

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2018

Prepared For:

Jefferson Regional Foundation
565 Coal Valley Road
Jefferson Hills, PA 15025

Prepared By:

Baker Tilly Virchow Krause, LLP
One Liberty Place
1650 Market Street, Suite 4500
Philadelphia, PA 19103-7341

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEFFERSON REGIONAL FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 565 COAL VALLEY ROAD City or town, state or province, country, and ZIP or foreign postal code JEFFERSON HILLS, PA 15025 F Name and address of principal officer: CHARLES R. MODISPACHER SAME AS C ABOVE	D Employer identification number 56-2420913 E Telephone number (412) 267-6771 G Gross receipts \$ 50,550,962. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.JEFFERSONRF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2003		M State of legal domicile: PA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH & WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING,			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	5	
	6 Total number of volunteers (estimate if necessary)	6	19	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		0.	0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,612,818.	4,683,729.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,612,818.	4,683,729.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,007,000.	3,019,500.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	402,252.	429,361.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	605,161.	638,636.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,014,413.	4,087,497.		
19 Revenue less expenses. Subtract line 18 from line 12	598,405.	596,232.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	93,132,112.	98,795,344.	
	22 Net assets or fund balances. Subtract line 21 from line 20	650,931.	1,468,283.	
		92,481,181.	97,327,061.	

Part II Signature Block

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

Sign Here	Signature of officer CHARLES R. MODISPACHER, PRESIDENT & CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name JULIUS C. GREEN, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00350393
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN ▶ 39-0859910	Firm's address ▶ 1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103-7341		
					Phone no. 215.972.0701

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE JEFFERSON REGIONAL FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING, EDUCATION AND OUTREACH. THE FOUNDATION WILL SERVE THE COMMUNITY WITH INTEGRITY AND TRANSPARENCY. ITS MAJOR PRIORITIES

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

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

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

4a (Code:) (Expenses \$ 1,352,500. including grants of \$ 1,352,500.) (Revenue \$ 0.) THE JEFFERSON REGIONAL FOUNDATION AWARDED 33 NEW GRANTS TOTALING \$3,019,500 TO ORGANIZATIONS WHICH SUPPORT OUR MISSION TO FOCUS ON HEALTH AND WELLNESS IN THE JEFFERSON HOSPITAL AREA (SOUTH HILLS AND LOWER MON VALLEY) IN ITS RECENT YEAR ENDING JUNE 30, 2018. GRANTS WERE AWARDED DURING THREE GRANT CYCLES IN EACH OF THREE PRIORITY AREAS: INCREASING HEALTH ACCESS AND PREVENTION, IMPROVING CHILD AND FAMILY OUTCOMES AND STRENGTHENING POPULATIONS AND COMMUNITIES.

SEVERAL GRANTS THIS YEAR PROMOTED INNOVATIONS IN ENSURING ACCESS TO BASIC NUTRITION AND HEALTHY FOOD WHICH IS ESSENTIAL FOR GOOD HEALTH. 412 FOOD RESCUE WAS AWARDED A TWO-YEAR \$50,000 GRANT FOR RECOVERING AND REDISTRIBUTING FOOD TO LOCAL COMMUNITY PARTNERS, OFFERING

4b (Code:) (Expenses \$ 500,000. including grants of \$ 500,000.) (Revenue \$ 0.) THE FOUNDATION HAS FOCUSED GRANTMAKING ON MATERNAL AND INFANT NEEDS AND SUPPORTS CRIB FOR KIDS WITH A \$45,000 GRANT TO EXTEND ITS SAFE SLEEP OUTREACH AND INTERVENTION TO FIRST RESPONDERS WITH INFORMATION AND THE DISTRIBUTION OF PORTABLE CRIBS TO REDUCE INFANT DEATHS.

AFTERSCHOOL AND SUMMER PROGRAMS CAN PROVIDE IMPORTANT POSITIVE ALTERNATIVE ACTIVITIES, SKILLS AND EDUCATION FOR YOUTH. USING ITS CENTERS IN MCKEESPORT AND DUQUESNE, THE BOYS & GIRLS CLUB OF WESTERN PA (\$50,000) WILL CONTINUE TO DEVELOP ITS SUCCESSFUL NEW PROGRAM TO SERVE 225 TEENS. MUSA (METHODIST UNION OF SOCIAL AGENCIES FOR \$40,000) PROVIDES YEAR-ROUND OUT-OF-SCHOOL TIME PROGRAMS FOR 130 LOW-INCOME YOUTH AND FAMILIES FROM HOMESTEAD, WEST HOMESTEAD AND MUNHALL AND

4c (Code:) (Expenses \$ 1,167,000. including grants of \$ 1,167,000.) (Revenue \$ 0.) SEVERAL FOUNDATION GRANTS SUPPORT KEY ORGANIZATIONS WHICH ARE RESOURCES FOR THE BROADER COMMUNITY. THE ALLEGHENY COUNTY LIBRARY ASSOCIATION WAS AWARDED A TWO-YEAR GRANT FOR \$100,000 TO EXPAND THE CAPACITY OF TEN LOCAL LIBRARIES AS COMMUNITY RESOURCE SITES WITH NEW PARTNERSHIPS AND PROGRAMMING. ECONOMIC DEVELOPMENT SOUTH HAS GRANT SUPPORT OF \$250,000 OVER TWO YEARS TO OFFER COMMUNITY DEVELOPMENT EXPERTISE, TECHNICAL ASSISTANCE AND PROJECT MANAGEMENT FOR ORGANIZATIONS AND COMMUNITIES WHICH ADVANCES AND ALIGNS WITH FOUNDATION AND COLLABORATIVE PRIORITIES. ANOTHER DEVELOPING RESOURCE FOR THE MON VALLEY AREA IS A COMMUNITY CENTER HOSTED BY PENN STATE GREATER ALLEGHENY (\$40,000) IN PARTNERSHIP WITH THE CITY OF MCKEESPORT TO ADDRESS JOBLESSNESS AND FOOD INSECURITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 522,559. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 3,542,059.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHARLES R. MODISPACHER, PRESIDENT & CEO - (412) 267-6766
565 COAL VALLEY ROAD, JEFFERSON HILLS, PA 15025

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES G. GRAHAM CHAIRPERSON	2.00	X		X				0.	0.	0.
(2) RICHARD W. TALARICO FIRST VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) JOHN R. ECHEMENT 2ND VICE CHAIR; PAST PRES	2.00	X		X				0.	0.	0.
(4) GARY W. DESCHAMPS DIRECTOR	1.00	X						0.	0.	0.
(5) J. WILLIAM RICHARDSON TREASURER	2.00	X		X				0.	0.	0.
(6) EDWARD R. MARASCO SECRETARY	2.00	X		X				0.	0.	0.
(7) CHARLES R. MODISPACHER PRESIDENT & CEO	20.00	X		X			50,000.	0.	0.	0.
(8) AARON B. BILLGER DIRECTOR	1.00	X						0.	0.	0.
(9) RICHARD F. COLLINS, MD DIRECTOR	1.00	X						0.	0.	0.
(10) JOHN J. DEMPSTER DIRECTOR	1.00	X						0.	0.	0.
(11) GREGORY M. DEVINE DIRECTOR	1.00	X						0.	0.	0.
(12) GARY L. EVANS FINANCE COMMITTEE CHAIR	2.00	X						0.	0.	0.
(13) KAREN A. EVANS DIRECTOR	1.00	X						0.	0.	0.
(14) EVAN S. FRAZIER DIRECTOR	1.00	X						0.	0.	0.
(15) MARK P. GANNON, MD DIRECTOR	1.00	X						0.	0.	0.
(16) GREGORY A. HARBAUGH DIRECTOR	1.00	X						0.	0.	0.
(17) KEVIN D. LANGHOLZ DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIEL A. ONORATO DIRECTOR	1.00	X					0.	0.	0.	
(19) HARRY J. SICHI DIRECTOR	1.00	X					0.	0.	0.	
(20) MATTHEW P. VIRGIN DIRECTOR	1.00	X					0.	0.	0.	
(21) MARY PHAN-GRUBER EXECUTIVE DIRECTOR/ASST TR	40.00			X			147,000.	0.	22,262.	
1b Sub-total							197,000.	0.	22,262.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							197,000.	0.	22,262.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,603,844.			1,603,844.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		48,947,118.					
		b Less: cost or other basis and sales expenses					
		45,867,233.					
	c Gain or (loss)						
	3,079,885.						
	d Net gain or (loss)			3,079,885.			3,079,885.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			4,683,729.	0.	0.	4,683,729.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,019,500.	3,019,500.		
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	207,955.	137,485.	70,470.	
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	155,987.	133,070.	22,917.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,783.	4,207.	1,576.	
9 Other employee benefits	33,478.	24,742.	8,736.	
10 Payroll taxes	26,158.	19,332.	6,826.	
11 Fees for services (non-employees):				
a Management				
b Legal	12,041.		12,041.	
c Accounting	24,050.		24,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	340,800.		340,800.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	43,433.	39,762.	3,671.	
12 Advertising and promotion				
13 Office expenses	10,432.	7,511.	2,921.	
14 Information technology	29,079.	20,937.	8,142.	
15 Royalties				
16 Occupancy	22,426.	16,147.	6,279.	
17 Travel	1,339.	964.	375.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,893.	9,283.	3,610.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,809.		21,809.	
23 Insurance	6,122.	4,408.	1,714.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM INITIATIVES	82,646.	82,646.		
b DUES & MEMBERSHIPS	16,462.	11,852.	4,610.	
c PROGRAM & STAFF DEVEL.	9,000.	6,480.	2,520.	
d REPAIRS & MAINTENANCE	5,186.	3,733.	1,453.	
e All other expenses	918.		918.	
25 Total functional expenses. Add lines 1 through 24e	4,087,497.	3,542,059.	545,438.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	279,624.	2	128,616.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,158.	9	11,179.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 106,060.		
	b Less: accumulated depreciation	10b 48,623.	77,411.	10c 57,437.
	11 Investments - publicly traded securities	90,219,416.	11	95,542,978.
	12 Investments - other securities. See Part IV, line 11	2,544,503.	12	3,055,134.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	93,132,112.	16	98,795,344.	
Liabilities	17 Accounts payable and accrued expenses	71,931.	17	85,283.
	18 Grants payable	579,000.	18	1,383,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	650,931.	26	1,468,283.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	92,481,181.	27	97,327,061.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	92,481,181.	33	97,327,061.	
34 Total liabilities and net assets/fund balances	93,132,112.	34	98,795,344.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,683,729.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,087,497.
3	Revenue less expenses. Subtract line 2 from line 1	3	596,232.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	92,481,181.
5	Net unrealized gains (losses) on investments	5	4,249,648.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	97,327,061.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

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

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

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
JEFFERSON HOSPITAL	25-1260215	3	X		1,000,000.	0.
Total					1,000,000.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	X	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	X	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

PART IV, SECTION D, LINE 3:

THE FOUNDATION'S BOARD INCLUDES FIVE DIRECTORS WHO HAVE BEEN APPOINTED BY JEFFERSON HOSPITAL'S BOARD. IN ADDITION, THESE JEFFERSON HOSPITAL-APPOINTED DIRECTORS SERVE AS VOTING MEMBERS ON ALL OF THE FOUNDATION'S COMMITTEES, INCLUDING THE EXECUTIVE, GOVERNANCE, GRANTS AND FINANCE COMMITTEES. AS SUCH THESE JEFFERSON HOSPITAL-APPOINTED DIRECTORS EXERCISE A SIGNIFICANT VOICE IN DETERMINING THE FOUNDATION'S INVESTMENT POLICY, GRANTMAKING GUIDELINES AND AWARDS, AND ALSO PROVIDE FINANCIAL OVERSIGHT. IN ADDITION, THE FOUNDATION ENGAGES IN CONTINUAL COMMUNICATION WITH JEFFERSON HOSPITAL MANAGEMENT, INCLUDING THE CEO OF JEFFERSON HOSPITAL WHO IS REGULARLY INVITED TO THE FOUNDATION'S BOARD MEETINGS.

PART IV, SECTION E, LINE 2A:

THE FOUNDATION SUPPORTS JEFFERSON HOSPITAL. JEFFERSON HOSPITAL'S EXEMPT PURPOSE INCLUDES IMPROVING THE HEALTH AND WELL-BEING OF THE INDIVIDUALS IN ITS SERVICE AREA, AND THIS PURPOSE IS SUBSTANTIALLY SIMILAR TO THE FOUNDATION'S MISSION. THE FOUNDATION'S ACTIVITIES DIRECTLY FURTHER JEFFERSON HOSPITAL'S EXEMPT PURPOSE BY FOCUSING ON PROGRAMS THAT SUPPORT IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL. THE FOUNDATION ENSURES THAT IT IS RESPONSIVE TO JEFFERSON HOSPITAL BY REMAINING IN CONTINUAL COMMUNICATION WITH JEFFERSON HOSPITAL MANAGEMENT, INCLUDING THE CEO OF JEFFERSON HOSPITAL WHO IS REGULARLY INVITED TO THE FOUNDATION'S BOARD MEETING AND THROUGH PARTICIPATION IN JEFFERSON HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. THE DETAIL OF BOTH OF THESE ITEMS IS DISCUSSED IN GREATER DETAIL IN SCHEDULE O. THE FOUNDATION ENSURES THAT ITS DIRECT

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

FURTHERANCE ACTIVITIES CONSTITUTE SUBSTANTIALLY ALL OF ITS ACTIVITIES
BECAUSE EVERY GRANT IT CONSIDERS IS REVIEWED BY A GRANTS COMMITTEE
WHOSE INTERNAL GUIDELINES REQUIRE IT TO CONSIDER HOW THE GRANTS
CONSIDERED ALIGN WITH BOTH THE HOSPITAL'S AND THE FOUNDATION'S
MISSIONS. GRANTS THAT DO NOT MEET THIS ALIGNMENT ARE GENERALLY
REJECTED.

PART IV, SECTION E, LINE 2B:

PURSUANT TO SECTION 501(R) OF THE INTERNAL REVENUE CODE, JEFFERSON
HOSPITAL, AS A REQUIREMENT FOR MAINTAINING ITS TAX EXEMPT STATUS, MUST
DEMONSTRATE THAT IT IS ADEQUATELY ADDRESSING THE HEALTH NEEDS OF THE
LOCAL COMMUNITIES IN ITS SERVICE AREA. AS PART OF THIS REQUIREMENT,
JEFFERSON HOSPITAL IS REQUIRED TO ENGAGE IN A COMMUNITY HEALTH NEEDS
ASSESSMENT (CHNA) AND DEVOTE RESOURCES TO PROJECTS THAT WILL AMELIORATE
THE CONCERNS RAISED BY THE CHNA. BY PARTICIPATING IN THE CHNA PROCESS
AND MAINTAINING CONTINUOUS COMMUNICATIONS WITH JEFFERSON HOSPITAL'S
MANAGEMENT AND STAKEHOLDERS, THE FOUNDATION ENSURES THAT IT IS WELL
VERSED IN THE PRIORITIES JEFFERSON HOSPITAL WISHES TO ADDRESS. THE
FOUNDATION CAN THEN LEVERAGE ITS COMMUNITY CONNECTIONS TO HELP IDENTIFY
AND PROMOTE ACTIVITIES THAT WILL ADVANCE THE GOALS OF JEFFERSON
HOSPITAL AS DOCUMENTED IN THE CHNA, WHILE ALSO PROVIDING THE FINANCIAL
RESOURCES THAT JEFFERSON HOSPITAL LACKS TO IMPLEMENT THESE PROGRAMS
UNILATERALLY.

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

2017

Open to Public Inspection

Name of the organization: JEFFERSON REGIONAL FOUNDATION
Employer identification number: 56-2420913

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement details (states, policy, hours, expenses, requirements). 9. Reporting requirements.

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

Form with 2 main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Amounts relating to these items (revenue, assets). 2. Reporting requirements for financial gain (revenue, assets).

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		44,257.	13,277.	30,980.
d Equipment		61,803.	35,346.	26,457.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				57,437.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,933,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,249,648.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,249,648.
3	Subtract line 2e from line 1	3	4,683,729.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,683,729.

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

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

1	Total expenses and losses per audited financial statements	1	4,087,497.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,087,497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,087,497.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2018 AND 2017.

**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

2017

**Open to Public
Inspection**

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
412 FOOD RESCUE 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	50,000.	0.			CONTINUE TO INCREASE FOOD ACCESS AND PROMOTE SUSTAINABILITY IN THE JEFFERSON AREA BY
ALLEGHENY COUNTY LIBRARY ASSOCIATION - 22 WABASH STREET, SUITE 202 - PITTSBURGH, PA 15220	25-1742676	501(C)(3)	200,000.	0.			EXPAND THE CAPACITY OF TEN SOUTH HILLS LIBRARIES TO SERVE AS STRONG COMMUNITY RESOURCES BY
ALLEGHENY HEALTH NETWORK/JEFFERSON HOSPITAL - 120 FIFTH AVENUE, SUITE 410 - PITTSBURGH, PA 15222	45-3674924	501(C)(3)	1,000,000.	0.			CREATE A MODEL OF EXCELLENCE IN THE JEFFERSON HOSPITAL EMERGENCY DEPARTMENT BY
BEVERLY'S BIRTHDAYS 31 ROBBINS STATION ROAD NORTH HUNTINGDON, PA 15642	45-4248006	501(C)(3)	20,000.	0.			CREATE POSITIVE, MEMORABLE EXPERIENCES FOR YOUNG LOW-INCOME CHILDREN AND THEIR FAMILIES AND
CENTER FOR HEARING AND DEAF SERVICES - 1945 FIFTH AVENUE - PITTSBURGH, PA 15219	25-0974324	501(C)(3)	120,000.	0.			INCREASE THE CAPACITY OF 12-15 JEFFERSON COMMUNITY COLLABORATIVE ORGANIZATIONS THAT SERVE
CENTER OF LIFE 161 HAZELWOOD AVENUE PITTSBURGH, PA 15207	01-0617023	501(C)(3)	90,000.	0.			PROMOTE PROBLEM SOLVING, INDEPENDENCE, SELF-ESTEEM, AND TEAMWORK FOR JEFFERSON AREA YOUTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 33.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRIBS FOR KIDS 5450 SECOND AVENUE PITTSBURGH, PA 15207	25-1442806	501(C)(3)	45,000.	0.			IMPLEMENT COMMUNITY OUTREACH AND INTERVENTION STRATEGIES IN PARTNERSHIP WITH JEFFERSON AREA FIRST
DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	75,000.	0.			EXPLORE OPPORTUNITIES TO INCREASE CAPACITY AND ENHANCE SUSTAINABILITY FOR THE ASTHMA
EASTERN AREA ADULT SERVICES, INC. KEYSTONE COMMONS 607 BRADDOCK AVENUE TURTLE CREEK, PA 15145	25-1433314	501(C)(3)	50,000.	0.			ASSIST 100 JEFFERSON AREA OLDER ADULTS AND CAREGIVERS THROUGH INCREASING ORGANIZATIONAL
BRENTWOOD ECONOMIC DEVELOPMENT CORPORATION - 4127 BROWNSVILLE ROAD, SUITE 209 - PITTSBURGH, PA 15227	25-1780107	501(C)(3)	250,000.	0.			STRENGTHEN OPPORTUNITIES FOR JEFFERSON RESIDENTS AND ORGANIZATIONS BY INCREASING LOCAL CAPACITY
BRENTWOOD ECONOMIC DEVELOPMENT CORPORATION - 4127 BROWNSVILLE ROAD, SUITE 209 - PITTSBURGH, PA 15227	25-1780107	501(C)(3)	110,000.	0.			EXPAND HUMAN SERVICES INFORMATION AND RESOURCES FOR CLAIRTON RESIDENTS AND ORGANIZATIONS BY
GLASSPORT DEVELOPMENT CORPORATION 440 MONONGAHELA AVENUE GLASSPORT, PA 15045	25-1570677	501(C)(3)	8,500.	0.			EXPAND MARKETING AND OUTREACH EFFORTS FOR THE VOLUNTEER-LED SUBSTANCE ABUSE REALITY TOUR BASED
GLOBAL LINKS 700 TRUMBULL DRIVE PITTSBURGH, PA 15205	52-1629060	501(C)(3)	50,000.	0.			PROVIDE NEEDED SURPLUS MEDICAL SUPPLIES THROUGH PARTNERSHIPS WITH THREE JEFFERSON HUMAN SERVICE
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 N. LINDEN STREET - DUQUESNE, PA 15110	25-1420599	501(C)(3)	68,000.	0.			PILOT THE DISTRIBUTION OF MEDICALLY TAILORED FOOD BOXES TO FOOD INSECURE PATIENTS AT JEFFERSON
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 N. LINDEN STREET - DUQUESNE, PA 15110	25-1420599	501(C)(3)	10,000.	0.			PILOT A BACKPACK FOOD DISTRIBUTION PROGRAM IN PARTNERSHIP WITH ELIZABETH FORWARD SCHOOL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PITTSBURGH LITERACY COUNCIL - 411 SEVENTH AVENUE, SUITE 550 - PITTSBURGH, PA 15219	25-1392652	501(C)(3)	60,000.	0.			MEET THE INCREASED DEMAND FOR ESSENTIAL LITERACY TRAINING FOR OVER 60 LOCAL ADULTS AND FAMILIES
GWEN'S GIRLS 711 WEST COMMONS THIRD FLOOR PITTSBURGH, PA 15212	75-3114136	501(C)(3)	35,000.	0.			CONTINUE TO STRENGTHEN PROGRAM OPTIONS AND QUALITY TO CLAIRTON YOUTH AND FAMILIES THROUGH A
GWEN'S GIRLS 711 WEST COMMONS THIRD FLOOR PITTSBURGH, PA 15212	75-3114136	501(C)(3)	2,000.	0.			SUPPORT INCREASED ENGAGEMENT IN THE BIMONTHLY TOPICAL MEETINGS OF THE JEFFERSON
IN OUR BACKYARDS, INC. (IOBY) 540 PRESIDENT STREET 1ST FLOOR BROOKLYN, NY 11215	26-3283639	501(C)(3)	60,000.	0.			BUILD THE CAPACITY OF SMALL, VOLUNTEER-LED, JEFFERSON ORGANIZATIONS TO MORE EFFECTIVELY SERVE
BOYS & GIRLS CLUBS OF WESTERN PA 5432 BUTLER STREET PITTSBURGH, PA 15201	25-1206970	501(C)(3)	50,000.	0.			ENGAGE 225 TEENS AND PRE-TEENS AGES 12-18 FROM DUQUESNE, MCKEESPORT, AND THE SURROUNDING MON
METHODIST UNION OF SOCIAL AGENCIES (MUSA) - PO BOX 433 - HOMESTEAD, PA 15120	25-1368765	501(C)(3)	40,000.	0.			SUPPORT STRATEGIES TO INCREASE FULL YEAR ENGAGEMENT AND ENHANCE QUALITY IN AFFORDABLE,
NEIGHBORWORKS WESTERN PENNSYLVANIA 710 5TH AVENUE, SUITE 1000 PITTSBURGH, PA 15219	25-1195085	501(C)(3)	30,000.	0.			PROMOTE FINANCIAL WELLNESS AND REDUCE THE FINANCIAL STRESSORS THAT NEGATIVELY IMPACT HEALTH
PENN STATE GREATER ALLEGHENY 4000 UNIVERSITY DRIVE MCKEESPORT, PA 15132			40,000.	0.			PROMOTE A PARTNERSHIP OF PENN STATE GREATER ALLEGHENY AND THE CITY OF MCKEESPORT TO BUILD AND
PLEASANT HILLS POLICE DEPARTMENT 410 E. BRUCETON ROAD PITTSBURGH, PA 15236			41,000.	0.			INCREASE THE OPPORTUNITY TO SAVE JEFFERSON RESIDENTS LIVES FROM SUDDEN CARDIAC ARREST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALTWORKS 569 N. NEVILLE STREET PITTSBURGH, PA 15213	25-1395314	501(C)(3)	10,000.	0.			CONTINUE TO INCREASE KNOWLEDGE ABOUT THE OPIOID EPIDEMIC AS A PREVENTION TOOL FOR
SISTERS PLACE, INC. 418 MITCHELL AVENUE CLAIRTON, PA 15025	25-1728330	501(C)(3)	125,000.	0.			ASSIST HOMELESS SINGLE PARENT FAMILIES THROUGH HOLISTIC SUPPORTIVE SERVICES INCLUDING
STEEL RIVERS COUNCIL OF GOVERNMENTS - 1705 MAPLE ST - HOMESTEAD, PA 15120	25-1245642	501(C)(3)	40,000.	0.			DEFINE A VISION AND BUILD CONSENSUS AROUND PRIMARY GOALS AND OBJECTIVES FOR HEALTH ACCESS IN THE MON
STUDENT CONSERVATION ASSOCIATION 4245 NORTH FAIRFAX DRIVE, SUITE 825 ARLINGTON, VA 22203	91-0880684	501(C)(3)	40,000.	0.			EMPLOY 20 JEFFERSON AREA YOUTH, IN PARTNERSHIP WITH LOCAL ORGANIZATION MELTING POT MINISTRIES,
THE FORBES FUNDS FIVE PPG PLACE SUITE 250 PITTSBURGH, PA 15222	25-1418095	501(C)(3)	40,000.	0.			BUILD THE LEADERSHIP CAPACITY OF LOCAL ORGANIZATIONS TO MORE EFFECTIVELY SERVE THE
THE MISSION CONTINUES 1141 SOUTH 7TH STREET ST. LOUIS, MO 63104	20-8742553	501(C)(3)	100,000.	0.			POST 9/11 VETERANS AND JEFFERSON COMMUNITY MEMBERS WILL BENEFIT BY VOLUNTEERING WITH THE
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVENUE - PITTSBURGH, PA 15222	25-1043578	501(C)(3)	70,000.	0.			EXPAND VOLUNTEERISM THAT CONNECTS GENERATIONS AND STRENGTHENS VITAL TIES OF SUPPORT IN JEFFERSON
VENTURE OUTDOORS 33 TERMINAL WAY SUITE 537A PITTSBURGH, PA 15219	20-3275291	501(C)(3)	40,000.	0.			ENGAGE YOUTH IN THE HEALTHY BENEFITS OF ACTIVE OUTDOOR ACTIVITY AND EXPAND PARTICIPATION
WQED 4802 FIFTH AVENUE PITTSBURGH, PA 15213	25-1010296	501(C)(3)	50,000.	0.			PROMOTE FAMILY ENGAGEMENT AND POSITIVE CONNECTIONS TO LEARNING THROUGH EXPANSION OF WQEDS READY

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

MONITORING OF GRANTS BEGINS WITH THE GRANT PROPOSAL PROCESS. APPLICANT ORGANIZATIONS ARE ASKED TO INDICATE GOALS AND MEASURABLE OBJECTIVES WHICH WILL BE ACCOMPLISHED IF THEIR PROGRAM OR PROJECT IS FUNDED. THEY ARE ALSO ASKED TO PROVIDE A NUMBER OF KEY DOCUMENTS WITH THE PROPOSAL, INCLUDING: BOARD LIST, ORGANIZATION BUDGET, MOST RECENT AUDIT, 990 TAX RETURN, STRATEGIC PLAN AND LETTERS OF SUPPORT. TAX-EXEMPT STATUS IS ALSO CHECKED. WHEN A GRANT IS AWARDED, AN ORGANIZATION IS ASKED TO SIGN A LETTER OF AGREEMENT BEFORE THE CHECK AWARD IS ISSUED. THE LETTER LISTS A NUMBER OF

Part IV Supplemental Information

TERMS AND CONDITIONS, INCLUDING THE NEED TO PROVIDE PROGRESS REPORTS AT SPECIFIC DATES, PRIOR WRITTEN APPROVAL OF ANY SUBSTANTIAL VARIANCES FROM BUDGET OR INTENT, RECORD-KEEPING, AND REQUIRED NOTIFICATIONS. MOST GRANTS REQUIRE A MID-YEAR PROGRESS REPORT AND A YEAR-END PROGRESS REPORT WHICH INDICATE RESULTS ON OBJECTIVES, INFORMATION ABOUT INTENDED AND UNINTENDED RESULTS, CHALLENGES AND A LINE ITEM FINANCIAL REPORT. STAFF REVIEW THE REPORTS AND CONFER WITH THE APPLICANT IF NEEDED. MULTI-YEAR GRANTS REQUIRE REVIEW OF A REPORT FOR EACH GRANT PERIOD BEFORE BOARD RELEASE OF FUNDING FOR THE NEXT PERIOD. SUMMARIES OF THESE REPORTS ARE PROVIDED TO THE GRANT COMMITTEE FOR DISCUSSION OF THE RESULTS AND ANY RECOMMENDED ACTION. THE COMMITTEE SHARES THE RESULTS AND RECOMMENDATIONS WITH THE BOARD FOR ANY ACTION. IN ADDITION, STAFF BUILD ONGOING RELATIONSHIPS AND MONITOR THROUGHOUT THE GRANT PERIOD THROUGH SITE VISITS, GROUP GRANTEE ORIENTATION SESSIONS AND TECHNICAL ASSISTANCE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 412 FOOD RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO INCREASE FOOD ACCESS AND PROMOTE SUSTAINABILITY IN THE JEFFERSON AREA BY RECOVERING FOOD AND DELIVERING IT TO NONPROFIT COMMUNITY PARTNERS, PROMOTING USE OF HEALTHY FOODS BY OFFERING AN EVIDENCE-BASED FOOD EDUCATION PROGRAM, AND PILOTING THE SALE OF SNAP-ELIGIBLE, PRE-PREPARED, HEALTHY MEALS IN CORNER STORES MADE WITH RESCUED FOOD.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY COUNTY LIBRARY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND THE CAPACITY OF TEN SOUTH HILLS LIBRARIES TO SERVE AS STRONG COMMUNITY RESOURCES BY ASSESSING THE NEEDS OF LOCAL RESIDENTS, DEVELOPING AND IMPLEMENTING COMMUNITY

Part IV Supplemental Information

PARTNERSHIPS, AND DESIGNING PROGRAMMING TO MEET UNIQUE COMMUNITY NEEDS TO SERVE NEW AND MORE PATRONS.

NAME OF ORGANIZATION OR GOVERNMENT:

ALLEGHENY HEALTH NETWORK/JEFFERSON HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE A MODEL OF EXCELLENCE IN THE JEFFERSON HOSPITAL EMERGENCY DEPARTMENT BY BUILDING CAPACITY TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH FOR ALL PATIENTS THROUGH ENHANCED STAFF CAPACITIES, STRONGLY ESTABLISHED REFERRAL RELATIONSHIPS, IMPROVED PATIENT AND SYSTEM OUTCOMES, AND ENRICHED COMMUNITY ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BEVERLY'S BIRTHDAYS

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE POSITIVE, MEMORABLE EXPERIENCES FOR YOUNG LOW-INCOME CHILDREN AND THEIR FAMILIES AND INCREASE CAPACITY OF 16 LOCAL ORGANIZATIONS AND SIX SCHOOLS BY PROVIDING BIRTHDAY CHEER PROGRAMS TARGETED IN THE COMMUNITIES OF CLAIRTON, DUQUESNE, HOMESTEAD, AND MCKEESPORT.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR HEARING AND DEAF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE CAPACITY OF 12-15 JEFFERSON COMMUNITY COLLABORATIVE ORGANIZATIONS THAT SERVE REFUGEE, IMMIGRANT AND INTERNATIONAL POPULATIONS THROUGH A PARTNERSHIP WITH GLOBAL WORDSMITHS TO TRANSLATE DOCUMENTS, CREATE LANGUAGE ACCESS PLANS, CONDUCT TRAINING, AND SELF-FUND LANGUAGE ACCESS IN FUTURE BUDGETS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER OF LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE PROBLEM SOLVING, INDEPENDENCE, SELF-ESTEEM, AND TEAMWORK FOR JEFFERSON AREA YOUTH AND

Part IV Supplemental Information

FAMILIES THROUGH A PARTNERSHIP TO INFUSE THE ARTS INTO EXISTING YOUTH AND FAMILY PROGRAMMING WHILE BUILDING CAPACITY OF JEFFERSON AREA OUT-OF-SCHOOL TIME PROVIDERS.

NAME OF ORGANIZATION OR GOVERNMENT: CRIBS FOR KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT COMMUNITY OUTREACH AND INTERVENTION STRATEGIES IN PARTNERSHIP WITH JEFFERSON AREA FIRST RESPONDERS, INCLUDING DISTRIBUTION OF PORTABLE CRIBS, TO DECREASE THE RISK AND REDUCE THE NUMBER OF SLEEP RELATED INFANT DEATHS AND IMPROVE RELATIONSHIPS BETWEEN JEFFERSON COMMUNITIES AND FIRST RESPONDERS.

NAME OF ORGANIZATION OR GOVERNMENT: DUQUESNE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPLORE OPPORTUNITIES TO INCREASE CAPACITY AND ENHANCE SUSTAINABILITY FOR THE ASTHMA SCHOOL-BASED CLINIC IN CLAIRTON ELEMENTARY SCHOOL, DEVELOP A PARTNERSHIP WITH CONSUMER HEALTH COALITIONS CLAIRTON COMMUNITY HEALTH WORKERS, AND CONTINUE TO OFFER FREE ASTHMA SCREENINGS TO CLAIRTON CHILDREN AND REFER THEM TO FOLLOW-UP CARE.

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN AREA ADULT SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST 100 JEFFERSON AREA OLDER ADULTS AND CAREGIVERS THROUGH INCREASING ORGANIZATIONAL CAPACITY BY ADDRESSING A SYSTEM WIDE SHORTAGE OF HOME CARE WORKERS THROUGH TRAINING AND EXPLORING NEW MODELS OF SERVICE DELIVERY FOR INCREASED EFFICIENCY AND QUALITY.

NAME OF ORGANIZATION OR GOVERNMENT:

BRENTWOOD ECONOMIC DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN OPPORTUNITIES FOR

Part IV Supplemental Information

JEFFERSON RESIDENTS AND ORGANIZATIONS BY INCREASING LOCAL CAPACITY FOR
COMMUNITY DEVELOPMENT EXPERTISE, TECHNICAL ASSISTANCE AND PROJECT
MANAGEMENT WHICH ADVANCE FOUNDATION AND JEFFERSON COMMUNITY COLLABORATIVE
PRIORITIES INCLUDING SUPPORT FOR PRE-DEVELOPMENT OF A COMMUNITY
ENTREPRENEURIAL SPACE IN HOMESTEAD IN PARTNERSHIP WITH VOODOO BREWERY.

NAME OF ORGANIZATION OR GOVERNMENT:

BRENTWOOD ECONOMIC DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND HUMAN SERVICES INFORMATION
AND RESOURCES FOR CLAIRTON RESIDENTS AND ORGANIZATIONS BY STRENGTHENING
THE CAPACITY OF CLAIRTON CARES TO COORDINATE AND DELIVER SERVICES AND
LEVERAGE ITS KEY ROLE AS A SUBCONTRACTOR IN IMPLEMENTING THE NEIGHBORHOOD
PARTNERSHIP PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: GLASSPORT DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND MARKETING AND OUTREACH
EFFORTS FOR THE VOLUNTEER-LED SUBSTANCE ABUSE REALITY TOUR BASED IN
GLASSPORT TO PROVIDE MORE FAMILIES WITH AN EVIDENCE-BASED DRUG PREVENTION
PROGRAM AND EXPAND THE TOUR TO OTHER JEFFERSON COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL LINKS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE NEEDED SURPLUS MEDICAL
SUPPLIES THROUGH PARTNERSHIPS WITH THREE JEFFERSON HUMAN SERVICE AGENCIES
SERVING OLDER ADULTS AND/OR LOW-INCOME INDIVIDUALS TO INCREASE
ORGANIZATIONAL CAPACITY AND TO ENSURE THAT INDIVIDUALS HAVE THE NECESSARY
SUPPLIES TO LEAD HEALTHY LIVES AND MAINTAIN THEIR INDEPENDENCE.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

GREATER PITTSBURGH COMMUNITY FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: PILOT THE DISTRIBUTION OF MEDICALLY TAILORED FOOD BOXES TO FOOD INSECURE PATIENTS AT JEFFERSON HOSPITAL AND SQUIRREL HILL HEALTH CENTER AS AN EFFECTIVE TOOL FROM THE PATIENT, COMMUNITY, AND CLINICAL PERSPECTIVE IN RECOVERY AND/OR IMPROVED HEALTH STABILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER PITTSBURGH COMMUNITY FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: PILOT A BACKPACK FOOD DISTRIBUTION PROGRAM IN PARTNERSHIP WITH ELIZABETH FORWARD SCHOOL DISTRICT HIGH SCHOOL TO SERVE 25 STUDENTS WEEKLY TO ADDRESS A GROWING NEED AMONG LOCAL FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER PITTSBURGH LITERACY COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: MEET THE INCREASED DEMAND FOR ESSENTIAL LITERACY TRAINING FOR OVER 60 LOCAL ADULTS AND FAMILIES BY ADDING AN ONSITE JEFFERSON AREA COORDINATOR, ADDITIONAL VOLUNTEERS, CLASSES AND NEW AGENCY PARTNERSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: GWEN'S GIRLS

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO STRENGTHEN PROGRAM OPTIONS AND QUALITY TO CLAIRTON YOUTH AND FAMILIES THROUGH A STRATEGIC PLANNING PROCESS TO FINALIZE A PARENT-SUBSIDIARY AFFILIATION BETWEEN GWENS GIRLS AND YOUTH OPPORTUNITIES DEVELOPMENT, INTEGRATE OPERATIONS, AND DEVELOP AN ACTION PLAN.

NAME OF ORGANIZATION OR GOVERNMENT: GWEN'S GIRLS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCREASED ENGAGEMENT IN THE BIMONTHLY TOPICAL MEETINGS OF THE JEFFERSON COMMUNITY COLLABORATIVES EAT N EDUCATE ACTION TEAM.

NAME OF ORGANIZATION OR GOVERNMENT: IN OUR BACKYARDS, INC. (IOBY)

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD THE CAPACITY OF SMALL, VOLUNTEER-LED, JEFFERSON ORGANIZATIONS TO MORE EFFECTIVELY SERVE LOCAL COMMUNITIES THROUGH ONE-ON-ONE COACHING, TRAINING IN ONLINE CROWDFUNDING, AND CREATION OF A DOLLAR-FOR-DOLLAR MATCH FUND FOR PROJECTS THAT MAKES JEFFERSON COMMUNITIES HEALTHIER AND MORE LIVABLE.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF WESTERN PA

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE 225 TEENS AND PRE-TEENS AGES 12-18 FROM DUQUESNE, MCKEESPORT, AND THE SURROUNDING MON VALLEY AREAS TO CONTINUE TO PARTICIPATE IN A TEENCLUB PROGRAM AND ENHANCE THE PROGRAM TO PROMOTE CAREER READINESS, SOCIAL DEVELOPMENT, AND LEADERSHIP SKILLS.

NAME OF ORGANIZATION OR GOVERNMENT:

METHODIST UNION OF SOCIAL AGENCIES (MUSA)

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT STRATEGIES TO INCREASE FULL YEAR ENGAGEMENT AND ENHANCE QUALITY IN AFFORDABLE, OUT-OF-SCHOOL TIME PROGRAMMING FOR 130 LOW-INCOME YOUTH AND FAMILIES FROM HOMESTEAD, WEST HOMESTEAD, MUNHALL, AND SURROUNDING COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORWORKS WESTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE FINANCIAL WELLNESS AND REDUCE THE FINANCIAL STRESSORS THAT NEGATIVELY IMPACT HEALTH AND WELLNESS FOR 120 SOUTH HILLS RESIDENTS BY OFFERING FINANCIAL EDUCATION WORKSHOPS

Part IV Supplemental Information

AND ONE-ON-ONE COUNSELING AND COACHING.

NAME OF ORGANIZATION OR GOVERNMENT: PENN STATE GREATER ALLEGHENY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE A PARTNERSHIP OF PENN STATE GREATER ALLEGHENY AND THE CITY OF MCKEESPORT TO BUILD AND LEVERAGE THE OUTREACH CAPACITY OF THE PENN STATE-MCKEESPORT COMMUNITY CENTER TO ADDRESS JOBLESSNESS AND FOOD INSECURITY IN MCKEESPORT AND OTHER MON VALLEY COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: PLEASANT HILLS POLICE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE OPPORTUNITY TO SAVE JEFFERSON RESIDENTS LIVES FROM SUDDEN CARDIAC ARREST THROUGH THE PURCHASE OF 30 AUTOMATED EXTERNAL DEFIBRILLATORS (AED) TO BE INSTALLED IN POLICE PATROL VEHICLES SERVING BALDWIN BOROUGH, PLEASANT HILLS BOROUGH, AND WEST MIFFLIN BOROUGH.

NAME OF ORGANIZATION OR GOVERNMENT: SALTWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO INCREASE KNOWLEDGE ABOUT THE OPIOID EPIDEMIC AS A PREVENTION TOOL FOR HUNDREDS OF JEFFERSON AREA MIDDLE AND HIGH SCHOOL STUDENTS AND TEACHERS THROUGH LIVE THEATER PRODUCTIONS, CURRICULUM GUIDES FOR TEACHERS, AND A QUESTION AND ANSWER SESSION WITH YOUNG ACTORS WHO HAVE RECEIVED TRAINING ON ADDICTION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: SISTERS PLACE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST HOMELESS SINGLE PARENT FAMILIES THROUGH HOLISTIC SUPPORTIVE SERVICES INCLUDING TRANSPORTATION, OUT OF SCHOOL PROGRAMS, AND BASIC RESOURCES AND BUILD ORGANIZATIONAL CAPACITY THROUGH A STRATEGIC PLANNING PROCESS TO PROACTIVELY POSITION

Part IV Supplemental Information

SISTERS PLACE FOR CONTINUED SUCCESS IN THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: STEEL RIVERS COUNCIL OF GOVERNMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: DEFINE A VISION AND BUILD CONSENSUS AROUND PRIMARY GOALS AND OBJECTIVES FOR HEALTH ACCESS IN THE MON VALLEY THROUGH DATA ANALYSIS, COMMUNITY SURVEYS AND ENGAGEMENT, GIS MAPPING TO UNDERSTAND THE OVERLAY OF HEALTH SERVICES, AND CREATION OF A REPORT TO DISTRIBUTE TO KEY STAKEHOLDERS.

NAME OF ORGANIZATION OR GOVERNMENT: STUDENT CONSERVATION ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPLOY 20 JEFFERSON AREA YOUTH, IN PARTNERSHIP WITH LOCAL ORGANIZATION MELTING POT MINISTRIES, FOR SOUTH PARK CONSERVATION WORK WHILE INCREASING PHYSICAL ACTIVITY, KNOWLEDGE OF ENVIRONMENTAL AND HEALTHY LIFESTYLE HABITS, ACCESS TO TRAINED MENTORS, AND IMPORTANT EMPLOYMENT SKILLS.

NAME OF ORGANIZATION OR GOVERNMENT: THE FORBES FUNDS

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD THE LEADERSHIP CAPACITY OF LOCAL ORGANIZATIONS TO MORE EFFECTIVELY SERVE THE COMMUNITY THROUGH INDIVIDUAL COACHING AND TRAINING AND THE ADDITION OF PEER LEARNING COHORTS OFFERED BY HIGHLY EXPERIENCED RETIRED EXECUTIVES AND GROUP TRAININGS.

NAME OF ORGANIZATION OR GOVERNMENT: THE MISSION CONTINUES

(H) PURPOSE OF GRANT OR ASSISTANCE: POST 9/11 VETERANS AND JEFFERSON COMMUNITY MEMBERS WILL BENEFIT BY VOLUNTEERING WITH THE JEFFERSON SERVICE PLATOON SUPPORTING THE LOCAL REFUGEE AND IMMIGRANT POPULATION THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND VOLUNTEERISM THAT CONNECTS GENERATIONS AND STRENGTHENS VITAL TIES OF SUPPORT IN JEFFERSON COMMUNITIES THROUGH INCREASING SUPPORT FOR OLDER ADULTS AND CAREGIVERS AND PROVIDING MENTORS TO MIDDLE SCHOOL YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: VENTURE OUTDOORS

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE YOUTH IN THE HEALTHY BENEFITS OF ACTIVE OUTDOOR ACTIVITY AND EXPAND PARTICIPATION TO FAMILIES AND OLDER ADULTS THROUGH TARGETED OUTDOOR PROGRAMMING PROMOTING HEALTH AND WELLNESS.

NAME OF ORGANIZATION OR GOVERNMENT: WQED

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE FAMILY ENGAGEMENT AND POSITIVE CONNECTIONS TO LEARNING THROUGH EXPANSION OF WQEDS READY TO LEARN PROJECT FOR YOUNG SOUTH HILLS FAMILIES, THROUGH TWELVE, FOUR-WEEK HIGH-QUALITY FAMILY CREATIVE LEARNING WORKSHOPS OFFERED IN PARTNERSHIP WITH THE JEFFERSON COMMUNITY COLLABORATIVE AT THREE COMMUNITY SITES INCLUDING BALDWIN BOROUGH PUBLIC LIBRARY AND WHITEHALL PUBLIC LIBRARY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY PHAN-GRUBER EXECUTIVE DIRECTOR/ASST TR	(i)	147,000.	0.	0.	5,880.	16,382.	169,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

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

EDUCATION & OUTREACH.

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

INCLUDE: INCREASING HEALTH ACCESS AND PREVENTION, IMPROVING CHILD AND
FAMILY OUTCOMES AND STRENGTHENING VULNERABLE POPULATIONS AND
COMMUNITIES.

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

COMMUNITY-BASED FOOD EDUCATION AND PILOTING HEALTHY PREPARED MEALS IN
CORNER STORES. GREATER PITTSBURGH FOOD BANK RECEIVED TWO GRANTS, THE
FIRST FOR A \$10,000 BACKPACK FOOD DISTRIBUTION PROGRAM WITH A LOCAL
HIGH SCHOOL AND A \$68,000 GRANT TO PILOT MEDICALLY TAILORED FOOD BOXES
FOR FOOD INSECURE PATIENTS AT JEFFERSON HOSPITAL AND WITH SQUIRREL HILL
HEALTH CENTER. TWO GRANTS FOCUSED ON HEALTH IN THE MON VALLEY AREA;
STEEL RIVERS COUNCIL OF GOVERNMENTS HAS A \$40,000 AWARD TO PARTNER WITH
THE ALLEGHENY COUNTY HEALTH DEPARTMENT FOR DATA ANALYSIS AND COMMUNITY
ENGAGEMENT TO UNDERSTAND HEALTH ACCESS ISSUES IN THE AREA, WHILE
DUQUESNE UNIVERSITY'S \$75,000 GRANT IS DESIGNED TO INCREASE THE
CAPACITY AND SUSTAINABILITY OF A SCHOOL-BASED ASTHMA CLINIC IN THE CITY
OF CLAIRTON. THE FOUNDATION CONTINUES ITS SUPPORT OF OPIOID OVERDOSE
EFFORTS IN SUPPORTING THE GLASSPORT DEVELOPMENT CORPORATION WITH \$8500
TO FUND MARKETING OF ITS SUBSTANCE ABUSE REALITY TOUR AND \$10,000 TO
SALTWORKS TO PRODUCE ITS LIVE THEATER PRODUCTIONS FOCUSED ON THE OPIOID
EPIDEMIC TO LOCAL MIDDLE AND HIGH SCHOOLS. TWO GRANTS SUPPORT ESSENTIAL
HEALTH SUPPLIES AND EQUIPMENT; THE PLEASANT HILLS POLICE DEPARTMENT

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(\$41,000) PARTNERED WITH TWO OTHER BOROUGHES TO PLACE DEFIBRILLATORS IN POLICE PATROL VEHICLES, WHILE A GRANT OF \$50,000 TO GLOBAL LINKS PLACES SURPLUS MEDICAL SUPPLIES WITH VULNERABLE RESIDENTS THROUGH A PARTNERSHIP WITH THREE LOCAL HUMAN SERVICE AGENCIES. THE FOUNDATION AWARDED ITS LARGEST GRANT TO DATE (\$1,000,000 OVER 4 YEARS) TO JEFFERSON HOSPITAL OF THE ALLEGHENY HEALTH NETWORK FOR THE FRONT DOOR INITIATIVE TO CREATE A MODEL OF EXCELLENCE IN EMERGENCY SERVICES BY BUILDING THE CAPACITY TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AS AN EXPANDED FACILITY IS CONSTRUCTED. A PLAN WILL BE DEVELOPED TO INCLUDE INNOVATIONS SUCH AS ENHANCED STAFF CAPACITIES, STRONG REFERRAL RELATIONSHIPS, IMPROVED PATIENT AND SYSTEM OUTCOMES AND ENRICHED COMMUNITY ENGAGEMENT.

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

NEARBY COMMUNITIES. SISTERS PLACE HAS A TWO-YEAR GRANT FOR \$125,000 TO BUILD STABILITY FOR HOMELESS FAMILIES LED BY SINGLE PARENTS AND A STRATEGIC PLANNING PROCESS TO BUILD ITS OWN ORGANIZATIONAL CAPACITY.

SEVERAL GRANTS PROMOTE CHILD AND FAMILY WELLNESS OUTCOMES THROUGH THE USE OF POSITIVE SHARED EXPERIENCES AND CREATIVE TOOLS SUCH AS THE ARTS AND OUTDOOR ACTIVITIES. WQED IS HOSTING CREATIVE WORKSHOPS AT THREE LIBRARY & COMMUNITY SITES TO PROMOTE POSITIVE CONNECTIONS TO LEARNING AND FAMILY ENGAGEMENT WITH A GRANT OF \$50,000. BEVERLY'S BIRTHDAYS HAS A GRANT OF \$20,000 TO CREATE POSITIVE EXPERIENCES FOR YOUNG, LOW-INCOME CHILDREN AND THEIR FAMILIES BY PROVIDING BIRTHDAY CHEER PROGRAMS ONSITE AT LOCAL SHELTERS AND COMMUNITY SITES. WITH A GRANT OF \$90,000 OVER TWO YEARS, THE CENTER OF LIFE IS INFUSING ITS EXPERTISE USING THE ARTS WITH YOUTH AND FAMILIES TO BUILD TEAMWORK, PROBLEM-SOLVING, AND

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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SELF-ESTEEM AND ENHANCE ITS YOUTH PARTNER PROGRAMS. THE STUDENT CONVERSATION ASSOCIATION (\$40,000) PARTNERS WITH MELTING POT MINISTRIES TO PROVIDE PAID SUMMER EMPLOYMENT THROUGH CONSERVATION WORK IN SOUTH PARK WHILE INCREASING PHYSICAL ACTIVITY, ENVIRONMENTAL KNOWLEDGE, AND JOB SKILLS. VENTURE OUTDOORS (\$40,000) PARTNERS WITH LOCAL PROGRAMS TO PROMOTE HEALTHY LIFESTYLES AND IS BUILDING ON ITS ENGAGING YOUTH ACTIVITIES WHILE ADDING TARGETED PROGRAMMING FOR FAMILIES AND OLDER ADULTS.

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

ANOTHER SET OF GRANT AWARDS IN THIS CATEGORY ARE DESIGNED TO ENHANCE RESIDENT ACCESS TO AND SKILL-BUILDING FOR GREATER OPPORTUNITIES IN COMMUNITY PARTICIPATION. GREATER PITTSBURGH LITERACY COUNCIL (NOW KNOWN AS LITERACY PITTSBURGH) WAS AWARDED \$60,000 TO MEET THE INCREASING DEMAND FOR LITERACY TRAINING IN THE AREA, WHILE NEIGHBORWORKS WESTERN PA HAS A \$30,000 GRANT AWARD AND IS OFFERING FINANCIAL EDUCATION WORKSHOPS AND COACHING TO BUILD FINANCIAL LITERACY. THE CENTER FOR HEARING, IN PARTNERSHIP WITH GLOBAL WORDSMITHS, WILL INCREASE THE LANGUAGE ACCESS CAPACITY OF 12-15 COLLABORATIVE ORGANIZATIONS SERVING IMMIGRANT AND INTERNATIONAL POPULATIONS THROUGH INTEGRATION OF LANGUAGE ACCESS PLANS, TRAINING AND TRANSLATION OF DOCUMENTS WITH A TWO YEAR GRANT AWARD OF \$120,000.

THE FOUNDATION HAS A STRONG INTEREST AND COMMITMENT TO BUILD THE CAPACITY OF COMMUNITY ORGANIZATIONS FOR LOCAL IMPACT, AS WELL AS STRENGTHENING LOCAL LEADERSHIP. A GRANT TO THE FORBES FUNDS (\$40,000) BUILDS CAPACITY THROUGH INDIVIDUAL EXECUTIVE COACHING AND THE CREATION OF SEVERAL PEER LEARNING COHORTS DESIGNED FOR NONPROFIT EXECUTIVES,

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EMERGING LEADERS AND THE USE OF DATA MAPPING AND ANALYTICS. IN OUR BACKYARDS INC (IOBY) OFFERS A TRAINING IN CROWDFUNDING WITH MATCH FUNDS AND COACHING TO DEVELOP THE CAPACITY AND SUSTAINABILITY OF SMALL, VOLUNTEER-LED ORGANIZATIONS IN THE AREA WITH A \$60,000 GRANT.

TWO GRANTS WERE DESIGNED TO STRENGTHEN THE HUMAN SERVICES FABRIC FOR THE CITY OF CLAIRTON AND ITS AREA. A GRANT IN THE AMOUNT OF \$35,000 TO GWEN'S GIRLS SUPPORTS OPTIONS FOR YOUTH AND FAMILY ENGAGEMENT THROUGH A STRATEGIC PROCESS TO EXPLORE AN AFFILIATION WITH ANOTHER LOCAL GROUP. A \$110,000 GRANT AWARD FOR TWO YEARS TO ECONOMIC DEVELOPMENT SOUTH SUPPORTS THE COORDINATION AND EXPANSION OF HUMAN SERVICE AND HEALTH RESOURCES IN THE CLAIRTON AREA THROUGH ENHANCING THE CAPACITY OF NEW ORGANIZATION CLAIRTON CARES.

A MINI-GRANT OF \$2000 TO GWEN'S GIRLS SUPPORTS BIMONTHLY TOPICAL MEETINGS OF A PEER-LED COLLABORATIVE ACTION TEAM CALLED EAT N EDUCATE.

GRANT SUPPORT IS ALSO TARGETED TO VULNERABLE POPULATIONS TO BUILD ON THEIR STRENGTHS AND RESILIENCY. EASTERN AREA ADULT SERVICES IS USING A \$50,000 GRANT AWARD TO IMPROVE ITS CAPACITY TO SERVE VULNERABLE OLDER ADULTS IN HOME CARE OR IN NEED OF PROTECTIVE SERVICES BY EXPLORING NEW MODELS OF SERVICE DELIVERY. A GRANT AWARD TO THE MISSION CONTINUES OF \$100,000 OVER TWO YEARS ENGAGES POST-911 VETERANS AS COMMUNITY VOLUNTEERS IN A JEFFERSON SERVICE PLATOON SUPPORTING THE REFUGEE AND IMMIGRANT POPULATION IN PARTNERSHIP WITH LOCAL ORGANIZATIONS. ANOTHER PROGRAM BUILT ON LEVERAGING VOLUNTEER SERVICES IN THE COMMUNITY IS LED BY UNITED WAY OF SOUTHWESTERN PA WITH TARGETED SERVICES TO OLDER ADULTS AGING IN PLACE IN THE COMMUNITY AND MIDDLE SCHOOL YOUTH THROUGH A GRANT

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AWARD OF \$70,000.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE JEFFERSON REGIONAL FOUNDATION AWARDED 33 NEW GRANTS TOTALING \$3,019,500 TO ORGANIZATIONS WHICH SUPPORT OUR MISSION TO FOCUS ON HEALTH AND WELLNESS IN THE JEFFERSON HOSPITAL AREA (SOUTH HILLS AND LOWER MON VALLEY) IN ITS RECENT YEAR ENDING JUNE 30, 2018. GRANTS WERE AWARDED DURING THREE GRANT CYCLES IN EACH OF THREE PRIORITY AREAS: INCREASING HEALTH ACCESS AND PREVENTION, IMPROVING CHILD AND FAMILY OUTCOMES AND STRENGTHENING POPULATIONS AND COMMUNITIES.

STRATEGIC PLANNING & PRIORITIES THE JEFFERSON REGIONAL FOUNDATION IS COMMITTED TO OPERATE AS A LEARNING ORGANIZATION, AND WE CONTINUALLY SEEK TO UNDERSTAND CHANGING AND EMERGING NEEDS IN OUR AREA. OUR WORK IS GUIDED BY COMMUNITY HEALTH ASSESSMENTS (ALLEGHENY HEALTH NETWORK, JEFFERSON HOSPITAL AND THE ALLEGHENY COUNTY HEALTH DEPARTMENT), THE KNOWLEDGE AND INSIGHTS OF OUR GRANTEEES, THE JEFFERSON COMMUNITY COLLABORATIVE, LOCAL LEADERS AND REGULAR MEETINGS WITH HOSPITAL LEADERSHIP. IN ADDITION, THE BOARD ENGAGES IN ONGOING DEVELOPMENT WITH SPEAKERS ON TOPICS AS VARIED AS ADVOCACY, SOCIAL DETERMINANTS OF HEALTH, GRANT IMPACTS AND UNIVERSITY RESEARCH.

IN THE FALL OF 2018, THE FOUNDATION WILL INSTITUTE A NEW COMMUNITY ENGAGEMENT INITIATIVE, CALLED AROUND THE TABLE SOUTH, DESIGNED TO ENGAGE 1000 LOCAL RESIDENTS AND CAPTURE COMMUNITY CONCERNS, PRIORITIES AND IDEAS.

THE FOUNDATION'S GRANTS COMMITTEE LAUNCHED ITS NEW FUNDING YEAR WITH A

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DAYLONG RETREAT IN THE SUMMER OF 2017 WITH ROBUST DISCUSSION BASED ON A REVIEW OF GRANTMAKING DATA AND COMMUNITY TRENDS. THE JEFFERSON COMMUNITY COLLABORATIVE, AN 85-MEMBER NETWORK OF COMMUNITY ORGANIZATIONS HOSTED BY THE FOUNDATION, ALSO HOSTED A RETREAT WITH TWO DOZEN LEADERS. AS A RESULT, BOTH THE FOUNDATION AND THE COLLABORATIVE HAVE ADDED A NEW FOCUS ON WORKFORCE DEVELOPMENT AND A RENEWED FOCUS ON BEHAVIORAL HEALTH, PARTICULARLY THE IMPACT OF THE OPIOID OVERDOSE EPIDEMIC. DURING THE PAST YEAR, A LOCAL WORKFORCE ASSESSMENT WAS CONDUCTED THROUGH A GRANT AND IN PARTNERSHIP WITH THE COLLABORATIVE AND THE RESULTS ARE HELPING THE GUIDE A WORKFORCE DEVELOPMENT INITIATIVE. A MULTI-YEAR GRANT TO THE LOCAL NEEDLE EXCHANGE PROGRAM, PREVENTION POINT, FOR HARM REDUCTION, PEER SPECIALISTS AND A PUBLIC CAMPAIGN IS HELPING TO FOCUS LOCAL EFFORTS RELATED TO ADDRESSING THE OPIOID OVERDOSE EPIDEMIC.

OPERATIONAL CHANGES IN THE SPRING OF 2018, THE FOUNDATION ADDED A NEW STAFF FULLTIME PROGRAM ASSOCIATE ROLE TO SUPPORT THE WORK OF THE JEFFERSON COMMUNITY COLLABORATIVE AS WELL AS THE OTHER EXTENSIVE CONVENING ACTIVITIES OF THE FOUNDATION SUCH AS ITS ANNUAL FORUM AND OTHER GROUPS. THE FOUNDATION ADOPTED NEW FORMATS IN PRESENTATION OF COMMITTEE MATERIALS INCLUDING THE USE OF DASHBOARDS.

4TH ANNUAL JEFFERSON FORUM: TELLING OUR STORY IN MAY 2018, THE FOUNDATION HOSTED ANOTHER HIGHLY SUCCESSFUL DAYLONG CONFERENCE ATTRACTING 138 ORGANIZATIONS FOCUSED ON THE JEFFERSON AREA WITH A CAPACITY CROWD OF 245 PARTICIPANTS (100% HIGHLY SATISFIED AND LIKELY TO ATTEND AGAIN). FEATURED SPEAKER STEPHEN SMITH WAS FOLLOWED BY A PANEL OF LOCAL LEADERS WHO SHARED THEIR PERSONAL STORIES. THE LOBBY

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CONTAINED A FORUM PHOTO BOOTH TO COLLECT THE STORIES AND PASSIONS OF PARTICIPANTS AND A PHOTO EXHIBIT OF TEEN IMMIGRANTS CALLED TWO CULTURES ONE ME. SALTWORKS PERFORMED A CONDENSED VERSION OF THEIR NEW PLAY ABOUT OPIOID OVERDOSE. SIX WORKSHOPS WERE OFFERED ON MINDFULNESS, ADDICTION, GRASSROOTS ADVOCACY, LANGUAGE ACCESS, MOTIVATIONAL INTERVIEWING, AND SUSTAINABLE ORGANIZATIONS. ALL PARTICIPANTS RECEIVED A COPY OF THE NEW 3RD EDITION OF THE JEFFERSON COMMUNITY DIRECTORY. THE DAY CONCLUDED WITH THE JEFFERSON CAFE WHICH INCLUDED 20 DIFFERENT FACILITATED ROUNDTABLE DISCUSSIONS ON TOPICS SUGGESTED BY THE VISION COUNCIL AND PARTICIPANTS. THEMES THAT EMERGED INCLUDED: ADVOCACY, STIGMA AND INCLUSION.

EXPENSES \$ 522,559. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES, CONTINUED:

JEFFERSON COMMUNITY COLLABORATIVE SINCE 2015, THE FOUNDATION HAS HOSTED AN EVOLVING NETWORK WHICH HAS GROWN TO OVER 80-MEMBER ORGANIZATIONS AND THE ADDITION OF A STAFF MEMBER FOR SUPPORT. ORGANIZATIONS INCLUDE HUMAN SERVICES, LIBRARIES, CHURCHES, COMMUNITY DEVELOPMENT, LOCAL UNIVERSITIES, AND EVEN OTHER FUNDERS SUCH AS UNITED WAY. THE JEFFERSON COMMUNITY COLLABORATIVE IS COMMITTED TO BRINGING TOGETHER CHANGE-MAKERS TO POSITIVELY IMPACT THE HEALTH AND VITALITY OF COMMUNITIES SOUTH OF PITTSBURGH. THE COLLABORATIVE'S VISION INCLUDES SERVING AS AN INCUBATOR FOR IDEAS AND PROMISING PRACTICES, IMPROVING THE CAPACITY OF COMMUNITY-SERVING ORGANIZATIONS AND FACILITATING GROUP ACTION ON COMMUNITY ASPIRATIONS. ITS CURRENT PRIORITIES INCLUDE: BEHAVIORAL HEALTH, FAMILY AND RESIDENT ENGAGEMENT AND WORKFORCE DEVELOPMENT. THE FULL COLLABORATIVE HOSTS MEMBER MEETINGS FIVE TIMES A YEAR, AVERAGING 75 PARTICIPANTS WITH EXTENSIVE NETWORKING, INTERACTIVE

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PRESENTATIONS ON A FOCUS ISSUE OR SKILL, REPORTS ON ITS ACTION TEAMS, NETWORKING AND SHARING AMONG ORGANIZATIONS. A VISION COUNCIL PROVIDES GUIDANCE TO THE COLLABORATIVE AND INCLUDES OVER A DOZEN LEADERS OF COMMUNITY ORGANIZATIONS. COLLABORATIVE ACTIVITIES ALSO INCLUDE A PEER-LED EDUCATION SERIES, A COMMUNITY ENGAGEMENT TEAM, CERTIFIED MENTAL HEALTH FIRST AID TRAINERS, AND OTHER ISSUE-BASED ACTION TEAMS.

ANOTHER OUTGROWTH OF THE JEFFERSON COMMUNITY COLLABORATIVE IS THE HIGHLY-REGARDED JEFFERSON COMMUNITY DIRECTORY: A RESOURCE GUIDE FOR CONNECTIONS WHICH THE COLLABORATIVE DEVELOPED IN PARTNERSHIP WITH THE FOUNDATION AND JEFFERSON HOSPITAL/ALLEGHENY HEALTH NETWORK. THE FOUNDATION PUBLISHED THE THIRD EDITION OF THE DIRECTORY IN THE SPRING OF 2018 WHICH INCLUDED 60 NEW PROGRAMS AND 2 NEW RESOURCE CATEGORIES (IMMIGRANTS AND WORKFORCE). THE 141-PAGE INDEXED COMMUNITY DIRECTORY CONTINUES TO BE DISTRIBUTED TO KEY STAKEHOLDERS INCLUDING NONPROFIT PROVIDERS, LIBRARIES, CHURCHES, HEALTHCARE PROFESSIONALS, AND FIRST RESPONDERS AND IT IS ALSO AVAILABLE ONLINE.

IN ADDITION TO THE COLLABORATIVE NOTED ABOVE, THE FOUNDATION ALSO CONVENES OTHER GROUPS TO PROMOTE COOPERATION FOR LARGER COMMUNITY BENEFIT AND INCREASED QUALITY AND CAPACITY. IN PARTNERSHIP WITH JEFFERSON HOSPITAL, THE FOUNDATION HOSTED A CLERGY CONVENING FOCUSED ON RESOURCES FOR OLDER ADULTS. THE FOUNDATION REGULARLY HOSTS MEETINGS OF LOCAL OUT OF SCHOOL TIME PROVIDERS WHO SERVE YOUTH WITH AFTERSCHOOL AND SUMMER PROGRAMMING. THE FOUNDATION ALSO HOSTED A GATHERING OF KEY STAKEHOLDERS FOCUSED ON THE OPIOID OVERDOSE EPIDEMIC IN OUR LOCAL AREA.

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FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBER GARY EVANS IS THE SPOUSE OF BOARD MEMBER KAREN EVANS. DURING THE TAX YEAR, BOARD MEMBER HARRY SICHI WAS A PARTNER IN THE SAME FIRM FOR WHICH BOARD MEMBER EDWARD MARASCO WORKED.

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

THE FINAL VERSION OF THE 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW. INFORMATION AND ITEMS CAN BE CLARIFIED AND CONFIRMED WITH EXECUTIVE MANAGEMENT AND OTHER MEMBERS OF THE BOARD. CORRECTIONS AND CLARIFICATIONS ARE SUBMITTED OR SUGGESTED PRIOR TO THE FILING OF THE RETURN.

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

PERIODIC REVIEWS ARE CONDUCTED AND MAY INCLUDE ASSISTANCE FROM OUTSIDE ADVISORS TO ENSURE JEFFERSON REGIONAL FOUNDATION IS OPERATING IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX EXEMPT STATUS. A DISCLOSURE PROCEDURE OUTLINED IN THE CONFLICT OF INTEREST POLICY INCLUDES SUBMISSION OF THE ANNUAL DISCLOSURE STATEMENT AS WELL AS LETTERS, MEMOS, OR OTHER DISCLOSURES TO THE BOARD.

THIS PROCEDURE IS MONITORED BY OTHER MEMBERS OF THE BOARD AS WELL AS LEGAL COUNSEL. THE SCOPE OF COVERAGE FOR THE CONFLICT OF INTEREST POLICY IS DIRECTED TOWARDS "POTENTIALLY INTERESTED PARTIES" INCLUDING, BUT NOT LIMITED TO: DIRECTORS, OFFICERS, KEY EMPLOYEES, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS, PERSONS WHO HAVE AUTHORITY TO ENTER INTO CONTRACTS OR AGREEMENTS, PERSONS WITH ACCESS TO RESTRICTED, SENSITIVE, OR CONFIDENTIAL INFORMATION WHICH COULD BE VALUABLE TO NON-JEFFERSON REGIONAL FOUNDATION ENTITIES, AND PERSONS WITH A SIGNIFICANT FINANCIAL INTEREST OR

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INFLUENTIAL INTEREST. JEFFERSON REGIONAL FOUNDATION PRESIDENT AND CHIEF OPERATING OFFICER, BY AUTHORITY OF THE BOARD, ARE THE DESIGNATED ADMINISTRATORS FOR INTERPRETATION AND IMPLEMENTATION OF THIS POLICY AND ALL PROCEDURES RELATING TO IT. FAILURE TO COMPLY WITH THIS POLICY MAY INCLUDE A DETERMINATION FOR THE POTENTIALLY INTERESTED PARTY TO SEVER ALL TIES WITH JEFFERSON REGIONAL FOUNDATION.

THE GOVERNANCE COMMITTEE IS IN PLACE AND IN ITS COMMITTEE CHARTER HAS ADDITIONAL OVERSIGHT TO DEVELOP AND UPDATE CONFLICT OF INTEREST AND ETHICAL GUIDELINES FOR THE BOARD, PROVIDE BOARD EDUCATION ON THESE MATTERS, AND MAKE RECOMMENDATIONS REGARDING UPDATES OR IMPLEMENTATION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD PROVIDES OVERSIGHT OF THE COMPENSATION PROCESS AS IT IS DESIGNATED TO SERVE AS PERSONNEL COMMITTEE. THE COMMITTEE IS LED IN PERSONNEL FUNCTIONS BY THE PRESIDENT AND CEO OF THE FOUNDATION. AS PART OF ITS ENGAGEMENT WITH THE FOUNDATION, AN OUTSIDE CONSULTING FIRM WHICH SPECIALIZES IN NONPROFIT TALENT MANAGEMENT PROVIDED COMPARABLE COMPENSATION INFORMATION FOR THE FOUNDATION'S KEY COMPENSATED POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR AND PROGRAM OFFICER.

TWO PRIMARY SOURCES WERE USED TO DEVELOP BENCHMARK INFORMATION: A GRANTMAKERS SALARY AND BENEFIT SURVEY COMPILED BY THE COUNCIL ON FOUNDATIONS AND A REGIONAL NONPROFIT SURVEY PUBLISHED BY THE UNITED WAY IN COLLABORATION WITH A LOCAL UNIVERSITY'S NONPROFIT MANAGEMENT PROGRAM. THIS INFORMATION PROVIDED DETAIL ON SALARY RANGES RELATIVE TO THE ASSET SIZE OF SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWED ALL OF THIS INFORMATION IN DETERMINING COMPENSATION, MADE ITS DETERMINATIONS, AND FULLY

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REPORTED ITS DELIBERATIONS AND ACTIONS DIRECTLY TO THE BOARD. THE REVIEW AND APPROVAL PROCESS FOR THE DETERMINATION OF COMPENSATION IS DOCUMENTED VIA BOARD AND COMMITTEE MINUTES.

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

THE FORM 990 IS POSTED ON THE FOUNDATION'S WEBSITE. THE FOUNDATION ALSO PRODUCES AN ANNUAL REPORT OF GRANT AWARD INFORMATION WHICH IS DISTRIBUTED IN PRINT FORM AND IS AVAILABLE ON THE FOUNDATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY CAN BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEFFERSON HOSPITAL - 25-1260215 P O BOX 18119; COAL VALLEY RD PITTSBURGH, PA 15236-0119	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	ALLEGHENY HEALTH NETWORK		X

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. JEFFERSON REGIONAL FOUNDATION	Employer identification number (EIN) or 56-2420913
	Number, street, and room or suite no. If a P.O. box, see instructions. 565 COAL VALLEY ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JEFFERSON HILLS, PA 15025	

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

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

CHARLES R. MODISPACHER, PRESIDENT & CEO

• The books are in the care of ▶ **565 COAL VALLEY ROAD - JEFFERSON HILLS, PA 15025**
Telephone No. ▶ **(412) 267-6766** Fax No. ▶ _____

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

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

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

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c 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.	3c	\$	0.

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