

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)

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable:	C Name of organization JEFFERSON REGIONAL FOUNDATION	D Employer identification number 56-2420913
Address change Name change Initial return Final return/terminated Amended return Application pending	Doing business as	E Telephone number (412) 267-6771
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 565 COAL VALLEY ROAD	G Gross receipts \$ 51,279,517.
	City or town, state or province, country, and ZIP or foreign postal code JEFFERSON HILLS, PA 15025	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: CHARLES R. MODISPACHER SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach a list. (see instructions)
	J Website: ▶ WWW.JEFFERSONRF.ORG	H(c) Group exemption number ▶
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association 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 2018 (Part V, line 2a)	5	7
	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 38	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	0.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,683,729.	6,410,822.
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)		4,683,729.	6,410,822.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	429,361.	493,630.
	16 a 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)	638,636.	633,073.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,087,497.	3,101,203.
19 Revenue less expenses. Subtract line 18 from line 12	596,232.	3,309,619.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	98,795,344.	101,615,699.
	21 Total liabilities (Part X, line 26)	1,468,283.	950,735.
	22 Net assets or fund balances. Subtract line 21 from line 20	97,327,061.	100,664,964.

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 MARK HEROUX	Preparer's signature MARK HEROUX
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP	Date 12/18/19
	Firm's address ▶ 205 N. MICHIGAN AVE. #2800 CHICAGO, IL 60601-5927	Check if self-employed <input type="checkbox"/> PTIN P00959793
		Firm's EIN ▶ 39-0859910
		Phone no. 312.729.8000

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. CONTINUED ON SCHEDULE O.

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 \$ 954,000. including grants of \$ 954,000.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO STRENGTHEN VULNERABLE POPULATIONS AND COMMUNITIES, THE JEFFERSON REGIONAL FOUNDATION AWARDED 23 GRANTS. LOW-INCOME FAMILIES BENEFIT FROM THE EXPANSION OF A FREE FURNITURE PROGRAM INTO THE MCKEESPORT/MON VALLEY AREA WHICH COLLECTS AND DISTRIBUTES FURNITURE (BLESSING BOARD, \$65,000) WHILE AN IDEAS FROM THE TABLE MINIGRANT IS BEING USED BY A LOCAL CONGREGATION (FIRST PRESBYTERIAN CHURCH OF DUQUESNE) TO EDUCATE COMMUNITY MEMBERS THROUGH A POVERTY SIMULATION PROGRAM. GRANT FUNDS EXPAND THE REACH AND CAPABILITY OF PROGRAMS FOR REFUGEES (BHUTANESE COMMUNITY ASSOCIATION, \$60,000) AND MILITARY VETERANS (VETERANS BREAKFAST CLUB, \$100,000). CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 517,500. including grants of \$ 517,500.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO INCREASE HEALTH ACCESS AND PREVENTION, THE JEFFERSON REGIONAL FOUNDATION AWARDED 11 GRANTS. ECONOMIC DEVELOPMENT SOUTH (\$120,000) IS LEADING AN INNOVATIVE PILOT TRANSPORTATION RUBY RIDE PROGRAM PARTNERING WITH CCAC SOUTH, CLAIRTON CARES, JEFFERSON HOSPITAL, AND SQUIRREL HILL HEALTH CENTER TO REDUCE BARRIERS FOR ACCESS TO HEALTHCARE, EDUCATION, JOBS AND MORE. SALTWORKS (\$30,000/3 YEARS) DEVELOPS AND DELIVERS LIVE THEATER USING YOUNG ADULT ACTORS IN SCHOOLS TO OFFER PREVENTION MESSAGES ABOUT OPIOID ABUSE WHICH ARE WELL-RECEIVED. DUQUESNE UNIVERSITY (\$60,000) OPERATES PEDIATRIC ASTHMA PREVENTION AND CLINICS IN CLAIRTON AND SOUTH ALLEGHENY TO ADDRESS THIS CHRONIC DISEASE. CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 503,000. including grants of \$ 503,000.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO IMPROVE CHILD AND FAMILY OUTCOMES, THE JEFFERSON REGIONAL FOUNDATION AWARDED 12 GRANTS. MATERNAL AND INFANT GRANT PROGRAMS RANGE FROM A \$3000 (TRYING TOGETHER) IDEAS FROM THE TABLE MINIGRANT TO SURVEY PARENTS OF CHILDREN WITH SPECIAL HEALTHCARE AND DEVELOPMENTAL ISSUES TO UNDERSTAND SPECIFIC FAMILY NEEDS TO A \$50,000 GRANT TO ADAPT A TEXT MENTORING PROGRAM FOR NEW PARENTS TO THOSE IN SUBSTANCE ABUSE RECOVERY (NURTURE PA). HELPING OUT OF SCHOOL TIME PROGRAMS TO BUILD EFFECTIVENESS IS IMPLEMENTED THROUGH A VARIETY OF NEW PROGRAMS (YOUTHPLACES \$50,000 - WORKFORCE DEVELOPMENT), THE PURCHASE OF A VAN (GWEN'S GIRLS \$60,000) AND BUILDING A BUSINESS PLAN AND EXPANDED SERVICES IN A NEW FACILITY FOR AFTERSCHOOL AND SUMMER PROGRAMS SERVING 3 SCHOOL DISTRICTS (MELTING

4d Other program services (Describe in Schedule O.) (Expenses \$ 600,553. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 2,575,053.

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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 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

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

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

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

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, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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 CHAIR	2.00	X		X				0.	0.	0.
(2) RICHARD W. TALARICO FIRST VICE CHAIR	2.00	X		X				0.	0.	0.
(3) JOHN R. ECHEMENT 2ND VICE CHAIR	2.00	X		X				0.	0.	0.
(4) J. WILLIAM RICHARDSON TREASURER	2.00	X		X				0.	0.	0.
(5) EDWARD R. MARASCO SECRETARY	2.00	X		X				0.	0.	0.
(6) CHARLES R. MODISPACHER PRESIDENT & CEO	20.00	X		X			50,000.	0.	0.	0.
(7) GARY W. DESCHAMPS DIRECTOR	1.00	X						0.	0.	0.
(8) GARY L. EVANS FINANCE COMMITTEE CHAIR	2.00	X						0.	0.	0.
(9) MATTHEW P. VIRGIN DIRECTOR	1.00	X						0.	0.	0.
(10) RICHARD F. COLLINS, MD DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN J. DEMPSTER DIRECTOR	1.00	X						0.	0.	0.
(12) HARRY J. SICI DIRECTOR	1.00	X						0.	0.	0.
(13) KAREN A. EVANS DIRECTOR	1.00	X						0.	0.	0.
(14) GREGORY A. HARBAUGH DIRECTOR	1.00	X						0.	0.	0.
(15) KEVIN D. LANGHOLZ DIRECTOR	1.00	X						0.	0.	0.
(16) AARON B. BILLGER DIRECTOR	1.00	X						0.	0.	0.
(17) GREGORY M. DEVINE 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) EVAN S. FRAZIER DIRECTOR	1.00	X						0.	0.	0.
(19) MARK P. GANNON, MD DIRECTOR	1.00	X						0.	0.	0.
(20) DANIEL A. ONORATO DIRECTOR	1.00	X						0.	0.	0.
(21) MARY PHAN-GRUBER EXECUTIVE DIRECTOR/ASST. TREASURER	40.00			X				155,540.	0.	23,010.
1b Sub-total								205,540.	0.	23,010.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								205,540.	0.	23,010.

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)		1,851,955.			1,851,955.	
	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				
		49,427,562.					
		b Less: cost or other basis and sales expenses					
		44,868,695.					
	c Gain or (loss)						
	4,558,867.						
	d Net gain or (loss)			4,558,867.			4,558,867.
	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			6,410,822.	0.	0.	6,410,822.	

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 ...	1,974,500.	1,974,500.		
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	231,943.	154,180.	77,763.	
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	199,265.	173,491.	25,774.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,497.	5,697.	1,800.	
9 Other employee benefits	25,341.	19,256.	6,085.	
10 Payroll taxes	29,584.	22,481.	7,103.	
11 Fees for services (non-employees):				
a Management				
b Legal	21,934.	10,967.	10,967.	
c Accounting	36,002.	18,001.	18,001.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	315,295.		315,295.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,288.	8,644.	8,644.	
12 Advertising and promotion				
13 Office expenses	14,842.	10,686.	4,156.	
14 Information technology	27,582.	19,859.	7,723.	
15 Royalties				
16 Occupancy	29,958.	21,570.	8,388.	
17 Travel	2,026.	1,459.	567.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	11,982.	8,627.	3,355.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,267.		20,267.	
23 Insurance	5,999.	4,319.	1,680.	
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	101,582.	101,582.		
b DUES & MEMBERSHIPS	14,960.	10,771.	4,189.	
c BOARD & STAFF DEVEL.	6,854.	4,935.	1,919.	
d REPAIRS & MAINTENANCE	4,186.	3,014.	1,172.	
e All other expenses _____	2,316.	1,014.	1,302.	
25 Total functional expenses. Add lines 1 through 24e	3,101,203.	2,575,053.	526,150.	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 <input type="checkbox"/> 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	128,616.	2	173,352.
	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	11,179.	9	16,483.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 106,060.		
	b Less: accumulated depreciation	10b 68,890.	57,437.	10c 37,170.
	11 Investments - publicly traded securities	95,542,978.	11	95,578,341.
	12 Investments - other securities. See Part IV, line 11	3,055,134.	12	5,810,353.
	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)	98,795,344.	16	101,615,699.	
Liabilities	17 Accounts payable and accrued expenses	85,283.	17	105,735.
	18 Grants payable	1,383,000.	18	845,000.
	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	1,468,283.	26	950,735.
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	97,327,061.	27	100,664,964.
	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	97,327,061.	33	100,664,964.	
34 Total liabilities and net assets/fund balances	98,795,344.	34	101,615,699.	

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	6,410,822.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,101,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,309,619.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97,327,061.
5	Net unrealized gains (losses) on investments	5	28,284.
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	100,664,964.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

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

2018

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		0.	0.
Total					0.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		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			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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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, AND BUT FOR THE FOUNDATION'S ACTIONS JEFFERSON HOSPITAL WOULD BE REQUIRED TO PROVIDE THIS SUPPORT TO ADDRESS ITS COMMUNITY HEALTH NEEDS. 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

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.)

PROCESS. THE DETAIL OF BOTH OF THESE ITEMS IS DISCUSSED IN GREATER
 DETAIL IN SCHEDULE O. THE FOUNDATION ENSURES THAT ITS DIRECT
 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,
 ENSURING THAT THE FOUNDATION'S PRIORITIES CONTINUE TO ALIGN WITH THOSE
 OF JEFFERSON HOSPITAL, 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, MONITOR, AND OBJECTIVELY EVALUATE THESE PROGRAMS. JEFFERSON
 HOSPITAL HAS ACKNOWLEDGED THE FOUNDATION'S EFFORTS BY INCLUDING SEVERAL

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.)

OF THE FOUNDATION'S PROGRAMS IN ITS 2018 CHNA IMPLEMENTATION PLAN. ONE MAJOR EXAMPLE IS A GOAL RELATED TO COST OF CARE THROUGH ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH. THE CHNA PLAN CITES IMPLEMENTATION OF A FRONT DOOR INITIATIVE FOR SOCIAL EMERGENCY MEDICINE, FUNDED BY THE FOUNDATION, WHICH INCLUDES SCREENING AND REFERRAL OF EMERGENCY PATIENTS FOR SOCIAL NEEDS, ENGAGEMENT OF A COMMUNITY ADVISORY COMMITTEE WHICH INCLUDES FOUNDATION REPRESENTATIVES, REVIEW OF RESEARCH AND BEST PRACTICES AND DATA COLLECTION IN ORDER TO REDUCE READMISSION RATES, COMMUNITY REFERRALS AND QUALITY OF LIFE. ANOTHER FOUNDATION SUPPORTED ACTIVITY IN THE PLAN IS A PROGRAM OF THE LOCAL FOOD BANK WHICH DISTRIBUTES MEDICALLY TAILORED FOOD BOXES TO IDENTIFIED JEFFERSON PATIENTS AT DISCHARGE, AND INCLUDES REFERRAL CONNECTIONS TO ONGOING FOOD RESOURCES. THE CHNA PLAN ALSO INCLUDES A GOAL TO IMPROVE AWARENESS OF MENTAL HEALTH CONDITIONS AND TREATMENT OPTIONS AND INCLUDES A FOUNDATION-LED STRATEGY TO PROVIDE MENTAL HEALTH FIRST AID CERTIFIED TRAINING ACROSS THE COMMUNITY.

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

2018 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 number, (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, historic structure). 2. Conservation contribution details (a-d) with a small table for 'Held at the End of the Tax Year'. 3-7. Monitoring and enforcement details. 8. Section 170(h)(4)(B) 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 two main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Reporting requirements for works of art, historical treasures, etc. 2. Reporting requirements for financial gain from art, etc. (a) Revenue included. (b) Assets included.

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.	22,129.	22,128.
d Equipment		61,803.	46,761.	15,042.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,170.

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) OTHER INVESTMENTS	1,769,016.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	4,041,337.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,810,353.	

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	6,123,811.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	28,284.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-315,295.
e	Add lines 2a through 2d	2e	-287,011.
3	Subtract line 2e from line 1	3	6,410,822.
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	6,410,822.

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

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

1	Total expenses and losses per audited financial statements	1	2,785,908.
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	2,785,908.
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	315,295.
c	Add lines 4a and 4b	4c	315,295.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,101,203.

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 HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON F/S -315,295.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON F/S 315,295.

**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

2018

**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
MELTING POT MINISTRIES 260 ATLANTA DRIVE PITTSBURGH, PA 15228	14-1942636	501(C)(3)	180,000.	0.	N/A	N/A	SUPPORT THE SIGNIFICANT EXPANSION OF COMPREHENSIVE YOUTH AFTERSCHOOL AND SUMMER
ECONOMIC DEVELOPMENT SOUTH (EDS) 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	120,000.	0.	N/A	N/A	IMPROVE ACCESS TO HEALTH AND HUMAN SERVICES FOR JEFFERSON AREA RESIDENTS BY PILOTING A
SPENCER FAMILY YMCA 305 CHURCH RD BETHEL PARK, PA 15102	25-0969497	501(C)(3)	110,000.	0.	N/A	N/A	PROVIDE ADULTS AND YOUTH LIVING IN GLASSPORT, PORT VUE, LINCOLN, AND LIBERTY BOROUGHS THE OPPORTUNITY
LITERACY PITTSBURGH 411 SEVENTH AVENUE, SUITE 550 PITTSBURGH, PA 15219	25-1392652	501(C)(3)	100,000.	0.	N/A	N/A	CONTINUE TO MEET THE INCREASED DEMAND FOR ESSENTIAL LITERACY TRAINING FOR 130 LOCAL
VETERANS BREAKFAST CLUB 200 MAGNOLIA PLACE PITTSBURGH, PA 15228	26-4633657	501(C)(3)	100,000.	0.	N/A	N/A	INCREASE STORYTELLING, LEADERSHIP, AND COMMUNITY ENGAGEMENT FOR LOCAL POST-9/11 AND ALL
JEWISH FAMILY AND COMMUNITY SERVICES - 5743 BARTLETT STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	80,000.	0.	N/A	N/A	INCREASE CAREER DEVELOPMENT SERVICES FOR UNEMPLOYED AND UNDEREMPLOYED LOCAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 35.**

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.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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
SQUIRREL HILL HEALTH CENTER 103 TOWNE SQUARE WAY BRENTWOOD, PA 15227	20-1163755	501(C)(3)	80,000.	0.	N/A	N/A	BUILD ORGANIZATIONAL CAPACITY TO CONTINUE STRATEGIC GROWTH AND LONG-TERM STABILITY OF A
THE BLESSING BOARD 140 PENNSYLVANIA AVE OAKMONT, PA 15139	27-2775566	501(C)(3)	65,000.	0.	N/A	N/A	INCREASE THE QUALITY OF LIFE AND OVERALL HEALTH AND WELLNESS FOR LOW-INCOME MCKEESPORT
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH - 3000 BROWNSVILLE ROAD, SUITE C - PITTSBURGH, PA 15227	30-0742370	501(C)(3)	60,000.	0.	N/A	N/A	STRENGTHEN HEALTHY OPPORTUNITIES AND OPTIONS FOR MEMBERS OF THE LOCAL BHUTANESE COMMUNITY,
DUQUESNE UNIVERSITY 600 FORBES PITTSBURGH, PA 15282	25-1035663	501(C)(3)	60,000.	0.	N/A	N/A	INCREASE THE HEALTH AND SCHOOL ENGAGEMENT OF ELEMENTARY CHILDREN IN THE SOUTH ALLEGHENY
GROUNDED STRATEGIES 6587 HAMILTON AVE #1W PITTSBURGH, PA 15206	35-2309836	501(C)(3)	60,000.	0.	N/A	N/A	FOSTER COMMUNITY HEALTH, REVITALIZATION AND COMMUNITY OWNERSHIP BY ENGAGING DUQUESNE ADULT
GWEN'S GIRLS INCORPORATED 711 WEST COMMONS PITTSBURGH, PA 15212	75-3114136	501(C)(3)	60,000.	0.	N/A	N/A	STRENGTHEN FAMILIES THROUGH A PSYCHO-EDUCATIONAL COMMUNITY SUPPORT GROUP
MON VALLEY INITIATIVE 303-305 EAST 8TH AVENUE HOMESTEAD, PA 15120	25-1591350	501(C)(3)	60,000.	0.	N/A	N/A	ASSIST IN HELPING UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS ACHIEVE
PUBLICSOURCE, INC. 1936 FIFTH AVE PITTSBURGH, PA 15219	47-4309256	501(C)(3)	60,000.	0.	N/A	N/A	INCREASE JEFFERSON ORGANIZATIONS AND RESIDENTS UNDERSTANDING OF CIVIC ENGAGEMENT, A
TRYING TOGETHER 5604 SOLWAY STREET PITTSBURGH, PA 15217	25-6089906	501(C)(3)	60,000.	0.	N/A	N/A	INCREASE ACCESS OF JEFFERSON AREA LOW-INCOME WORKING PARENTS AND CHILDREN TO QUALITY EARLY

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
CENTER FOR HEARING & DEAF SERVICES (HDS) - 1945 FIFTH AVENUE - PITTSBURGH, PA 15219	25-0974324	501(C)(3)	50,000.	0.	N/A	N/A	INCREASE THE QUALITY OF LIFE FOR 64 LOW-INCOME, JEFFERSON RESIDENTS WITH HEARING LOSS BY PROVIDING
NURTUREPA, INC. 903 SHERIFFS COURT MCMURRAY, PA 15317	46-5279750	501(C)(3)	50,000.	0.	N/A	N/A	PILOT THE LOCAL EXPANSION OF AN INNOVATIVE, TEXT-MENTORING PROGRAM WHICH PROVIDES MATERNAL
THE FORBES FUNDS FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222	25-1418095	501(C)(3)	50,000.	0.	N/A	N/A	BUILD THE LEADERSHIP CAPACITY OF LOCAL ORGANIZATIONS TO MORE EFFECTIVELY SERVE THE
THE GLOBAL SWITCHBOARD 305 34TH STREET PITTSBURGH, PA 15201	25-1303478	501(C)(3)	50,000.	0.	N/A	N/A	PROMOTE EFFECTIVE, COORDINATED EFFORTS TO BUILD ON THE STRENGTHS OF RESIDENTS BORN IN OTHER
THE PITTSBURGH FOUNDATION FIVE PPG PLACE, SUITE 250 PITTSBURGH, PA 15222	25-0965466	501(C)(3)	50,000.	0.	N/A	N/A	SUPPORT THE CONTINUATION OF A FLEXIBLE, FOUNDATION-SUPPORTED FUND TO STRENGTHEN PUBLIC
WQED MULTIMEDIA 4802 FIFTH AVE PITTSBURGH, PA 15213	25-1010296	501(C)(3)	50,000.	0.	N/A	N/A	PROMOTE FAMILY ENGAGEMENT AND POSITIVE CONNECTIONS TO LEARNING THROUGH EXPANSION OF WQEDS READY
YOUTHPLACES INC. 711 W COMMONS PITTSBURGH, PA 15212	43-2068912	501(C)(3)	50,000.	0.	N/A	N/A	INCREASE WORKFORCE DEVELOPMENT SKILLS FOR AT-RISK MIDDLE AND HIGH SCHOOL YOUTH FROM
PENNSYLVANIA STATE UNIVERSITY - GREATER ALLEGHENY - 4000 UNIVERSITY - MCKEESPORT, PA 15131	24-6000376	501(C)(3)	45,000.	0.	N/A	N/A	CONTINUE TO PROMOTE A PARTNERSHIP OF PENN STATE GREATER ALLEGHENY AND THE CITY OF MCKEESPORT TO
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVENUE - PITTSBURGH, PA 15222	25-1043578	501(C)(3)	40,000.	0.	N/A	N/A	CONTINUE TO EXPAND VOLUNTEERISM THAT CONNECTS GENERATIONS AND STRENGTHENS VITAL TIES OF

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
VENTURE OUTDOORS, INC. 33 TERMINAL WAY PITTSBURGH, PA 15219	20-3275291	501(C)(3)	40,000.	0.	N/A	N/A	CONTINUE TO ENGAGE JEFFERSON YOUTH, FAMILIES, AND OLDER ADULTS IN THE HEALTHY
WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVE. #124 PITTSBURGH, PA 15208	35-2461923	501(C)(3)	32,000.	0.	N/A	N/A	IMPROVE THE HEALTH AND WELL-BEING OF JEFFERSON FAMILIES IN NEED BY EXPANDING ACCESS TO FREE
SALTWORKS THEATRE COMPANY 569 N. NEVILLE ST PITTSBURGH, PA 15213	25-1395314	501(C)(3)	30,000.	0.	N/A	N/A	CONTINUE TO INCREASE KNOWLEDGE ABOUT THE TRUTHS AND CONSEQUENCES OF UNHEALTHY DECISIONS
SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVE PITTSBURGH, PA 15102	25-1213332	501(C)(3)	30,000.	0.	N/A	N/A	ASSESS THE NEEDS, STRENGTHS AND WEAKNESSES OF 6-8 LOCAL ORGANIZATIONS INTERESTED
JEWISH HEALTHCARE FOUNDATION 650 SMITHFIELD STREET PITTSBURGH, PA 15222	25-1624347	501(C)(3)	25,000.	0.	N/A	N/A	CONTINUE QUALITY OF LIFE FOR JEFFERSON RESIDENTS LIVING WITH DEMENTIA AND THEIR FAMILIES, FRIENDS
PENNSYLVANIA VOICE 123 SOUTH BROAD STREET PHILADELPHIA, PA 19109	81-1141448	501(C)(3)	25,000.	0.	N/A	N/A	INCREASE CIVIC ENGAGEMENT IN THE JEFFERSON AREA THROUGH A PARTNERSHIP WITH THE JEFFERSON
THE MENTORING PARTNERSHIP OF SWPA 1901 CENTRE AVENUE # 205 PITTSBURGH, PA 15219	23-2876447	501(C)(3)	25,000.	0.	N/A	N/A	INCREASE THE NUMBER OF JEFFERSON YOUTH WHO BENEFIT FROM QUALITY MENTORING THROUGH
UNIVERSITY CENTER FOR SOCIAL AND URBAN RESEARCH - 3343 FORBES AVE - PITTSBURGH, PA 15260	25-0965591	501(C)(3)	24,000.	0.	N/A	N/A	INCREASE THE KNOWLEDGE AND CAPACITY OF JEFFERSON AREA NONPROFIT AND COMMUNITY ORGANIZATIONS,
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH - 3000 BROWNSVILLE ROAD, SUITE C - PITTSBURGH, PA 15227	30-0742370	501(C)(3)	10,000.	0.	N/A	N/A	ASSIST JEFFERSON AREAS INTERNATIONAL POPULATION WITH ALL ACTIVITIES RELATED TO THE UPCOMING

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
CENTER FOR VICTIMS 3433 EAST CARSON STREET, SUITE 300 PITTSBURGH, PA 15203	25-1307309	501(C)(3)	10,000.	0.	N/A	N/A	OFFER A SERIES OF WORKSHOPS THROUGHOUT THE YEAR TO INCREASE KNOWLEDGE OF JEFFERSON
CONSUMER HEALTH COALITION 415 EAST OHIO STREET PITTSBURGH, PA 15212	25-1753030	501(C)(3)	5,000.	0.	N/A	N/A	CERTIFY TWO LOCAL TOBACCO CESSATION TRAINERS AND ENGAGE 50 JEFFERSON RESIDENTS IN SMOKING

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: MELTING POT MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE SIGNIFICANT EXPANSION OF COMPREHENSIVE YOUTH AFTERSCHOOL AND SUMMER PROGRAMS, FAMILY AND SCHOOL CONNECTIONS, AND THE DEVELOPMENT OF A BUSINESS PLAN FOR ONSITE MENTAL HEALTH AND RELATED SERVICES FOR THE SOUTH PARK, BALDWIN-WHITEHALL AND BETHEL PARK AREAS TO MEET INCREASING DEMAND AND BUILD ON THE CAPACITY-BUILDING OPPORTUNITIES PRESENTED BY THE MOVE TO A LARGER, INTEGRATED FACILITY.

NAME OF ORGANIZATION OR GOVERNMENT: ECONOMIC DEVELOPMENT SOUTH (EDS)

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE ACCESS TO HEALTH AND HUMAN SERVICES FOR JEFFERSON AREA RESIDENTS BY PILOTING A NONTRADITIONAL,

Part IV Supplemental Information

TRANSPORTATION ACCESS PROGRAM, RUBY RIDE, IN PARTNERSHIP WITH JEFFERSON HOSPITAL, SQUIRREL HILL HEALTH CENTER, AND CCAC SOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: SPENCER FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ADULTS AND YOUTH LIVING IN GLASSPORT, PORT VUE, LINCOLN, AND LIBERTY BOROUGHS THE OPPORTUNITY FOR NEW, LOCAL GROUP FITNESS/WELLNESS OPTIONS, INCLUDING HEALTH EDUCATION AND AFTERSCHOOL PROGRAMMING, AT THE SOUTH ALLEGHENY COMMUNITY WELLNESS CENTER THROUGH A PARTNERSHIP WITH SOUTH ALLEGHENY SCHOOL DISTRICT AND THE SPENCER FAMILY YMCA.

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO MEET THE INCREASED DEMAND FOR ESSENTIAL LITERACY TRAINING FOR 130 LOCAL ADULTS AND FAMILIES BY SUPPORTING A JEFFERSON AREA COORDINATOR, RECRUITING AN ADDITIONAL 25 VOLUNTEERS, DEVELOP JOINT PROGRAMMING WITH JEFFERSON ORGANIZATIONS, AND EXPLORE A FOCUSED ROLE IN WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS BREAKFAST CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE STORYTELLING, LEADERSHIP, AND COMMUNITY ENGAGEMENT FOR LOCAL POST-9/11 AND ALL JEFFERSON VETERANS THROUGH AN EXPANSION PROJECT WHICH INCLUDES PROVIDING PROGRAMS IN MCKEESPORT, GLASSPORT, PORT VUE, AND/OR WEST MIFFLIN, EXPLORING A NEW FINANCIAL MODEL, AND ADDING PART-TIME, ADMINISTRATIVE STAFF CAPACITY.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY AND COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE CAREER DEVELOPMENT SERVICES FOR UNEMPLOYED AND UNDEREMPLOYED LOCAL RESIDENTS BY CONVENING KEY

Part IV Supplemental Information

PARTNERS TO DEVELOP A LOCAL WORKFORCE CENTER AND CONTINUE TO PROVIDE ESSENTIAL LEGAL SERVICES FOR IMMIGRANT AND INTERNATIONAL RESIDENTS TO ENABLE THEIR WORKFORCE PARTICIPATION AS WELL AS QUALITY OF LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: SQUIRREL HILL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD ORGANIZATIONAL CAPACITY TO CONTINUE STRATEGIC GROWTH AND LONG-TERM STABILITY OF A LOCAL FEDERALLY QUALIFIED HEALTH CENTER WHICH PROVIDES PRIMARY AND PREVENTIVE MEDICAL AND BEHAVIORAL HEALTH SERVICES TO THOUSANDS OF JEFFERSON LOW-INCOME, UNINSURED PATIENTS OF ALL AGES, INCLUDING THE GROWING POPULATION OF IMMIGRANTS & REFUGEES.

NAME OF ORGANIZATION OR GOVERNMENT: THE BLESSING BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE QUALITY OF LIFE AND OVERALL HEALTH AND WELLNESS FOR LOW-INCOME MCKEESPORT FAMILIES AND INDIVIDUALS BY SUPPORTING THE EXPANSION OF A MCKEESPORT FACILITY DEDICATED TO COLLECTING AND PROVIDING FURNITURE AND HOME GOODS TO THESE UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN HEALTHY OPPORTUNITIES AND OPTIONS FOR MEMBERS OF THE LOCAL BHUTANESE COMMUNITY, INCLUDING YOUTH & FAMILIES, WOMEN AND SENIORS, BY BUILDING ORGANIZATIONAL AND PROGRAM CAPACITY AND PARTNERSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: DUQUESNE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE HEALTH AND SCHOOL

Part IV Supplemental Information

ENGAGEMENT OF ELEMENTARY CHILDREN IN THE SOUTH ALLEGHENY (GLASSPORT, PORT VUE, LIBERTY AND LINCOLN) AND CLAIRTON SCHOOLS THROUGH ASTHMA SCREENINGS, COMMUNITY EDUCATION AND SCHOOL-BASED ASTHMA CLINICS AND CONTINUE TO DEVELOP OPTIONS FOR SUSTAINABILITY INCLUDING THE ENGAGEMENT OF COMMUNITY HEALTH WORKERS.

NAME OF ORGANIZATION OR GOVERNMENT: GROUNDED STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER COMMUNITY HEALTH, REVITALIZATION AND COMMUNITY OWNERSHIP BY ENGAGING DUQUESNE ADULT AND YOUTH RESIDENTS TO CONDUCT A VACANT LAND SURVEY AND HOST A SERIES OF WORKSHOPS THROUGHOUT THE COMMUNITY TO SHARE RELEVANT EDUCATIONAL AND VOLUNTEER OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: GWEN'S GIRLS INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN FAMILIES THROUGH A PSYCHO-EDUCATIONAL COMMUNITY SUPPORT GROUP FOR GIRLS AND THEIR MOTHERS/FEMALE CAREGIVERS, EXPAND THE ACADEMIC INTENSITY AND MAINTAIN LATER HOURS OF THE CURRENT AFTERSCHOOL/SUMMER PROGRAM, AND PROVIDE TRANSPORTATION SUPPORT TO PARTICIPATING CLAIRTON YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: MON VALLEY INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST IN HELPING UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS ACHIEVE FINANCIAL SELF-SUFFICIENCY THROUGH OFFERING A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM INCLUDING FINANCIAL LITERACY, ONE-ON-ONE CAREER COUNSELING, RESUMES AND INTERVIEWS, GROUP WORKSHOPS, EMPLOYER CONNECTIONS, AND BASIC NEED REFERRALS AND TRAIN/EQUIP LOCAL PARTNERS IN SERVING JOBSEEKERS WITH CRIMINAL JUSTICE & OTHER BARRIERS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PUBLICSOURCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE JEFFERSON ORGANIZATIONS AND RESIDENTS UNDERSTANDING OF CIVIC ENGAGEMENT, A TOP THEME OF THE 2018 AROUND THE TABLE SOUTH INITIATIVE, BY PROVIDING RESOURCES AND EDUCATIONAL WORKSHOPS ON COMMUNITY ENGAGEMENT/STORYTELLING TAUGHT BY EXPERIENCED JOURNALISTS AND DRAW ATTENTION TO THE JEFFERSON AREA BY HIGHLIGHTING STORIES AND FIRST-PERSON ESSAYS.

NAME OF ORGANIZATION OR GOVERNMENT: TRYING TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE ACCESS OF JEFFERSON AREA LOW-INCOME WORKING PARENTS AND CHILDREN TO QUALITY EARLY CHILDCARE EDUCATION BY PROVIDING TECHNICAL ASSISTANCE, PROFESSIONAL DEVELOPMENT, AND FAMILY ENGAGEMENT WORKSHOPS TO HOME-BASED DAYCARE CENTERS ENABLING THEM TO GROW THEIR QUALITY, CAPACITY & INCOME.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEARING & DEAF SERVICES (HDS)

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE QUALITY OF LIFE FOR 64 LOW-INCOME, JEFFERSON RESIDENTS WITH HEARING LOSS BY PROVIDING FREE HEARING AIDS/ASSISTIVE LISTENING DEVICES TO IMPROVE THEIR HEARING, COMMUNICATION, SAFETY, AND LONG-TERM HEALTH OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: NURTUREPA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PILOT THE LOCAL EXPANSION OF AN INNOVATIVE, TEXT-MENTORING PROGRAM WHICH PROVIDES MATERNAL SUPPORT AND PROMOTES INFANT MENTAL HEALTH TO NEW MOTHERS WHO ARE IN RECOVERY FROM ADDICTION THROUGH A COLLABORATION WITH AHNS PERINATAL HOPE PROGRAM AND PA

Part IV Supplemental Information

ORGANIZATION FOR WOMEN IN EARLY RECOVERY

(POWER).

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, PEER LEARNING COHORTS, AND CONSULTING ASSISTANCE OFFERED BY HIGHLY EXPERIENCED CONSULTANTS, RETIRED EXECUTIVES, AND GROUP TRAININGS.

NAME OF ORGANIZATION OR GOVERNMENT: THE GLOBAL SWITCHBOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE EFFECTIVE, COORDINATED EFFORTS TO BUILD ON THE STRENGTHS OF RESIDENTS BORN IN OTHER COUNTRIES THROUGH LOCAL CAPACITY BUILDING TO SUPPORT IMMIGRANT INTEGRATION, GROW THE NUMBER OF FOREIGN-BORN PROFESSIONALS ENTERING HEALTHCARE, AND HIGHLIGHT THE SOUTH HILLS COMMUNITY THROUGH A NATIONAL CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: THE PITTSBURGH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE CONTINUATION OF A FLEXIBLE, FOUNDATION-SUPPORTED FUND TO STRENGTHEN PUBLIC HEALTH IN ALLEGHENY COUNTY THROUGH CAPACITY DEVELOPMENT AND EMERGING NEEDS IN PUBLIC HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: WQED MULTIMEDIA

(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

Part IV Supplemental Information

WITH LOCAL LIBRARIES AND THREE COMMUNITY PARTNERS LOCATED IN SOUTH PARK, CLAIRTON, AND BALDWIN/WHITEHALL.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHPLACES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE WORKFORCE DEVELOPMENT SKILLS FOR AT-RISK MIDDLE AND HIGH SCHOOL YOUTH FROM CLAIRTON, DUQUESNE, AND MCKEESPORT BY OFFERING A SUMMER PROGRAM THROUGH AN INNOVATIVE PARTNERSHIP WITH PSU GREATER ALLEGHENY AND A LOCAL COMPANY, TMS INTERNATIONAL, WHO WILL PROVIDE THE WORKPLACE PARTNERSHIP AND MATCH EACH DOLLAR RAISED TO SUPPORT A DUAL ENROLLMENT SCHOLARSHIP FUND.

NAME OF ORGANIZATION OR GOVERNMENT:

PENNSYLVANIA STATE UNIVERSITY - GREATER ALLEGHENY

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO 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:

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO 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, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO ENGAGE JEFFERSON YOUTH,

Part IV Supplemental Information

FAMILIES, AND OLDER ADULTS IN THE HEALTHY BENEFITS OF ACTIVE OUTDOOR
ACTIVITY THROUGH TARGETED OUTDOOR PROGRAMMING PROMOTING HEALTH AND
WELLNESS.

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN PENNSYLVANIA DIAPER BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE HEALTH AND WELL-BEING OF
JEFFERSON FAMILIES IN NEED BY EXPANDING ACCESS TO FREE DIAPERS AND OTHER
ESSENTIALS THROUGH JEFFERSON PARTNER ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SALTWORKS THEATRE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO INCREASE KNOWLEDGE ABOUT
THE TRUTHS AND CONSEQUENCES OF UNHEALTHY DECISIONS RELATED TO OPIOIDS,
PRESCRIPTION DRUGS, E-CIGARETTES, AND DRUG USE IN GENERAL 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: SOUTH HILLS INTERFAITH MOVEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESS THE NEEDS, STRENGTHS AND
WEAKNESSES OF 6-8 LOCAL ORGANIZATIONS INTERESTED IN EMPLOYING A
COLLABORATIVE, SHARED CHIEF MARKETING OFFICER BY PARTNERING WITH
EXPERIENCED CONSULTANTS KEVIN GIEDER (PRINCIPAL, KGC) AND TIM HINDES
(PRINCIPAL, TRAILBLAZE CREATIVE) TO STRENGTHEN THE MARKETING CAPACITY OF
JEFFERSON NONPROFIT ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH HEALTHCARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE QUALITY OF LIFE FOR

Part IV Supplemental Information

JEFFERSON RESIDENTS LIVING WITH DEMENTIA AND THEIR FAMILIES, FRIENDS AND CARETAKERS THROUGH A STATEWIDE INITIATIVE TO EDUCATE AND BREAKDOWN THE STIGMA SURROUNDING DEMENTIA, AND IMPLEMENT PRACTICAL CHANGES TO BEST SUPPORT PEOPLE LIVING WITH DEMENTIA AND THOSE AROUND THEM.

NAME OF ORGANIZATION OR GOVERNMENT: PENNSYLVANIA VOICE

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE CIVIC ENGAGEMENT IN THE JEFFERSON AREA THROUGH A PARTNERSHIP WITH THE JEFFERSON COMMUNITY COLLABORATIVE TO HAVE A FAIR AND ACCURATE COUNT FOR THE CENSUS 2020 IN THE JEFFERSON AREA WHICH REACHES DEEPLY INTO TRADITIONALLY UNDERCOUNTED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: THE MENTORING PARTNERSHIP OF SWPA

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE NUMBER OF JEFFERSON YOUTH WHO BENEFIT FROM QUALITY MENTORING THROUGH IDENTIFYING THE CURRENT STATUS OF MENTORING PROGRAMS, PROVIDING TARGETED OUTREACH AND TECHNICAL ASSISTANCE ON BEST PRACTICES TO JEFFERSON ORGANIZATIONS, AND INTRODUCING EVERYDAY MENTORING DESIGNED TO HELP ALL ADULTS WHO HAVE CONTACT WITH YOUTH RECOGNIZE THEIR POTENTIAL TO BE MORE MENTOR-LIKE IN THEIR INTERACTIONS WITH YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY CENTER FOR SOCIAL AND URBAN RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE KNOWLEDGE AND CAPACITY OF JEFFERSON AREA NONPROFIT AND COMMUNITY ORGANIZATIONS, INCLUDING THE FOUNDATION, BY PROVIDING SPECIFIC, COMMUNITY-LEVEL DATA RESOURCES, GROUP/INDIVIDUAL TECHNICAL ASSISTANCE, AND GUIDANCE ON SURVEY AND QUESTIONNAIRE DESIGN, IMPLEMENTATION AND ANALYSIS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST JEFFERSON AREAS INTERNATIONAL POPULATION WITH ALL ACTIVITIES RELATED TO THE UPCOMING CENSUS 2020.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR VICTIMS

(H) PURPOSE OF GRANT OR ASSISTANCE: OFFER A SERIES OF WORKSHOPS THROUGHOUT THE YEAR TO INCREASE KNOWLEDGE OF JEFFERSON AREA ORGANIZATIONS RELATED TO TRAUMA (A MINIMUM OF THREE WORKSHOPS).

NAME OF ORGANIZATION OR GOVERNMENT: CONSUMER HEALTH COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: CERTIFY TWO LOCAL TOBACCO CESSATION TRAINERS AND ENGAGE 50 JEFFERSON RESIDENTS IN SMOKING CESSATION CLASSES THROUGH LOCAL ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 **1b**

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

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

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

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

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

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

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

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

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

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

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

	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) 2018

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. TREASURER	(i)	155,540.	0.	0.	6,479.	16,531.	178,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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

2018

Open to Public
Inspection

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

EDUCATION & OUTREACH.

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

THE FOUNDATION WILL SERVE THE COMMUNITY WITH INTEGRITY AND
TRANSPARENCY. ITS MAJOR PRIORITIES 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:

OLDER ADULTS BENEFIT FROM A HEARING AID DISTRIBUTION PROGRAM (CENTER
FOR HEARING, \$50,000) AND A TELEPHONE REASSURANCE PROGRAM (UNITED WAY
\$40,000). BUILDING CAPACITY AND LEADERSHIP IS FUNDED IN VARIOUS WAYS,
INCLUDING TRAUMA KNOWLEDGE AND SUPPORT FOR CARE MANAGERS (CENTER FOR
VICTIMS \$10,000), TRAINING IN THE ANALYSIS AND USE OF DATA AND TOOLS
(PITT'S UNIVERSITY CENTER FOR SOCIAL AND URBAN RESEARCH \$24,000) AND A
PILOT PROGRAM FOR SHARED USE OF A CHIEF MARKETING OFFICER AMONG SEVERAL
NONPROFITS.

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

THE DIAPER BANK (\$32,000) COLLECTS AND DISTRIBUTES DIAPERS TO HIGH-NEED
FAMILIES THROUGH PARTNERSHIPS WITH LOCAL ORGANIZATIONS, WHILE THE
DEMENTIA FRIENDS PROJECT (JEWISH HEALTHCARE FOUNDATION \$25,000) BUILDS
AWARENESS IN COMMUNITY MEMBERS TO REDUCE STIGMA AND SUPPORT CAREGIVING
FAMILIES.

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

POT, \$180,000 FOR 3 YEARS).

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

JEFFERSON COMMUNITY COLLABORATIVE: SINCE 2015, THE FOUNDATION HAS HOSTED AN EVOLVING NETWORK WHICH HAS GROWN TO OVER 90+ MEMBER ORGANIZATIONS AND THE ADDITION OF A STAFF MEMBER FOR SUPPORT. MEMBER ORGANIZATIONS INCLUDE HUMAN SERVICES, LIBRARIES, CHURCHES, COMMUNITY DEVELOPMENT, LOCAL UNIVERSITIES, JEFFERSON HOSPITAL AND OTHER HEALTHCARE GROUPS AND EVEN OTHER FUNDERS SUCH AS THE COUNTY HUMAN SERVICES DEPARTMENT AND 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 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. IT IS LED BY A VISION COUNCIL WHICH REPRESENTS KEY ORGANIZATIONS AND STAKEHOLDER GROUPS IN THE AREA.

IN ADDITION TO HELPING LEAD THE AROUND THE TABLE SOUTH INITIATIVE TO ENGAGE THE COMMUNITY, RECENT COLLABORATIVE MEETINGS INCLUDED A PANEL OF STATE AND FEDERAL LEGISLATORS AND A SESSION ON LOCAL WORKFORCE DEVELOPMENT. OTHER OPPORTUNITIES INCLUDE LEADERSHIP TRAINING AND DATA COHORTS, CERTIFIED MENTAL HEALTH FIRST AID TRAINING AND A PEER-LED EDUCATION SERIES. AT THE REQUEST OF THE FOUNDATIONS GRANTS COMMITTEE, A NEW CENSUS LEADERSHIP TEAM WAS LAUNCHED TO GUIDE THE CREATION OF A LOCAL OUTREACH PLAN FOR THE CENSUS. THE JEFFERSON COUNTS CAMPAIGN IS

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BEING LAUNCHED IN THE FALL OF 2019 TO BUILD AWARENESS AND PARTICIPATION
IN THE IMPORTANT 2020 CENSUS.

FRONT DOOR INITIATIVE/JEFFERSON HOSPITAL OF THE ALLEGHENY HEALTH
NETWORK: DURING THE PAST YEAR, THE FOUNDATION RELEASED A SECOND YEAR OF
FUNDING FOR ITS LARGEST GRANT TO DATE, A \$1 MILLION (\$250,000 PER YEAR
FOR 4 YEARS) FRONT DOOR INITIATIVE GRANT TO JEFFERSON HOSPITAL/AHN. THE
GRANT'S INTENT IS TO CREATE A MODEL OF EXCELLENCE IN THE JEFFERSON
HOSPITAL EMERGENCY DEPARTMENT IN ADDRESSING SOCIAL DETERMINANTS OF
PATIENT HEALTH AS WELL AS ACUTE EMERGENCIES AS THE FACILITY UNDERGOES A
MAJOR EXPANSION.

THE FOUNDATION WAS AN ACTIVE PARTICIPANT IN THE FRONT DOOR ADVISORY
COMMITTEE AS IT HIRED ITS FIRST MANAGER, CONDUCTED AN EXHAUSTIVE
RESEARCH REVIEW, CONDUCTED SITE VISITS TO COLLECT BEST PRACTICES,
ENGAGED WITH INTERNAL AND COMMUNITY STAKEHOLDERS, IMPLEMENTED STAFF
TRAINING AND CONDUCTED A SCREENING PILOT WITH 200 EMERGENCY ROOM
PATIENTS. THE LATTER PILOT REVEALED THAT 58% OF RESPONDENTS WHO WERE
SCREENED WERE IDENTIFIED FOR A SOCIAL DETERMINANTS OF HEALTH RISK. THE
PROJECT IS WORKING WITH AHN PARTNERS TO DEVELOP A CORE SURVEY TOOL AND
BUILDING A REFERRAL AND TRACKING PROCESS. IT IS ALSO EVOLVING SEVERAL
KEY COMMUNITY PARTNERSHIPS WHICH INCLUDE A REFERRAL TO ADDRESS ISSUES
SUCH AS FOOD INSECURITY, TRANSPORTATION ACCESS, LANGUAGE AND WORKFORCE
ACCESS, AND AGING SERVICES.

5TH ANNUAL JEFFERSON FORUM, RECOGNIZING AND INSPIRING RESILIENCE: IN
MAY 2019, THE FOUNDATION HOSTED ANOTHER HIGHLY SUCCESSFUL DAYLONG
CONFERENCE, THE LARGEST EVER WITH 275 PARTICIPANTS REPRESENTING 150

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DIFFERENT ORGANIZATIONS WITH A THEME OF RECOGNIZING AND INSPIRING RESILIENCE. THE MORNING BEGAN WITH A MODERATED CONVERSATION WITH TIM HINDES, CREATOR OF THE STRONGER THAN HATE LOGO DEVELOPED IN RESPONSE TO THE TREE OF LIFE SYNAGOGUE MASS SHOOTING AND WHITEHALL BORO MAYOR JIM NOWALK. BOTH MR. HINDES AND THE TREE OF LIFE SHOOTER ATTENDED BALDWIN HIGH SCHOOL AND WERE WHITEHALL RESIDENTS.

AN EXPERT PANEL DISCUSSED TRAUMA AND RESILIENCE AT THE INDIVIDUAL, ORGANIZATIONAL, AND COMMUNITY LEVEL. WORKSHOPS LED BY LOCAL EXPERTS, WITH AN AVERAGE EVALUATION OF 4.5 ON A SCALE OF 5, INCLUDED TRAUMA TRAINING, CULTURAL HUMILITY, FACILITATION TRAINING, LEARNING TO LOVE CHANGE, FACILITATION SKILLS, RESILIENT FUNDRAISING, AND THE POWER OF THE PEN. NEW FORUM ADDITIONS INCLUDED LIVE SPOTLIGHT PRESENTATIONS ON COMMUNITY ISSUES BY PRESENTERS SELECTED THROUGH AN APPLICATION PROCESS, AND THE DEVELOPMENT OF THE JEFFERSON GALLERY, A PHOTO DISPLAY HIGHLIGHTING RESILIENCE IN LOCAL INITIATIVES. A MULTIGENERATIONAL MIXER CLOSED THE DAY AND PROVIDED CONTEXT TO UNDERSTAND MULTIGENERATIONAL PERSPECTIVES INCLUDING RESILIENCE IN OUR WORK AND WORKPLACES. FORUM SURVEYS INDICATE 100% OF THE RESPONDENTS FOUND IT TO BE PRODUCTIVE, AND SEVERAL DOZEN ORGANIZATIONS COMMITTED TO ONGOING ENGAGEMENT THROUGH THE COLLABORATIVE, AROUND THE TABLE SOUTH, MENTAL HEALTH FIRST AID OR SERVING AS A CENSUS CHAMPION TO PARTICIPATE IN OUTREACH EFFORTS.

JEFFERSON COMMUNITY DIRECTORY, A RESOURCE GUIDE FOR CONNECTIONS: ANOTHER ACCOMPLISHMENT 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

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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 PRESENTED AND DISTRIBUTED TO KEY STAKEHOLDERS INCLUDING NONPROFIT PROVIDERS, CHURCHES, HEALTHCARE PROFESSIONALS, LOCAL SCHOOL DISTRICTS, FIRST RESPONDERS AND IT IS ALSO AVAILABLE ONLINE. JEFFERSON HOSPITAL DEPARTMENTS AND PROVIDERS HAVE FOUND THE DIRECTORY TO BE A VALUABLE TOOL.

AROUND THE TABLE SOUTH, CONVERSATIONS THAT BUILD COMMUNITY: FOR ONE WEEK IN OCTOBER 2018, THE FOUNDATION INITIATED A NEW COMMUNITY ENGAGEMENT INITIATIVE, CALLED AROUND THE TABLE SOUTH, IN COLLABORATION WITH THE JEFFERSON COMMUNITY COLLABORATIVE INSPIRED BY THE CHICAGO COMMUNITY TRUSTS' ON THE TABLE MODEL, THIS WAS THE FIRST USE OF THE APPROACH IN PITTSBURGH EVEN WHILE IT HAS BEEN REPLICATED BY COMMUNITIES ACROSS THE COUNTRY.

DURING "AROUND THE TABLE SOUTH", A DIVERSE GROUP OF 1,025 JEFFERSON AREA RESIDENTS CONNECTED AROUND MORE THAN 100 TABLES TO SHARE MEALTIME CONVERSATIONS, EACH GUIDED BY A HOST TRAINED BY THE FOUNDATION, ABOUT HOW TO MAKE JEFFERSON COMMUNITIES HEALTHIER, SAFE AND MORE DYNAMIC. THE DISCUSSIONS TOOK PLACE IN LOCAL LIBRARIES, SCHOOLS AND UNIVERSITIES, NONPROFIT ORGANIZATIONS, HEALTHCARE SITES, CHURCHES AND HOMES. JEFFERSON HOSPITAL SERVED AS ONE OF A SMALL NUMBER OF "SUPERHOSTS", ORGANIZATIONS WHICH HOSTED A NUMBER OF CONVERSATION TABLES, AND IN FACT WAS HIGHLIGHTED IN OUR RESULTING REPORT.

THESE TABLE "CONVERSATIONS THAT BUILD COMMUNITY" FOCUSED ON MAKING

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CONNECTIONS, SHARING IDEAS AND TAKING ACTION. SURVEY RESULTS FROM NEARLY 750 PARTICIPANTS ANALYZED BY THE UNIVERSITY OF PITTSBURGH INDICATE THAT 75% OF THE TABLE PARTICIPANTS FELT MORE CONNECTED, INFORMED, HOPEFUL AND INSPIRED TO ACT AS A RESULT OF THAT CONVERSATION, 62% MET SOMEONE NEW AND 91% FELT IT SHOULD BE REPEATED.

THE FOUNDATION, WITH A REVIEW PROCESS LED BY THE COLLABORATIVE VISION COUNCIL, FUNDED 11 PROJECTS WITH IDEAS FROM THE TABLE MINI-GRANTS RANGING IN SIZE FROM \$500 TO \$3000 TO HELP SEED OR SUPPORT INITIATIVES WHICH EMERGED FROM THE TABLE CONVERSATIONS. THE FOUNDATION PUBLISHED AN AROUND THE TABLE SOUTH REPORT WHICH WAS WIDELY SHARED WITH STAKEHOLDERS AND MAINTAINS A WEBSITE AT WWW.AROUNDTHE TABLESOUTH.ORG. THE FOUNDATION WILL HOST A SECOND AROUND THE TABLE IN MARCH OF 2020 IN ASSOCIATION WITH LEADERSHIP PITTSBURGH WHICH EXPERIENCED SIMILAR SUCCESS HOSTING TABLE CONVERSATIONS IN THE SPRING OF 2019.

BEHAVIORAL HEALTH COMMUNITY OUTREACH: A MULTIYEAR GRANT FROM THE FOUNDATION TO JEFFERSON HOSPITAL FOR BEHAVIORAL HEALTH COMMUNITY OUTREACH, ORIGINALLY AWARDED IN DECEMBER 2016, HAS MORE RECENTLY DEVELOPED INTO AN INNOVATIVE SCHOOL BASED MENTAL HEALTH PROGRAM (CHILL) WHICH EMPHASIZES MINDFULNESS THROUGH PREVENTION AND INTERVENTION SERVICES WHICH ARE DIRECTED TO STUDENTS, FACULTY AND PARENTS. THE TWO LARGEST LOCAL SCHOOL DISTRICTS ARE IMPLEMENTING THIS PILOT PROGRAM, CONTRIBUTING FUNDING, SPACE AND ENTHUSIASTIC SUPPORT. THE LACK OF MENTAL HEALTH SERVICES FOR YOUTH, PARTICULARLY FOR TEENS, MAKES THIS IMPORTANT. THE OUTREACH PROGRAM EFFORT ALSO EXTENDS TO WELLNESS PROGRAMS AT LIBRARIES AND OTHER COMMUNITY SITES. OUTREACH STAFF HAVE ALSO SERVED AS TRAINERS IN A BROAD MENTAL HEALTH FIRST AID PROGRAM

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INITIATIVE SUPPORTED BY THE FOUNDATION AND THE COLLABORATIVE WHICH HAS TRAINED NEARLY 1000 RESIDENTS AND STAFF ACROSS THE JEFFERSON AREA IN THE PAST THREE YEARS.

EXPENSES \$ 600,553. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES, CONTINUED:
 STRATEGIC PLANNING & PRIORITIES: THE JEFFERSON REGIONAL FOUNDATION IS COMMITTED TO UNDERSTAND EVOLVING AND EMERGING NEEDS IN OUR AREA IN ORDER TO MOST EFFECTIVELY IMPLEMENT OUR MISSION. OUR ONGOING CONTACT WITH GRANTEES, THE JEFFERSON COMMUNITY COLLABORATIVE (90+ MEMBER NETWORK) AND REGULAR MEETINGS WITH LOCAL LEADERS AND HOSPITAL LEADERSHIP ARE IMPORTANT CONTINUING SOURCES OF INSIGHT.

DURING THIS FISCAL YEAR, TWO NEW REPORTS YIELDED IMPORTANT INFORMATION TO GUIDE OUR PRIORITIES. IN THE FALL OF 2018, THE JEFFERSON HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS PUBLISHED, AND THE RESULTING IMPLEMENTATION PLAN INCLUDES A NUMBER OF FOUNDATION GRANTS AND INITIATIVES. IN THE SPRING OF 2019, THE FOUNDATION PUBLISHED RESULTS OF A WEEKLONG SERIES OF 100 COMMUNITY TABLE CONVERSATIONS (AROUND THE TABLE SOUTH) HOSTED BY THE FOUNDATION WHICH INCLUDED SIGNIFICANT PARTICIPATION BY JEFFERSON HOSPITAL. KEY AREAS OF CONCERN ELICITED FROM THESE REPORTS INCLUDED BEHAVIORAL HEALTH AND TRAUMA, ACCESS TO CARE FOR HEALTH AND WELLNESS INCLUDING TRANSPORTATION, EQUITY, DIVERSITY AND INCLUSION, AND ECONOMIC ISSUES INCLUDING POVERTY AND WORKFORCE DEVELOPMENT. COLLABORATIVE MEETINGS, GRANTS COMMITTEE RETREAT, BOARD MEETINGS AND PRESENTATIONS TO HOSPITAL MANAGERS AND OTHER COMMUNITY GROUPS HAVE ALL PROVIDED OPPORTUNITIES TO PRESENT AND DISCUSS THIS NEW INFORMATION.

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COMMUNITY REPORT: IN THE SPRING OF 2019, THE FOUNDATION ALSO PUBLISHED AND BROADLY DISTRIBUTED A NEW REPORT TO THE COMMUNITY: BUILDING A FOUNDATION OF COMMUNITY HEALTH AND VITALITY, WHICH CAPTURED STORIES OF SEVERAL GRANTEE PROGRAMS, AS WELL AS DESCRIPTIONS OF THE JEFFERSON FORUM, THE DEVELOPMENT OF THE JEFFERSON COMMUNITY COLLABORATIVE AND AROUND THE TABLE SOUTH. THE REPORT ALSO PROVIDES A LISTING OF OUR GRANT AWARDS, GRANT APPLICATION PROCESS, PRIORITIES AND PRINCIPLES, OUR BOARD OF DIRECTORS AND OTHER INFORMATION.

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

BOARD MEMBER GARY EVANS IS THE SPOUSE OF BOARD MEMBER KAREN EVANS.

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

THE CORPORATION'S BYLAWS WERE AMENDED BY A BOARD VOTE WITH MINOR CHANGES TO PROVIDE CONSISTENCY WITH OTHER POLICIES. THE CHANGES INCLUDING UPDATING THE NAME OF THE HOSPITAL TO ITS CURRENT NAME, CLARIFYING LANGUAGE REGARDING REPRESENTATION OF HIGHMARK DIRECTORS ON COMMITTEES, CREATING CONSISTENCY IN THE CONFLICT OF INTEREST SECTION.

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

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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 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:

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

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

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)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Predominant income (related, unrelated, excluded from tax under sections 512-514); (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.

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

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. JEFFERSON REGIONAL FOUNDATION	Employer identification number (EIN) or 56-2420913
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 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, 2020**, 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, 2018**, and ending **JUN 30, 2019**.

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.