.			7,940.	7,940.		0.
	* 990 Page 10 Total Machinery & Equipme					16,727.		0.	16,727.	16,727.		0.
	Land											
11	210 5th Ave - Land	063014	L			21,520.			21,520.			0.
13	214 5th Ave - Land	063014	L			24,103.			24,103.			0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - TwispWorks Foundation

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	404 Lincoln - Land	063014	L			24,103.			24,103.			0.
17	408 Lincoln - Land	063014	L			22,381.			22,381.			0.
19	Bunkhouse - Land	063014	L			22,381.			22,381.			0.
21	Road Shop - Land	063014	L			25,824.			25,824.			0.
23	Tree Cooler - Land	063014	L			25,824.			25,824.			0.
25	N. Warehouse - Land	063014	L			13,773.			13,773.			0.
27	S. Warehouse - Land	063014	L			24,103.			24,103.			0.
29	W. Vehicle Bldg - Land	063014	L			4,304.			4,304.			0.
31	N. Vehicle Bldg - Land	063014	L			5,165.			5,165.			0.
33	Conference Center - Land	063014	L			18,938.			18,938.			0.
35	Gateway Bldg - Land	063014	L			29,267.			29,267.			0.
	* 990 Page 10 Total Land					261,686.		0.	261,686.	0.		0.
	Program Services											
1	(D)WCS Solar Project 2012	031212	200DB	7.00	17	274.		137.	137.	137.		0.
2	(D)TCS Solar Project 2012	080612	200DB	7.00	17	218,255.		109,128.	109,127.	109,127.		0.
5	(D)WCS Solar Project 2011	071911	200DB	7.00	17	194,430.		194,430.				0.
	* 990 Page 10 Total Program Services					412,959.		303,695.	109,264.	109,264.		0.
	* Grand Total 990 Page 10 Depr					4229248.		303,695.	3925553.	401,604.		115,362.

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - TwispWorks Foundation

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	Buildings								
7	Awnings	110114	SL	15.00	3,675.		3,675.	1,501.	245.
8	Green Room Renovation	110114	SL	15.00	10,128.		10,128.	4,134.	675.
9	Landscaping - Entrance Park	110114	SL	15.00	26,749.		26,749.	10,921.	1,783.
10	404/408 Lincoln - Shared Garage	063014	SL	39.00	4,060.		4,060.	680.	104.
12	210 5th Ave	063014	SL	39.00	59,730.		59,730.	10,022.	1,532.
14	214 5th Ave	063014	SL	39.00	66,897.		66,897.	11,219.	1,715.
16	404 Lincoln	063014	SL	39.00	66,897.		66,897.	11,219.	1,715.
18	408 Lincoln	063014	SL	39.00	62,119.		62,119.	10,421.	1,593.
20	Bunkhouse	063014	SL	39.00	62,119.		62,119.	10,421.	1,593.
22	Road Shop	063014	SL	39.00	71,676.		71,676.	12,024.	1,838.
24	Tree Cooler	063014	SL	39.00	71,676.		71,676.	12,024.	1,838.
26	N. Warehouse	063014	SL	39.00	38,227.		38,227.	6,411.	980.
28	S. Warehouse	063014	SL	39.00	66,897.		66,897.	11,219.	1,715.
30	W. Vehicle Bldg	063014	SL	39.00	11,946.		11,946.	2,002.	306.
34	Conference Center	063014	SL	39.00	52,562.		52,562.	8,818.	1,348.
36	Gateway Bldg	063014	SL	39.00	81,233.		81,233.	13,626.	2,083.
	Way Finding, Interpretive & Building								
37	Signage	063015	SL	15.00	12,696.		12,696.	4,653.	846.
38	Information Kiosk	063015	SL	15.00	19,889.		19,889.	7,293.	1,326.
39	Landscaping and Improvements	063015	SL	15.00	12,485.		12,485.	4,576.	832.
40	North Warehouse Renovation	053115	SL	39.00	348,958.		348,958.	50,332.	8,948.
41	Design Work (Entire Campus)	013115	SL	15.00	10,483.		10,483.	3,844.	699.
42	Bunkhouse Remodel	081516	SL	39.00	17,267.		17,267.	1,938.	443.
43	Gray Shed Renovation	051516	SL	39.00	42,911.		42,911.	5,088.	1,100.
44	Plumbing & Windows (Tree Cooler)	031516	SL	15.00	5,393.		5,393.	1,620.	360.
45	Generator - Community Plaza	050116	SL	15.00	13,569.		13,569.	4,072.	905.
46	Bunkhouse Basement Remodel	110117	SL	39.00	8,588.		8,588.	688.	220.
47	Community Plaza	050117	SL	39.00	340,492.		340,492.	31,650.	8,731.
48	West Shed Siding/Awning	110117	SL	15.00	8,384.		8,384.	1,747.	559.
49	Tree Cooler Remodel for Daycare	090117	SL	39.00	155,482.		155,482.	13,124.	3,987.
50	Catering Kitchen Facilities	050117	SL	39.00	31,266.		31,266.	2,907.	802.
51	Lookout Structure	090117	SL	39.00	23,467.		23,467.	1,982.	602.
52	S. Warehouse Brewery Remodel	060117	SL	15.00	3,543.		3,543.	856.	236.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - TwispWorks Foundation

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
53	N. Warehouse Ceramics Remodel	110117	SL	15.00	2,678.		2,678.	559.	179.
54	Connective Pathways (parking lot)	100118	SL	15.00	455,172.		455,172.	64,377.	30,345.
55	Trail signange	060118	SL	15.00	28,405.		28,405.	4,972.	1,894.
56	Brewery and Taproom	050119	SL	39.00	657,994.		657,994.	27,417.	16,872.
57	TW Shop Building	050119	SL	39.00	66,637.		66,637.	2,777.	1,709.
58	W Vehicle Building Remodel	110119	SL	15.00	99,765.		99,765.	7,482.	6,651.
59	S Vehicle Building Awning	120119	SL	15.00	22,602.		22,602.	1,695.	1,507.
60	Gray Shed/South Vehicle Building	123120	SL	39.00	178,000.		178,000.	190.	4,564.
61	408 Lincoln classroom remodel	090120	SL	15.00	91,739.		91,739.	2,293.	6,116.
62	408 Lincoln garage classroom remodel	120120	SL	15.00	23,215.		23,215.	193.	1,548.
63	S Vehicle woodworking studio remodel	050120	SL	15.00	30,026.		30,026.	1,251.	2,002.
64	Taproom trim out	120120	SL	15.00	65,922.		65,922.	549.	4,395.
	* 990 Page 10 Total Buildings				3533619.		3533619.	386,787.	129,441.
	Machinery & Equipment								
6	2006 Chevy Silverado	063014	SL	5.00	7,940.		7,940.	7,940.	0.
	* 990 Page 10 Total Machinery & Equipment				7,940.		7,940.	7,940.	0.
	Land								
11	210 5th Ave - Land	063014	L		21,520.		21,520.		0.
13	214 5th Ave - Land	063014	L		24,103.		24,103.		0.
15	404 Lincoln - Land	063014	L		24,103.		24,103.		0.
17	408 Lincoln - Land	063014	L		22,381.		22,381.		0.
19	Bunkhouse - Land	063014	L		22,381.		22,381.		0.
21	Road Shop - Land	063014	L		25,824.		25,824.		0.
23	Tree Cooler - Land	063014	L		25,824.		25,824.		0.
25	N. Warehouse - Land	063014	L		13,773.		13,773.		0.
27	S. Warehouse - Land	063014	L		24,103.		24,103.		0.
29	W. Vehicle Bldg - Land	063014	L		4,304.		4,304.		0.
31	N. Vehicle Bldg - Land	063014	L		5,165.		5,165.		0.
33	Conference Center - Land	063014	L		18,938.		18,938.		0.
35	Gateway Bldg - Land	063014	L		29,267.		29,267.		0.
	* 990 Page 10 Total Land				261,686.		261,686.	0.	0.
	Program Services								
	* Grand Total 990 Page 10 Depr				3803245.		3803245.	394,727.	129,441.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone