Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



TWISPWORKS FOUNDATION PO BOX 264
TWISP, WA 98856

DEAR SARAH,

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. BY SIGNING THIS RETURN AS A REPRESENTATIVE OF THIS ENTITY YOU ATTEST, TO THE BEST OF YOUR KNOWLEDGE, THE INFORMATION PRESENTED IN THE RETURN IS COMPLETE AND ACCURATE. WE RECOMMEND YOU RETAIN THIS COPY INDEFINITELY.

BEST REGARDS,

JENNIFER BABCOCK, CPA

Phone: (509) 663-1661 or (800) 767-7725

Fax: (509) 665-6684 www.cnccpa.com

PO Box 3068 175 E. Penny Rd. Suite 1 Wenatchee, WA 98807-3068

IRS e-file Signature Authorization for a Tax Exempt Entity

		-	-	
calendar year 2021, or fiscal y	ear beginning	, 2021, and endin	ng	, 20

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

Internal R	Revenue Service	•	Go to www.irs.gov/Form8	879TE for the lat	test information.		
Name o			1 m T 0 1 7			EIN or SSN	7056
Nieron		ORKS FOUND				91-1927	956
name a	nd title of officer or p	,	DENNIS WESTIN TREASURER				
Part	I Type of	Return and Ret	urn Information				
Form 5 or 10a whiche	6330 filers may ente below, and the am ever is applicable, b ne line in Part I.	er dollars and cents. ount on that line for lank (do not enter -0	using this Form 8879-TE an For all other forms, enter wh the return being filed with thi). But, if you entered -0- on t	ole dollars only. It is form was blank he return, then er	f you check the box on like, then leave line 1b, 2b other -0- on the applicable	ine 1a, 2a, 3a, 4, 3b, 4b, 5b, 6b, e line below. Do	4a, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b, o not complete more
1a		here ▶ X	b Total revenue, if any (F				
2 a	Form 990-EZ ch	eck here	b Total revenue, if any (F				
3a	Form 1120-POL	· =	b Total tax (Form 1120-P				
4a	Form 990-PF che		b Tax based on investme				
5a	Form 8868 check		b Balance due (Form 886				
6a	Form 990-T chec		b Total tax (Form 990-T,				
7a	Form 4720 check		b Total tax (Form 4720, F				
8a	Form 5227 check		b FMV of assets at end of		i 5227, Item D)		
9a	Form 5330 check		b Tax due (Form 5330, Pa	, ,	'E 0000 OD D 1 III I		
10a Part	Form 8038-CP c		b Amount of credit payn ure Authorization of C			ine 22) 10 k	b
		<u> </u>					h . /
onaer of entit			I am an officer of the above	•		-	·
later th payme person PIN: cl	an 2 business days nt of taxes to recei al identification num heck one box only	s prior to the paymer ve confidential inforn mber (PIN) as my sig	count. To revoke a payment it (settlement) date. I also au nation necessary to answer i nature for the electronic retu	thorize the financ nquiries and reso rn and, if applical	ial institutions involved i lve issues related to the ble, the consent to elect	in the processing payment. I have ronic funds with	g of the electronic e selected a Idrawal.
	a l autnorize CC	жрепп, мен	ER & COMPANY, ERO firm name		το		inter five numbers, but
	with a state age on the return's As an officer or return. If I have	ency(ies) regulating c disclosure consent s person subject to ta indicated within this	1 electronically filed return. I harities as part of the IRS Fe	f I have indicated d/State program, will enter my PIN urn is being filed	I also authorize the afor I as my signature on the with a state agency(ies)	copy of the returnmentioned ERG e tax year 2021 e	do not enter all zeros urn is being filed O to enter my PIN electronically filed
Signature	e of officer or person subje	ect to tax				Date >	
Part	III Certifica	ation and Authe	ntication				
		our six-digit electroni y your five-digit self-s			91286311189 Do not enter all zeros		
submit			N, which is my signature on t equirements of Pub. 4163,				
ERO's s	signature COF	DELL, NEHE	R & COMPANY, P	.L.L.C.	Date ▶ <u>06/</u>	15/22	
			RO Must Retain This	Form - See I	nstructions		
			hmit This Form to the			So	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print TWISPWORKS FOUNDATION 91-1927956 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 264 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 98856 TWISP, WA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) ANNE ACHESON The books are in the care of ▶ PO BOX 264 - TWISP, WA 98856 Telephone No. ► (509)997-3300 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

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.

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2021 calendar year, or tax year beginning and	ending								
B c	heck if oplicable	C Name of organization		D Employer identific	cation number						
	Addres	TWISPWORKS FOUNDATION									
	Name change	Doing business as		91-19279	56						
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 264	Room/suite	E Telephone number (509)997							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,439,207.						
	Amende			H(a) Is this a group re							
	Applica			for subordinates							
	pending PO BOX 1086, TWISP, WA 98856 H(b) Are all subordinates included? Yes No										
ΙT	ax-exe	mpt status: $X = 501(c)(3)$ $= 501(c)($) \checkmark (insert no.) $= 4947(a)(1)($	or 527	If "No," attach a	list. See instructions						
		WWW.TWISPWORKS.ORG		H(c) Group exemption							
		organization: X Corporation	L Year		1 State of legal domicile; WA						
Pa		Summary		•							
	1 [Briefly describe the organization's mission or most significant activities: ${ m { t TO}} { m { t II}}$	NCREAS	E ECONOMIC A	AND						
Governance		CULTURAL VITALITY IN THE METHOW VALLEY. W									
'n	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.						
Ve	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	14						
	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	14						
Š		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			10						
/itie		otal number of volunteers (estimate if necessary)			76						
Activities		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
_	۱d	let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.						
				Prior Year	Current Year						
Ф	8 (Contributions and grants (Part VIII, line 1h)		1,037,705.	1,078,837.						
Revenue	9 F	Program service revenue (Part VIII, line 2g)		360,311.	329,464.						
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		45.	4,348.						
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,697.	24,646.						
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,433,758.	1,437,295.						
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		72,000.	61,750.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		374,270.	269,668.						
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.						
ă	b∃	otal fundraising expenses (Part IX, column (D), line 25)		440 050	400 074						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		440,258.	420,274.						
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		886,528.	751,692. 685,603.						
_ c		Revenue less expenses. Subtract line 18 from line 12		547,230.							
Net Assets or Fund Balances		7 L L (D . LV	Ве	ginning of Current Year 4,092,576.	End of Year						
Sse	20	otal assets (Part X, line 16)		387,451.	4,775,576. 377,501.						
let A	21 7	otal liabilities (Part X, line 26)		3,705,125.	4,398,075.						
Pa	22 N irt II	let assets or fund balances. Subtract line 21 from line 20		3,703,123.	4,390,073.						
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is						
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is						
,	0011000	L	non propuror	That any knowledge:							
Sigr	,	Signature of officer		Date							
Her		DENNIS WESTON, TREASURER									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid	ļ	JENNIFER BABCOCK, CPA JENNIFER BABCOCK	K, CP	6/15/22 if self-employ	P01703260						
		Firm's name CORDELL, NEHER & COMPANY, P.L.L.			91-0950793						
	se Only Firm's address P.O. BOX 3068										
		WENATCHEE, WA 98807-3068		Phone no. (5							
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No						

) (Revenue \$

Other program services (Describe on Schedule O.)

Total program service expenses ▶

including grants of \$

638,507.

Form 990 (2021) TWISPWORKS FOUNDATION 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f				x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Α.
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 7 4		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2021) TWISPWORKS FOUNDATION
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			,,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		21
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7-	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2021) TWISPWORKS FOUNDATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		7.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Page 6 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.

	to line ca, co, or real point, according the circumstances, proceedes, or charges on constant comments.							
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI				X			
Sec	tion A. Governing Body and Management			.,				
		14		Yes	No			
та	, , , , , , , , , , , , , , , , , , , ,							
	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 0.	14						
b	3	<u> </u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				Х			
•	officer, director, trustee, or key employee?	··	2					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_		х			
	of officers, directors, trustees, or key employees to a management company or other person?	··· ⊢	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	··· [5		X			
5	Diddle and in the control of the con							
6		·· ⊢'	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	-		х			
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	··	7a					
b	and the other than the answering had a	_	71.		х			
•	persons other than the governing body?	··	7b		Λ			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			X				
a	The governing body?	۔ ا	Ba _	Λ	Х			
b	Each committee with authority to act on behalf of the governing body?	8	3b		Λ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	Ι.	_		х			
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	3	9		Λ			
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	NIa			
100	Did the organization have local chapters, branches, or affiliates?	4	0a	res	No X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	·· -''	ua		- 25			
b			0b					
115	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	··· ⊢	1a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ia					
12a		4	2a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	··· ''	20					
·		4	2c	Х				
13	on Schedule O how this was done		13	X				
14		¨ Г.	14	X				
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	-	17					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
•	The organization's CEO, Executive Director, or top management official	4	5a		Х			
	Other officers or key employees of the organization		5b		X			
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	··	J.J					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
IUa		40	6a		Х			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	· -	Ua					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	40	6b					
Sec	tion C. Disclosure	<u> "</u>	OD					
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	1/3)s or	alv) a	vailak	ماد			
10	for public inspection. Indicate how you made these available. Check all that apply.	,,0,0 01	y, a	· · unal	210			
	Own website Another's website X 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 fir	nanci	ial				
19	statements available to the public during the tax year.	and III	iai IU	iai				
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
20	ANNE ACHESON - (509)997-3300							
	PO BOX 264, TWISP, WA 98856							

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week	box	, unles cer an	ss per ıd a d	son is	s both r/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	au l			ted		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	lual tr	tional		nploye	st con	_	1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DON LINNERTZ	32.00									
FORMER EXECUTIVE DIRECTOR				Х				47,640.	0.	0.
(2) SARAH BROWN	32.00									
EXECUTIVE DIRECTOR				Х				16,935.	0.	0.
(3) PERRI HOWARD	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) RACHEL HONG	5.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) JIM SALTER	2.50	l								
BOARD MEMBER		Х						0.	0.	0.
(6) SUSAN DONAHUE	2.50	ļ								
SECRETARY	0.50	Х		Х				0.	0.	0.
(7) JOANNA BASTIAN	2.50	.,							_	0
BOARD MEMBER	2.50	Х						0.	0.	0.
(8) PHIL DAVIS BOARD MEMBER	2.50	Х						0.	0.	0.
(9) CHAR ALKIRE	2.50	Λ						0.	0.	<u> </u>
BOARD MEMBER	2.50	Х						0.	0.	0.
(10) ANNE ECKMAN	2.50	Λ						· ·	0.	<u></u>
BOARD MEMBER	2.50	х						0.	0.	0.
(11) BAYLIE PEPLOW	2.50							•	•	
BOARD MEMBER		Х						0.	0.	0.
(12) DENNY WESTON	4.00									
TREASURER		Х		х				0.	0.	0.
(13) STU SPENCER	2.50									
BOARD MEMBER		Х						0.	0.	0.
(14) PETER SPEER	2.50									
BOARD MEMBER		Х						0.	0.	0.
(15) TOM ROBINSON	2.50									
BOARD MEMBER		Х						0.	0.	0.
(16) SARAH GILMAN	2.50	1								
BOARD MEMBER		Х						0.	0.	0.
		-								
										000

Form 990 (2021)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F))
Name and title	Average	(da		Pos		1 than e		Reportable	Reportable	Estima	
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amour	nt of
	week		cer ar	nd a di	irecto	or/trus	tee)	from	from related	othe	∍r
	(list any	Individual trustee or director						the	organizations	compen	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/	from	
	organizations	ustee	truste		ap.	bens		(W-2/1099-MISC/	1099-NEC)	organiz	
	below	ual tr	tional		ploye	t con	_	1099-NEC)		and rel	
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organiza	1110113
-	<u> </u>	=	=	0	×	工业	ш.				
		1									
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	-	1									
	<u> </u>					\vdash					
	-	1									
4h Cultural	1							64,575.	0.		0.
1b Subtotal								04,575.	0.		0.
c Total from continuation sheets to Part VI								64,575.	0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							-	•			
compensation from the organization	ot illilited to tri	ose	IISLE	ual	JOVE	<i>t)</i> WII	o re	eceived more triair \$100,	000 of reportable		0
compensation from the organization										Yes	_
3 Did the organization list any former officer,	director truct	ا مما	·0\	mnl	0.40		hia	hoot componented amp	lovoo on		110
· ·	•		•		•		_	•	•		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su										3	+**
· · · · · · · · · · · · · · · · · · ·											х
and related organizations greater than \$150Did any person listed on line 1a receive or a										4	+^
· .	•				,			· ·		_	х
rendered to the organization? If "Yes," com Section B. Independent Contractors	iplete Schedule	e J fo	or st	ıch <u>i</u>	oers	on .				5	
	mneneated inc	long	nda	nt or	ntr	acto	re +h	nat received more than ^a	100 000 of composes	ation from	
1 Complete this table for your five highest co the organization. Report compensation for										20011 110111	
(A)	trie caleridar ye	Jai C	i iuii	ig w	ILIT	JI WI		(B)	cai.	(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Compensat	ion
		-110	<u> </u>								
							_				
							\dashv				
							\dashv				
2 Total number of independent contractors (i	ncluding but p	ot lin	niter	d to	thos	se lie	ted	ahove) who received mo	ore than		
\$100,000 of compensation from the organic		J. 111)	LOU	asovo, who received like	S. S. G. G. G.		
φτου,σου οι compensation from the organi.	Lation I									- 000	(0001)

91-1927956

Form 990 (2021) TWISPWORKS FOUNDATION
Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a response o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1 8	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
اع ق		Fundraising events						
ifts,			1d					
e ii		Government grants (contribu		14,837.				
Sir		All other contributions, gifts, gra	, —					
je Ei		similar amounts not included ab		064,000.				
흥된		Noncash contributions included in lines		515.	-			
Ν		Total. Add lines 1a-1f	,		1,078,837.			
0 10		Total. Add lines 1a-11		Business Code	2,0,0,00,00,00			
	2 8	MISSION RELATE	D RENTAL	531120	300,583.			300,583.
Şi	2 ¢			331110	28,881.			28,881.
Ser	-		VIIIIII		20,001.			20,001.
m S	(
gra Re	,							
Program Service Revenue	1	All other program service rev	(ODLIO					
_					329,464.			
	3	Investment income (including			323,101.			
	Ŭ	other similar amounts)			4,364.			4,364.
	4	Income from investment of ta			2,3021			2,0020
	5	Royalties						
	Ŭ	Tioyanies	(i) Real	(ii) Personal				
	6 a	a Gross rents 6	a 12,718.	(*)	-			
		Less: rental expenses 6	4 4 4 4		1			
		_ ' ' ' ' ' ' '	4.0.00		1			
		Net rental income or (loss)	C 10,022.		10,822.	10,822.		
		Gross amount from sales of	(i) Securities	(ii) Other	10,022.	10,022.		
	, ,	assets other than inventory 7		(.,, 0	1			
		Less: cost or other basis	a		1			
ø	•	and sales expenses 7	ь 16.					
Ĭ.		Gain or (loss)			-			
her Revenue		Net gain or (loss)	- 1		-16.			-16.
F.		Gross income from fundraising						10.
ğ	0.	including \$	of					
		contributions reported on line						
		Part IV, line 18	, l					
	,	Less: direct expenses						
		Gross income from gaming a						
	5 (Part IV, line 19						
			9b		1			
		Net income or (loss) from gai						
		Gross sales of inventory, less						
	10 0	and allowances						
			10b					
		Net income or (loss) from sal		<u> </u>				
-		moorne or (1033) nom sai	or miveritory	Business Code				
sno	11 a	OTHER			13,824.			13,824.
Miscellaneous Revenue					12,0220			
ella								
isc. Re		All other revenue						
Σ		Total. Add lines 11a-11d		>	13,824.			
	12	Total revenue See instructions			1.437.295.	10 822.	0.	347 636.

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21	61,750.	61,750.		
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	30,058.	13,919.	7,682.	8,457.
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	162,761.	116,553.	34,426.	11,782.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	46,912.	35,955.	7,394.	3,563.
10	Payroll taxes	29,937.	23,190.	7,394. 4,474.	3,563. 2,273.
11	Fees for services (nonemployees):	-			•
а	Management				
b		350.	350.		
С	Accounting	1,344.		1,344.	
	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,417.		2,417.	
	Other. (If line 11g amount exceeds 10% of line 25,	·		,	
Ū	column (A), amount, list line 11g expenses on Sch 0.)	34,843.	25,372.	7,775.	1,696.
12	Advertising and promotion	-		-	-
13	Office expenses	18,832.	14,808.	2,051.	1,973.
14	Information technology				
15	Royalties				
16	Occupancy	101,227.	96,417.	4,810.	
17	Travel	43.	43.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,677.	1,103.	1,275.	299.
20	Interest	9,154.	9,154.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,156.	132,156.		
23	Insurance	29,780.	27,789.	1,991.	
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 0.)				
а	REPAIRS AND MAINTENANCE	58,208.	58,208.		
b	DUES, SUPPLIES, TAXES,	26,281.	18,838.	6,777.	666.
С	EVENT EXPENSE - COMMUNI	2,962.	2,902.	0.	60.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	751,692.	638,507.	82,416.	30,769.
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)				
					Form 990 (2021

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			235,255.	1	205,052.
	2	Savings and temporary cash investments			356,591.	2	681,191.
	3	Pledges and grants receivable, net				В	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	nese person	sL		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	on 4958(c)(3)(B)		6		
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,823.	8	3,397.
¥	9	D				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,968,017.			
	b	Less: accumulated depreciation	10b	526,883.	3,408,516.	10c	3,441,134.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	88,391.	15	444,802. 4,775,576.		
	16	Total assets. Add lines 1 through 15 (must e	4,092,576.	16	4,775,576.		
	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. Comple				21	
es	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the			000 040	22	000 040
_	23	Secured mortgages and notes payable to unr			299,949.	23	299,949.
	24	Unsecured notes and loans payable to unrela			32,000.	24	28,000.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). (Complete Part X	EE E00		49,552.
		of Schedule D			55,502.	25	
	26				387,451.	26	377,501.
ģ		Organizations that follow FASB ASC 958, o	neck nere				
nce		and complete lines 27, 28, 32, and 33.				07	
aa	27			27 28			
g B	28	Net assets with donor restrictions		28			
Ë		Organizations that do not follow FASB ASC	, 956, Checi	k nere			
þ	20	and complete lines 29 through 33.	de		0.	20	0.
əts	29	Capital stock or trust principal, or current fun- Paid-in or capital surplus, or land, building, or			150,000.	29 30	150,000.
\ss(30 31	Retained earnings, endowment, accumulated			3,555,125.	31	4,248,075.
Net Assets or Fund Balances	32	Total net assets or fund balances			3,705,125.	32	4,398,075.
Ž	33	Total liabilities and net assets/fund balances			4,092,576.	33	4,775,576.
	J	TOTAL HADIIILIES ATTO HEL ASSELS/TUTTO DAIMITCES			±1020101	J	<u> </u>

Form **990** (2021)

Pai	T 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	<u>, 43</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2				92.
3	Revenue less expenses. Subtract line 2 from line 1	3		68	5,6	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,70	5,1	25.
5	Net unrealized gains (losses) on investments	5		-	7,3	<u>47.</u>
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	4	, 39	8,0	75.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021
Open to Public

Inspection

Employer identification number

		PWORKS FOU					9	1-1927956
Part	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The org	anization is not a private found							
1 📋	A church, convention of ch					1)(A)(i).		
2	A school described in sect							
з 🗌	A hospital or a cooperative				(b)(1)(A)(i	ii).		
4	A medical research organiz						(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	ally receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general _l	public described in
	section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
	university:							
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, an	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box on
_	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	upporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	ganization supervised	I or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	/ing
	control or management of			ame perso	ns that co	ntrol or manag	ge the supp	ported
_	organization(s). You mus	-						
c L	Type III functionally inte						y integrate	ed with,
	its supported organizatio		•					
d L	Type III non-functionally						-	
	that is not functionally int	-		•		·=	an attentiv	veness
. г	requirement (see instruct	•	•	•			. 	
e L	Check this box if the orga					Type I, Type I	i, Type iii	
4 F.	functionally integrated, or		nally integrated supporting	ig organiz	ation.			
	nter the number of supported or rovide the following information	•	od organization(s)					
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	in your governi	No	support (see in	structions)	support (see instructions)
			above (see instructions))					
Total								

Schedule A (Form 990) 2021 TWISPWORKS FOUNDATION 91-1927956 Page 2

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

Λ.	Dublic Cumport				
	fails to qualify under the tests listed below, please complete Part II	l.)			
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or	if the organization failed	I to qualify und	der Part III. If the organiz	ation
	• • • • • • • • • • • • • • • • • • • •		, , ,	. , , , , , ,	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	898,188.	764,490.	1532290.	1037705.	1078837.	5311510.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	898,188.	764,490.	1532290.	1037705.	1078837.	5311510.
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.						5311510.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	898,188.	764,490.	1532290.	1037705.	1078837.	5311510.
	Gross income from interest,	, , , , , , , , , , , , , , , , , , , ,	, ,				
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	125.	155.	142.	44.	4,364.	4,830.
۵	Net income from unrelated business					2,3020	2,0001
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						5316340.
	Gross receipts from related activities,	eta (eca instructio	no)			12	717,498.
	First 5 years. If the Form 990 is for the	•	,	iourth or fifth toy y			111,4500
13	•	· ·					ightharpoonup
Sec	organization, check this box and storection C. Computation of Publi						
	Public support percentage for 2021 (I			volumn (f))		14	99.91 %
	Public support percentage from 2020					15	99.99 %
	33 1/3% support test - 2021. If the o	,					
102							▶ 🔽
h	stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support test - 2020. 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						
							■
17-	and stop here. The organization qual 10% -facts-and-circumstances test						
1/a							
	and if the organization meets the facts				•	_	▶ □
,	meets the facts-and-circumstances te	-		• • •	-	70 and line 15 is :	
0	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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.)

Se	ction A. Public Support	now, please com	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
1	Tax revenues levied for the organ-						
Ī	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst, second. third.	fourth, or fifth tax	year as a section !	501(c)(3) organizatio	on,
	check this box and stop here	•			•	() ()	· —
Se	ction C. Computation of Public						
15	Public support percentage for 2021 (lin	ne 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Invest	tment Incom	e Percentage				
17	Investment income percentage for 202	21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and						▶□
k	33 1/3% support tests - 2020. If the						
•-	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	structions	▶∟

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

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

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

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	•		
	detail in Part VI.	11c		
Sect	ction 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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization'			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am	, ,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	ction D. All Type III Supporting Organizations			1
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	IX		
	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	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	, , , , , , , , , , , , , , , , , , , ,			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			
1		instructions)		
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	mod dottorioj.		
b				
С		entity (see instruction	(2)	
2	• • • •	oracy (oco mondonom	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	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 mu				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion 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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

<u>Sche</u>	edule A (Form 990) 2021 TWISPWORKS FC	DUNDATION		9	1-192/956	Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)		
Sect	ection D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5						
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which to	he organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	s	(iii) Distributab	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

TWISPWORKS FOUNDATION

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

OMB No. 1545-0047

91-1927956

2021

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

TWISPWORKS FOUNDATION

91-1927956

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional 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		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MOCCASIN LAKE FOUNDATION 1405 42ND AVENUE EAST SEATTLE, WA 98112	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	REAL, MICHAEL PO BOX 1313 WINTHROP, WA 98862	\$53,921. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TWISPWORKS FOUNDATION

91-1927956

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

Schedule B (Form 990) (2021)

Name of or	rganization		Employer identification number
TWISPV	WORKS FOUNDATION		91-1927956
Part III		through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gi	fft
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, ar	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 gi	ift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of gi	
		(S) Transier of gr	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TWISPWORKS FOUNDATION

Employer identification number 91-1927956

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor ad		
_	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			4.
	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		l l
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	, ,	
	of art, historical treasures, or other similar assets held for pub	, ,	· · · · · · · · · · · · · · · · · · ·
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<u> </u>
2	If the organization received or held works of art, historical treat		ıl gain, provide
	the following amounts required to be reported under FASB AS	G	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 900 Part V		• •

	edule D (Form 990) 2021 TWISPWO	ORKS FOUNDAT Collections of Art		easures, or Othe	91-19 er Similar Assets	27956	Pag	e 2
3	Using the organization's acquisition, access					(OOTHER)	<u>uou, </u>	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's of	collections and explain	how they further t	he organization's exe	mpt purpose in Part	XIII.		
5	During the year, did the organization solicit	or receive donations o	f art, historical trea	sures, or other simila	r assets			
	to be sold to raise funds rather than to be n					Yes		No
Par	rt IV Escrow and Custodial Arrar		ete if the organization	on answered "Yes" o	n Form 990, Part IV,	line 9, or		
	reported an amount on Form 990, P							_
1a	Is the organization an agent, trustee, custoo		•		_	_		
	on Form 990, Part X?				L	_ Yes		No
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing table:			Λ		
	5					Amoun		
	0 0							
	o ,							_
e	3 ,							
f 22	Ending balance Did the organization include an amount on					Yes		No
	If "Yes," explain the arrangement in Part XII	·	•			163	H'	10
	rt V Endowment Funds. Complete	if the organization ans	swered "Yes" on F	orm 990, Part IV, line	10.			
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years ba	ck
1a	Beginning of year balance							
b		300,765.						
С	All and the second of the seco	11,638.						
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	and programs Administrative expenses							_
f g	Administrative expenses End of year balance	314,821.						_
g 2	Administrative expenses End of year balance Provide the estimated percentage of the cu	314,821. rrent year end balance		a)) held as:				
g 2 a	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment	314,821. rrent year end balance	e (line 1g, column (a _%	a)) held as:				
g 2 a b	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment	314,821. rrent year end balance%		a)) held as:				
g 2 a b	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment ▶	314,821. rrent year end balance%		a)) held as:				
g 2 a b c	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh	314,821. rrent year end balance%% build equal 100%.	_%					
g 2 a b c	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss	314,821. rrent year end balance%% build equal 100%.	_%		he organization		Yes N	<u></u>
g 2 a b c	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the possibly:	314,821. rrent year end balance% ould equal 100%. ession of the organizar	_% tion that are held a	nd administered for t		39(i)		No X
g 2 a b c	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss by: (i) Unrelated organizations	314,821. rrent year end balance	_% tion that are held a	nd administered for t		3a(i) 3a(ii)		X
g 2 a b c	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss by: (i) Unrelated organizations (ii) Related organizations	314,821. rrent year end balance	_% tion that are held a	nd administered for t		3a(ii)		
g 2 a b c	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations	314,821. rrent year end balance	tion that are held a	nd administered for t		3a(ii)		X
g 2 a b c 3a	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss by: (i) Unrelated organizations (ii) Related organizations	314,821. rrent year end balance	tion that are held a	nd administered for t		3a(ii)		X
g 2 a b c 3a	Administrative expenses End of year balance Provide the estimated percentage of the cu Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations on the possible in Part XIII the intended uses of the	314,821. rrent year end balance	tion that are held a	nd administered for t		3a(ii)		X

	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		3,698,391.	518,943.	3,179,448.		
С	Leasehold improvements						
d	Equipment		7,940.	7,940.	0.		
<u>e</u>	Other						
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2021

Concadic D	(1 01111 000	, 202 1	&	
Part VII	Investn	nents	- Other Securities.	_

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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(9)

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) CONSTRUCTION IN PROGRESS	6,551.
(2) AGENCY ADVISED FUND	309,985.
(3) EMPLOYEE RETENTION CREDIT RECEIVABLE	128,266.
(4)	
(5)	
<u>(6)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	444,802.

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.	1. (a) Description of liability					
(1)	Federal income taxes					
(2)	CREDIT CARDS PAYABLE	846.				
(3)	PAYROLL TAXES WITHHELD	1,153.				
(4)	RETAINAGE/SECURITY DEPOSITS	27,648.				
(5)	SALES TAX PAYABLE	11,332.				
(6)	ACCRUED INTEREST	5,844.				
(7)	GIFT CARD LIABILITY	2,729.				
(8)						
(9)						
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	49,552.				

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

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

2021

Open to Public

Inspection

Name of the organization **Employer identification number** 91-1927956 TWISPWORKS FOUNDATION Part I **General Information on Grants and Assistance** 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? X Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) BARNYARD THEATER LLC PO BOX 327 47-3909579 N/A 0 COVID-19 ASSISTANCE WINTHROP, WA 98862 6,500. METHOW MOMENTS TENT AND EVENT RENTALS - 36 2ND MILE RD - TWISP 0. WA 98856 81-1163509 N/A 6,500. COVID-19 ASSISTANCE Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021 TWISPWORKS FO	OUNDATION				91-1927956	Page 2
Part III Grants and Other Assistance to Domestic Individed Part III can be duplicated if additional space is need.	duals. Complete if the ded.	e organization answ	vered "Yes" on Form 9	990, Part IV, line 22.		
(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	n required in Part I, lin	ı ıe 2; Part III, columr	n (b); and any other ac	l dditional information.		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name	of th	ne d	organ	izat	tior

TWISPWORKS FOUNDATION

Employer identification number

91-1927956 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (a) Name of (d) Loan to or (c) Purpose (i) Written (b) Relationship (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 TWISPWORKS FOUNDATION

Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
(a) Hame of interested person	person and the organization				
				Yes	No
BLACK CAP BUILDERS	JIM SALTER, BOARD M		BLACK CAP B		Х
PERRI HOWARD	BOARD MEMBER		BOARD MEMBE		X
HOJO PARTNERS LLC	CRAIG HOWARD, SPOUS	7,546.	HOJO PARTNE		X
Part V Supplemental Information.					
	onses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: BLACK	CAP BUILDERS				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
JIM SALTER, BOARD MEMBER,					
OIM SAUTER, BOARD MEMBER,	OWNER				
(D) DESCRIPTION OF TRANSAC	TION: BLACK CAP BUIL	DERS IS A C	CONSTRUCTION		
COMPANY THAT CONTRACTED SE	RVICES TO THE ORGANI	ZATION FOR	VARIOUS		
REMODELING AND IMPROVEMENT	PROJECTS. BLACK CAP	ALSO LEASE	S OFFICE SP	ACE	
FROM THE ORGANIZATION FOR	\$530 PER MONTH, PLUS	UTILITY RE	IMBURSEMENT	•	
/A \ NAME OF DEDCOM. DEDDI	HOMARD				
(A) NAME OF PERSON: PERRI					
(D) DESCRIPTION OF TRANSAC	TION: BOARD MEMBER O	WNS A BUSIN	IESS WHICH		
LEASES STUDIO SPACE FOR \$6	19 PER MONTH PLUS UT	ILITY REIME	BURSEMENT.		
(A) NAME OF PERSON: HOJO P	ARTNERS LLC				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
CRAIG HOWARD, SPOUSE OF BO	ARD MEMBER CO-OWNER				
			3		
(D) DESCRIPTION OF TRANSAC			A SPACE FOR	A	
TOTAL OF \$571 PER MONTH PL	US UTILITY REIMBURSE	MENTS.			

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TWISPWORKS FOUNDATION

Employer identification number 91-1927956

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY WHERE OPPORTUNITIES THRIVE. TWISPWORKS WELCOMES BUSINESSES,
NON-PROFIT ORGANIZATIONS, ARTISTS, CRAFTSPEOPLE, AND THE COMMUNITY
AT-LARGE TO OUR 6.4-ACRE CAMPUS TO SHARE, COLLABORATE, AND CELEBRATE
THE VIBRANT CULTURE THAT MAKES THE METHOW VALLEY A SPECIAL PLACE TO
LIVE, WORK, AND VISIT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SHARE, COLLABORATE, AND CELEBRATE THE VIBRANT CULTURE THAT MAKES THE
METHOW VALLEY A SPECIAL PLACE TO LIVE, WORK, AND VISIT.
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:
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

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o Lir	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													
7	AWNINGS	11/01/14	SL	15.00	MQ17	3,675.				3,675.	1,501.		245.	1,746.
8	GREEN ROOM RENOVATION	11/01/14	SL	15.00	MQ17	10,128.				10,128.	4,134.		675.	4,809.
9	LANDSCAPING - ENTRANCE PARK	11/01/14	SL	15.00	MQ17	26,749.				26,749.	10,921.		1,783.	12,704.
10	404/408 LINCOLN - SHARED GARAGE	06/30/14	SL	39.00	MM17	4,060.				4,060.	680.		104.	784.
12	210 5TH AVE	06/30/14	SL	39.00	MM17	59,730.				59,730.	10,022.		1,532.	11,554.
14	214 5TH AVE	06/30/14	SL	39.00	MM17	66,897.				66,897.	11,219.		1,715.	12,934.
16	404 LINCOLN	06/30/14	SL	39.00	MM17	66,897.				66,897.	11,219.		1,715.	12,934.
18	408 LINCOLN	06/30/14	SL	39.00	MM17	62,119.				62,119.	10,421.		1,593.	12,014.
20	BUNKHOUSE	06/30/14	SL	39.00	MM17	62,119.				62,119.	10,421.		1,593.	12,014.
22	ROAD SHOP	06/30/14	SL	39.00	MM17	71,676.				71,676.	12,024.		1,838.	13,862.
24	TREE COOLER	06/30/14	SL	39.00	MM17					71,676.	12,024.		1,838.	13,862.
26	N. WAREHOUSE	06/30/14	SL	39.00	MM17					38,227.	6,411.		980.	7,391.
28	s. WAREHOUSE	06/30/14	SL	39.00	MM17	66,897.				66,897.	11,219.		1,715.	12,934.
30	W. VEHICLE BLDG	06/30/14		39.00						11,946.	2,002.		306.	2,308.
34	CONFERENCE CENTER	06/30/14		39.00						52,562.	8,818.		1,348.	10,166.
36	GATEWAY BLDG	06/30/14		39.00						81,233.	13,626.		2,083.	15,709.
	WAY FINDING, INTERPRETIVE & BUILDING SIGNAGE	06/30/15		15.00						12,696.	4,653.		846.	5,499.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
38	INFORMATION KIOSK	06/30/15	SL	15.00	НҮ17	19,889.				19,889.	7,293.		1,326.	8,619.
39	LANDSCAPING AND IMPROVEMENTS	06/30/15	SL	15.00	НУ17	12,485.				12,485.	4,576.		832.	5,408.
40	NORTH WAREHOUSE RENOVATION	05/31/15	SL	39.00	MM17	348,958.				348,958.	50,332.		8,948.	59,280.
41	DESIGN WORK (ENTIRE CAMPUS)	01/31/15	SL	15.00	НУ17	10,483.				10,483.	3,844.		699.	4,543.
42	BUNKHOUSE REMODEL	08/15/16	SL	39.00	MM17	17,267.				17,267.	1,938.		443.	2,381.
43	GRAY SHED RENOVATION	05/15/16	SL	39.00	MM17	42,911.				42,911.	5,088.		1,100.	6,188.
44	PLUMBING & WINDOWS (TREE COOLER)	03/15/16	SL	15.00	НУ17	5,393.				5,393.	1,620.		360.	1,980.
45	GENERATOR - COMMUNITY PLAZA	05/01/16	SL	15.00	НУ17	13,569.				13,569.	4,072.		905.	4,977.
46	BUNKHOUSE BASEMENT REMODEL	11/01/17	SL	39.00	MM17	8,588.				8,588.	688.		220.	908.
47	COMMUNITY PLAZA	05/01/17	SL	39.00	MM17	340,492.				340,492.	31,650.		8,731.	40,381.
48	WEST SHED SIDING/AWNING	11/01/17	SL	15.00	MQ17	8,384.				8,384.	1,747.		559.	2,306.
49	TREE COOLER REMODEL FOR DAYCARE	09/01/17	SL	39.00	MM17	155,482.				155,482.	13,124.		3,987.	17,111.
50	CATERING KITCHEN FACILITIES	05/01/17	SL	39.00	MM17	31,266.				31,266.	2,907.		802.	3,709.
51	LOOKOUT STRUCTURE	09/01/17	SL	39.00	MM17	23,467.				23,467.	1,982.		602.	2,584.
52	s. WAREHOUSE BREWERY REMODEL	06/01/17	SL	15.00	MQ17	3,543.				3,543.	856.		236.	1,092.
53	N. WAREHOUSE CERAMICS REMODEL	11/01/17	SL	15.00	MQ17	2,678.				2,678.	559.		179.	738.
54	CONNECTIVE PATHWAYS (PARKING LOT)	10/01/18	SL	15.00	MQ17	455,172.				455,172.	64,377.		30,345.	94,722.
55	TRAIL SIGNANGE	06/01/18	SL	15.00	MQ17	28,405.				28,405.	4,972.		1,894.	6,866.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
56	BREWERY AND TAPROOM	05/01/19	SL	39.00	MM17	657,994.				657,994.	27,417.		16,872.	44,289.
57	TW SHOP BUILDING	05/01/19	SL	39.00	MM17	66,637.				66,637.	2,777.		1,709.	4,486.
58	W VEHICLE BUILDING REMODEL	11/01/19	SL	15.00	MQ17	99,765.				99,765.	7,482.		6,651.	14,133.
59	S VEHICLE BUILDING AWNING GRAY SHED/SOUTH VEHICLE	12/01/19	SL	15.00	MQ17	22,602.				22,602.	1,695.		1,507.	3,202.
60	BUILDING 408 LINCOLN CLASSROOM	12/31/20	SL	39.00	MM17	178,000.				178,000.	190.		4,564.	4,754.
61	REMODEL 408 LINCOLN GARAGE CLASSROOM	09/01/20	SL	15.00	MQ17	91,739.				91,739.	2,293.		6,116.	8,409.
62		12/01/20	SL	15.00	MQ17	23,215.				23,215.	193.		1,548.	1,741.
63	REMODEL	05/01/20	SL	15.00	MQ17	30,026.				30,026.	1,251.		2,002.	3,253.
64	TAPROOM TRIM OUT	12/01/20	SL	15.00	MQ17	65,922.				65,922.	549.		4,395.	4,944.
65	PAVILLION	05/01/21	SL	39.00	MQ19	99,349.				99,349.			1,592.	1,592.
66	BUNKHOUSE REMODEL 408 LINCOLN GARAGE CLASSROOM	09/01/21	SL	15.00	M Q19	E 53,866.				53,866.			449.	449.
68	REMODEL 408 LINCOLN CLASSROOM	01/01/21	SL	15.00	M Q19	E 4,883.				4,883.			285.	285.
69	REMODEL	01/01/21	SL	15.00	M Q19	E 4,564.				4,564.			266.	266.
70	TAPROOM TRIM OUT * 990 PAGE 10 TOTAL	01/01/21	SL	15.00	MQ19	E 2,112.				2,112.			123.	123.
	BUILDINGS					3,698,393.				3,698,393.	386,787.		132,156.	518,943.
	MACHINERY & EQUIPMENT													
6	2006 CHEVY SILVERADO	06/30/14	SL	5.00	MQ17	7,940.				7,940.	7,940.		0.	7,940.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					7,940.				7,940.	7,940.		0.	7,940.

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
	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.	
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.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,968,019.				3,968,019.	394,727.		132,156.	526,883.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,803,245.			0.	3,803,245.	394,727.			524,168.

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
	ACQUISITIONS						164,774.			0.	164,774.	0.			2,715.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE					;	3,968,019.			0.	3,968,019.	394,727.			526,883.
	ENDING ACCUM DEPR											526,883.			
	ENDING BOOK VALUE										3	,441,136.			

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

ty) 990

Business or activity to which this form relates

2021Attachment

OMB No. 1545-0172

Attachment Sequence No. **179** Identifying number

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

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

TWISPWORKS FOUNDATION FORM 990 PAGE 10 91-1927956 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,620,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 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 2022. 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. 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 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 129,441 17 17 MACRS deductions for assets placed in service in tax years beginning before 2021 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 Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 65.425. 15 YRS. MO SL 1,123 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h S/L 27.5 yrs MM 05 /21 99,349 1,592 MM S/L 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L b 30-year 30 yrs. MM S/L С 40-vear 40 yrs MM S/L d 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. 132,156. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A - Depreciation and Other Information (Caution: See this instructions for limits for passenger active) (a) (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		24b, columns (1:1 1		
(a) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c										1						
Type of property (files rebelicists) Blade in Section 19 (the representation of the property of the property placed in service during the tax year and used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: Property	<u>24a</u>	Do you have evidence to s			nt use cla	imed?	<u> </u>			24b If "Y			nce writt	en?		No
28 Special depreciation allowance for qualified tisted property placed in service during the tax year and used more than 50% in a qualified business use: 29 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29 Section 8 - Information on Use of Vehiclas 29 Section 8 - Information on Use of Vehiclas 29 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. 30 Total business/investment miles driven during the year 22 Total other personal (snocommuting) miles of the vehicle or related person. If you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year 22 Total other personal (uncommuting) miles of the vehicle available for personal use of vehicles available for personal use of vehicles of the vehicle of the vehicles to your employees. Abotain information from your employees about the u		Type of property	Date placed in	Business/ investment		Cost or	l (bi	sis for dep usiness/inv	reciation estment	Recovery	Me	thod/	Depre	ciation	Elec sectio	ted n 179
78 Property used more than 50% in a qualified business use: 79 Property used 50% or less in a qualified business use: 79 Property used 50% or less in a qualified business use: 79 Property used 50% or less in a qualified business use: 79 Property used 50% or less in a qualified business use: 79 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 81 Property used 50% or less in a qualified business use: 82 Property used 50% or less in a qualified business use: 83 Property used 50% or less in a qualified business use: 84 Property used 50% or less in a qualified business use: 85 Property used 50% or less in a qualified business use: 85 Property used 50% or less in a qualified business use: 86 Property used 50% or less in a qualified business use: 86 Property used 50% or less in a qualified business use: 87 Property used 50% or less in a qualified business use: 88 Property used 50% or less in a qualified business use: 89 Property used 50% or less in a qualified business use: 89 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 80 Property used 50% or less in a qualified business use: 81 Property used 50% or less in a qualified business use: 82 Property used 50% or less in a qualified business use: 83 Property used 60% or less in a qualified business use: 84 Property used 60% or less in a qualified business use: 85 Property used 60% or less in a qualified business use: 85 Property used 60% or less in a qualified business use: 85 Property used 60% or less in a qualified business use: 85 Property used 60% or less in a qual																
27. Property used 50% or less in a qualified business use: 1												25				
27 Property used 50% or less in a qualified business use:	26	Property used more than	n 50% in a qi							1						
27 Property used 50% or less in a qualified business use:			1 1													
27 Property used 50% or less in a qualified business use:			1 1													
Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 20 20 20 20 20 20 20 20		Dranarty used E00/ or le	i i		-											
1	27 1	Property used 50% or le	ess in a quaiii T							1	T 0 //					
28 Add amounts in column (h), line 26. Enter here and on line 21, page 1 29 Add amounts in column (h), 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. 30 Total business/investment miles driven during the year (don't include commuting miles) (vehicle vehicle Vehi			1 1		_											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			1 1													
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. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year (at other personal (noncommuting) miles driven during the year (at other personal (noncommuting) miles driven during the year (at other personal information personal use) 32 Total other personal (noncommuting) miles driven during the year (at other personal information personal use) 33 Total miles driven during the year (at other whiche available for personal use during off-duty hours? 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 expected the personal use of 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. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you on 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 provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 42 Amortization of costs that begins during your 2021 tax year. 43 Amortization of costs that began before your 2021 tax year.		Noted and a contract of the co	(la) llas a a OF				lin a Od					1 00				
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														\Box		
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	29 /	add amounts in column	(I), IIne 26. E											29		
Total business/investment miles driven during the year (don't include commuting miles) Total other personal (noncommuting) miles driven. Total other personal use of vehicles to your employees who aren't more than 5% owner or related person. Total other personal use of vehicles to your employees about the use of the vehicles of the noncommuting personal use? Total other personal use of vehicles, including co		•										-			vehicles	
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 available for personal use during off-duty hours? 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. 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? 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 43 Amortization of costs that begins during your 2021 tax year: 44 Amortization of costs that begins during your 2021 tax year:					(;	a)		(b)		(c)	(d)	(6	e)	(f)
31 Total commuting miles driven during the year	30 T	Total business/investment	miles driven d	uring the	Veh	icle	Ve	hicle	<u> </u>	/ehicle	Vel	nicle	Veh	ıicle	Vehi	cle
Total other personal (noncommuting) 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. 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? 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 42 Amortization of costs that begins during your 2021 tax year. 43 Amortization of costs that began before your 2021 tax year.	У	vear (don't include commu	ting miles)													
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43 Amortization of costs that began before your 2021 tax year 43	42 /	Amortization of costs th	at begins du	ring your 202		r:						Porion of her	- January		- , 200	
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	43 /	Amortization of coets th	at hegan hef	ore vour 2021	tax vea								43			
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- 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											
7		110114	4SL	15 . 00	17	3,675.			3,675.	1,501.		245.
8		110114	4SL	15.00	17	10,128.			10,128.	4,134.		675.
		110114	4SL	15.00	17	26,749.			26,749.	10,921.		1,783.
	404/408 LINCOLN - SHARED GARAGE	063014	4SL	39 . 00	17	4,060.			4,060.	680.		104.
12	210 5TH AVE	063014	4SL	39.00	17	59,730.			59,730.	10,022.		1,532.
14	214 5TH AVE	063014	4SL	39.00	17	66,897.			66,897.	11,219.		1,715.
16	404 LINCOLN	063014	4SL	39.00	17	66,897.			66,897.	11,219.		1,715.
18	408 LINCOLN	063014	4SL	39.00	17	62,119.			62,119.	10,421.		1,593.
20	BUNKHOUSE	063014	4SL	39.00	17	62,119.			62,119.	10,421.		1,593.
22	ROAD SHOP	063014	4SL	39.00	17	71,676.			71,676.	12,024.		1,838.
24	TREE COOLER	063014	4SL	39.00	17	71,676.			71,676.	12,024.		1,838.
26	N. WAREHOUSE	063014	4SL	39.00	17	38,227.			38,227.	6,411.		980.
28	S. WAREHOUSE	063014	4SL	39.00	17	66,897.			66,897.	11,219.		1,715.
30	W. VEHICLE BLDG	063014	4SL	39.00	17	11,946.			11,946.	2,002.		306.
34	CONFERENCE CENTER	063014	4SL	39.00	17	52,562.			52,562.	8,818.		1,348.
		063014	4SL	39.00	17	81,233.			81,233.	13,626.		2,083.
	WAY FINDING, INTERPRETIVE & BUIL	06301	5SL	15 . 00	17	12,696.			12,696.	4,653.		846.

128102 04-01-21

- CURRENT YEAR FEDERAL - TW

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
38	INFORMATION KIOSK	0630	15	SL	15.00	17	19,889.			19,889.	7,293.		1,326.
	LANDSCAPING AND IMPROVEMENTS	0630	15	ST.	15.00	17	12,485.			12,485.	4,576.		832.
	NORTH WAREHOUSE												
	RENOVATION DESIGN WORK (ENTIRE	0531	.15	SL	39.00	17	348,958.			348,958.	50,332.		8,948.
		0131	15	SL	15.00	17	10,483.			10,483.	3,844.		699.
42	BUNKHOUSE REMODEL	0815	16	SL	39 . 00	17	17,267.			17,267.	1,938.		443.
	GRAY SHED RENOVATION	0515	16	SL	39 . 00	17	42,911.			42,911.	5,088.		1,100.
	PLUMBING & WINDOWS (TREE COOLER)	0315	1 6	CT	15.00	17	5,393.			5,393.	1,620.		360.
	GENERATOR -	0313) T O	оп	13.00	т /	5,393.			5,393.	1,020.		300.
		0501	.16	SL	15.00	17	13,569.			13,569.	4,072.		905.
	BUNKHOUSE BASEMENT REMODEL	1101	17	SL	39 . 00	17	8,588.			8,588.	688.		220.
47	COMMUNITY PLAZA	0501	17	SL	39 . 00	17	340,492.			340,492.	31,650.		8,731.
	WEST SHED SIDING/AWNING	1101	17	SL	15.00	17	8,384.			8,384.	1,747.		559.
	TREE COOLER REMODEL FOR DAYCARE	0901	17		39.00		155,482.			155,482.	13,124.		3,987.
	CATERING KITCHEN	0501			39.00	17	31,266.			31,266.	2,907.		802.
51		0901			39.00		23,467.			23,467.	1,982.		602.
	S. WAREHOUSE	0601			15.00		3,543.			3,543.	856.		236.
	N. WAREHOUSE	1101			15.00		2,678.			2,678.	559.		179.
	CONNECTIVE PATHWAYS	1001			15.00		455,172.			455,172.			30,345.
55	TRAIL SIGNANGE	0601	18	SL	15.00	17	28,405.			28,405.	4,972.		1,894.

- CURRENT YEAR FEDERAL - TWISPWORKS FOUNDATION

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
56	BREWERY AND TAPROOM	0501	L 1 9	SL	39.00	17	657,994.			657,994.	27,417.		16,872.
		0501	119	SL	39.00	17	66,637.			66,637.	2,777.		1,709.
58	W VEHICLE BUILDING REMODEL S VEHICLE BUILDING	1101	19	SL	15.00	17	99,765.			99,765.	7,482.		6,651.
59	AWNING	1201	19	SL	15.00	17	22,602.			22,602.	1,695.		1,507.
60		1231	L20	SL	39.00	17	178,000.			178,000.	190.		4,564.
61		0901	L20	SL	15.00	17	91,739.			91,739.	2,293.		6,116.
62		1201	120	SL	15.00	17	23,215.			23,215.	193.		1,548.
	S VEHICLE WOODWORKING STUDIO	0501	L 20	SL	15.00	17	30,026.			30,026.	1,251.		2,002.
64	TAPROOM TRIM OUT	1201	120	SL	15.00	17	65,922.			65,922.	549.		4,395.
65	PAVILLION	0501	121	SL	39.00	191	99,349.			99,349.			1,592.
		0901	121	SL	15.00	19E	53,866.			53,866.			449.
68		0101	L21	SL	15.00	19E	4,883.			4,883.			285.
	408 LINCOLN CLASSROOM REMODEL	0101	L21	SL	15.00	19E	4,564.			4,564.			266.
70		0101	L21	SL	15.00	19E	2,112.			2,112.			123.
	* 990 PAGE 10 TOTAL BUILDINGS						3698393.		0.	3698393.	386,787.		132,156.
	MACHINERY & EQUIPMENT												
		0630	14	SL	5.00	17	7,940.			7,940.	7,940.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME						7,940.		0.	7,940.	7,940.		0.

128102 04-01-21

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
	LAND											
11	210 5TH AVE - LAND	063014	L L			21,520.			21,520.			0.
13	214 5TH AVE - LAND	063014	ļ. L			24,103.			24,103.			0.
15	404 LINCOLN - LAND	063014	L L			24,103.			24,103.			0.
17	408 LINCOLN - LAND	063014	L L			22,381.			22,381.			0.
19	BUNKHOUSE - LAND	063014	L L			22,381.			22,381.			0.
21	ROAD SHOP - LAND	063014	L L			25,824.			25,824.			0.
23	TREE COOLER - LAND	063014	L L			25,824.			25,824.			0.
25	N. WAREHOUSE - LAND	063014	L L			13,773.			13,773.			0.
	s. WAREHOUSE - LAND	063014	L L			24,103.			24,103.			0.
29		063014	L			4,304.			4,304.			0.
		063014	L L			5,165.			5,165.			0.
33	CONFERENCE CENTER - LAND	063014	L			18,938.			18,938.			0.
35	GATEWAY BLDG - LAND	063014	L L			29,267.			29,267.			0.
	* 990 PAGE 10 TOTAL LAND					261,686.		0.	261,686.	0.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					3968019.		0.	3968019.	394,727.		132,156.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					3803245.		0.	3803245.	394,727.		

128102 04-01-21

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - TWISPWORKS FOUNDATION

Asset No.	Description	Da Acqı	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	ACQUISITIONS						164,774.		0.	164,774.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						3968019.		0.	3968019.	394,727.		

- NEXT YEAR FEDERAL -

Asset No.	Description	Date Acquire		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS									
7	AWNINGS	1101			15.00			3,675.	1,746.	245.
8	GREEN ROOM RENOVATION	1101			15.00	10,128.		10,128.	4,809.	675.
9	LANDSCAPING - ENTRANCE PARK	1101	14		15.00	26,749.		26,749.	12,704.	1,783.
10	404/408 LINCOLN - SHARED GARAGE	0630	14	SL	39.00	4,060.		4,060.	784.	104.
12	210 5TH AVE	0630	14	SL	39.00	59,730.		59,730.	11,554.	1,532.
14	214 5TH AVE	0630	14	SL	39.00	66,897.		66,897.	12,934.	1,715.
16	404 LINCOLN	0630	14	SL	39.00	66,897.		66,897.	12,934.	1,715.
18	408 LINCOLN	0630	14	SL	39.00	62,119.		62,119.	12,014.	1,593.
20	BUNKHOUSE	0630	14	SL	39.00	62,119.		62,119.	12,014.	1,593.
22	ROAD SHOP	0630	14	SL	39.00	71,676.		71,676.	13,862.	1,838.
24	TREE COOLER	0630	14	SL	39.00	71,676.		71,676.	13,862.	1,838.
26	N. WAREHOUSE	0630			39.00	38,227.		38,227.	7,391.	980.
28	S. WAREHOUSE	0630	14	SL	39.00	66,897.		66,897.	12,934.	1,715.
30	W. VEHICLE BLDG	0630			39.00	11,946.		11,946.	2,308.	306.
34	CONFERENCE CENTER	0630	14	SL	39.00	52,562.		52,562.	10,166.	1,348.
36	GATEWAY BLDG	0630	14	SL	39.00	81,233.		81,233.	15,709.	2,083.
	WAY FINDING, INTERPRETIVE & BUILDING									
37	SIGNAGE	0630			15.00			12,696.	5,499.	846.
38	INFORMATION KIOSK	0630			15.00			19,889.		1,326.
39	LANDSCAPING AND IMPROVEMENTS	0630	15	SL	15.00	12,485.		12,485.	5,408.	832.
40		0531			39.00			348,958.	59,280.	8,948.
41		0131			15.00	10,483.		10,483.	4,543.	699.
42		0815			39.00			17,267.	2,381.	443.
43	GRAY SHED RENOVATION	0515	16		39.00			42,911.		1,100.
44		0315			15.00			5,393.	1,980.	360.
45		0501			15.00			13,569.	4,977.	905.
46		1101			39.00	8,588.		8,588.	908.	220.
47	COMMUNITY PLAZA	0501			39.00			340,492.	40,381.	8,731.
48	WEST SHED SIDING/AWNING	1101			15.00			8,384.	2,306.	559.
49		0901				155,482.		155,482.	17,111.	3,987.
		0501			39.00			31,266.		802.
		0901			39.00			23,467.		602.
52	S. WAREHOUSE BREWERY REMODEL	0601	17	SL	15.00	3,543.		3,543.	1,092.	236.

⁽D) - Asset disposed

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

- NEXT YEAR FEDERAL -

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		15.00	2,678.		2,678.	738.	179.
54	CONNECTIVE PATHWAYS (PARKING LOT)	100118			455,172.		455,172.		30,345.
		060118		15.00			28,405.		1,894.
		050119		39.00			657,994.		
		050119		39.00			66,637.		1,709.
		110119	_	15.00			99,765.		
		120119		15.00			22,602.		
	·	123120			178,000.		178,000.		
		090120		15.00	•		91,739.		
	408 LINCOLN GARAGE CLASSROOM REMODEL			15.00			23,215.		
	S VEHICLE WOODWORKING STUDIO REMODEL			15.00	•		30,026.		
	TAPROOM TRIM OUT	120120		15.00			65,922.	-	-
	PAVILLION	050121		39.00			99,349.		
	BUNKHOUSE REMODEL	090121		15.00	•		53,866.		3,591.
		010121		15.00	4,883.		4,883.		326.
	408 LINCOLN CLASSROOM REMODEL	010121		15.00	4,564.		4,564.		304.
70	TAPROOM TRIM OUT	010121	SL	15.00			2,112.		141.
	* 990 PAGE 10 TOTAL BUILDINGS				3698393.		3698393.	518,943.	136,350.
	MACHINERY & EQUIPMENT								
6		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								
	210 5TH AVE - LAND	063014			21,520.		21,520.		0.
		063014			24,103.		24,103.		0.
	404 LINCOLN - LAND	063014			24,103.		24,103.		0.
	408 LINCOLN - LAND	063014			22,381.		22,381.		0.
	BUNKHOUSE - LAND	063014			22,381.		22,381.		0.
	ROAD SHOP - LAND	063014			25,824.		25,824.		0.
_	TREE COOLER - LAND	063014			25,824.		25,824.		0.
	N. WAREHOUSE - LAND	063014			13,773.		13,773.		0.
	S. WAREHOUSE - LAND	063014			24,103.		24,103.		0.
		063014			4,304.		4,304.		0.
31	N. VEHICLE BLDG - LAND	063014	L		5,165.		5,165.		0.

⁽D) - Asset disposed

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

- NEXT YEAR FEDERAL -

Asset No.	Description	Ac	Date quired		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
33	CONFERENCE CENTER - LAND	06	3014 3014	4 L			18,938.		18,938.		0.
35	GATEWAY BLDG - LAND	06	30 14	4L			29,267.		29,267.		0.
	* 990 PAGE 10 TOTAL LAND						261,686.		261,686.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						3968019.		3968019.	526,883.	136,350.

⁽D) - Asset disposed

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