

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEFFERSON REGIONAL FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 565 COAL VALLEY ROAD City or town, state or province, country, and ZIP or foreign postal code JEFFERSON HILLS, PA 15025 F Name and address of principal officer: CHARLES R. MODISPACHER SAME AS C ABOVE	D Employer identification number 56-2420913 E Telephone number (412) 267-6771 G Gross receipts \$ 34,228,353. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.JEFFERSONRF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2003		M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH & WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING,		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,410,822.	6,289,272.
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)	6,410,822.	6,289,272.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,974,500.
	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)	493,630.	521,929.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	633,073.	560,946.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,101,203.	3,869,325.
	19	Revenue less expenses. Subtract line 18 from line 12	3,309,619.	2,419,947.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	101,615,699.	101,736,763.
	22	Net assets or fund balances. Subtract line 21 from line 20	950,735.	1,183,084.
			100,664,964.	100,553,679.

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 Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name MARK HEROUX	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00959793
	Firm's name ▶ BAKER TILLY US, LLP	Firm's EIN ▶ 39-0859910			
	Firm's address ▶ 205 N. MICHIGAN AVE. #2800 CHICAGO, IL 60601-5927	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 \$ 2,227,000. including grants of \$ 2,227,000.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEEDS TO STRENGTHEN VULNERABLE POPULATIONS AND COMMUNITIES, INCREASE HEALTH ACCESS AND PREVENTION, AND IMPROVE CHILD AND FAMILY OUTCOMES, THE JEFFERSON REGIONAL FOUNDATION AWARDED 26 NEW GRANTS WITH AN AVERAGE GRANT AMOUNT OF \$85,600.

AN INNOVATIVE NEW TECH PLATFORM OF FOOTBRIDGE FOR FAMILIES (\$60,000) QUICKLY MEETS SHORT-TERM FINANCIAL CRISES OF FAMILIES IDENTIFIED BY HEALTHCARE PROVIDERS, PASTORS, AND OTHER TRUSTED SOURCES WHILE VISION TO LEARN (\$60,000) PROVIDES ONSITE VISION EXAMS AND FREE GLASSES TO SCHOOL STUDENTS. CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 500,000. including grants of \$ 500,000.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO ADDRESS THE COVID-19 PANDEMIC, THE JEFFERSON REGIONAL FOUNDATION AWARDED \$500,000 IN EMERGENCY RESPONSE GRANTS TO 18 ORGANIZATIONS PROVIDING SERVICES IN THE JEFFERSON AREA DURING APRIL AND MAY OF 2020. THE SIMPLIFIED PROCESS ASSURED FIT TO THE MISSION BUT QUICKLY PROVIDED ACCESS TO AWARDS AVERAGING NEARLY \$28,000 BUT RANGING FROM \$5,500 TO \$35,000. SEVERAL ORGANIZATIONS REQUIRED SUPPORT TO PURCHASE ESSENTIAL PROTECTIVE SAFETY SUPPLIES OR TECHNOLOGY EQUIPMENT, TRAINING AND SOFTWARE TO SHIFT TO VIRTUAL SERVICES SUCH AS TELEHEALTH OR VETERAN OUTREACH.

CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 56,200. including grants of \$ 56,200.) (Revenue \$ 0.) IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO ENCOURAGE FULL PARTICIPATION IN THE 2020 CENSUS FOR FAIR AND ESSENTIAL LOCAL HEALTHCARE, WORKFORCE, EDUCATION AND COMMUNITY RESOURCES FOR THE COMING DECADE, THE JEFFERSON REGIONAL FOUNDATION AWARDED \$56,200 IN MINIGRANTS TO TEN TRUSTED LOCAL ORGANIZATIONS. THE AWARDS AVERAGE \$5,620 AND RANGED IN SIZE FROM \$1200 TO \$10,000. THE AWARD APPLICATIONS WERE VETTED AND RECOMMENDED BY A CENSUS LEADERSHIP ADVISORY COUNCIL OF THE JEFFERSON COLLABORATIVE. THE GRANTEE ORGANIZATIONS DEVELOPED INNOVATIVE APPROACHES TO EDUCATE AND ENGAGE LOCAL RESIDENTS FOR CENSUS 2020 PARTICIPATION FOR COMMUNITIES AND POPULATIONS IDENTIFIED AT HIGH RISK OF UNDERCOUNT.

CONTINUED ON SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 555,239. including grants of \$ 3,250.) (Revenue \$ 0.)

4e Total program service expenses 3,338,439.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included on line 1a... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHARLES R. MODISPACHER, PRESIDENT - (412) 267-6766
565 COAL VALLEY ROAD, JEFFERSON HILLS, PA 15025

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY PHAN-GRUBER CEO/ASST. TREASURER	40.00			X			163,280.	0.	25,654.	
(2) CHARLES R. MODISPACHER PRESIDENT	20.00	X		X			50,000.	0.	0.	
(3) JAMES G. GRAHAM CHAIR	2.00	X		X			0.	0.	0.	
(4) RICHARD W. TALARICO FIRST VICE CHAIR	2.00	X		X			0.	0.	0.	
(5) JOHN R. ECHEMENT 2ND VICE CHAIR	2.00	X		X			0.	0.	0.	
(6) EDWARD R. MARASCO SECRETARY	2.00	X		X			0.	0.	0.	
(7) J. WILLIAM RICHARDSON TREASURER (UNTIL 02/2020)	2.00	X		X			0.	0.	0.	
(8) GARY W. DESCHAMPS DIRECTOR	1.00	X					0.	0.	0.	
(9) GARY L. EVANS FINANCE COMMITTEE CHAIR	2.00	X					0.	0.	0.	
(10) MATTHEW P. VIRGIN DIRECTOR	1.00	X					0.	0.	0.	
(11) RICHARD F. COLLINS, MD DIRECTOR	1.00	X					0.	0.	0.	
(12) JOHN J. DEMPSTER DIRECTOR	1.00	X					0.	0.	0.	
(13) HARRY J. SICI DIRECTOR	1.00	X					0.	0.	0.	
(14) KAREN A. EVANS DIRECTOR	1.00	X					0.	0.	0.	
(15) GREGORY A. HARBAUGH 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) FRANCES SMITH ROHRICH, DIRECTOR	1.00	X						0.	0.	0.
(22) KEVIN D. LANGHOLZ DIRECTOR (UNTIL 03/2020)	1.00	X						0.	0.	0.
1b Subtotal								213,280.	0.	25,654.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								213,280.	0.	25,654.

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, 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	1g	\$			
	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)		1,997,700.		1,997,700.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				32,230,653.			
	b	Less: cost or other basis and sales expenses	7b	27,939,081.			
	c	Gain or (loss)	7c	4,291,572.			
d	Net gain or (loss)		4,291,572.		4,291,572.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		6,289,272.	0.	0.	6,289,272.	

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 ...	2,786,450.	2,786,450.		
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	238,512.	182,563.	55,949.	
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	200,738.	153,650.	47,088.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,004.	5,361.	1,643.	
9 Other employee benefits	45,965.	35,182.	10,783.	
10 Payroll taxes	29,710.	22,741.	6,969.	
11 Fees for services (nonemployees):				
a Management				
b Legal	22,960.	11,480.	11,480.	
c Accounting	29,492.	14,746.	14,746.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	316,211.		316,211.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	28,608.	14,304.	14,304.	
12 Advertising and promotion				
13 Office expenses	6,579.	4,737.	1,842.	
14 Information technology	28,114.	20,242.	7,872.	
15 Royalties				
16 Occupancy	30,528.	21,980.	8,548.	
17 Travel	1,830.	1,318.	512.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	12,807.	9,221.	3,586.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,711.		19,711.	
23 Insurance	7,537.	5,427.	2,110.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM INITIATIVES	31,512.	31,512.		
b DUES & MEMBERSHIPS	13,869.	9,986.	3,883.	
c BOARD & STAFF DEVEL.	5,604.	4,035.	1,569.	
d REPAIRS & MAINTENANCE	3,458.	2,490.	968.	
e All other expenses _____	2,126.	1,014.	1,112.	
25 Total functional expenses. Add lines 1 through 24e	3,869,325.	3,338,439.	530,886.	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	173,352.	2	134,037.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,483.	9	54,103.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 122,049.		
	b Less: accumulated depreciation	10b 88,601.	37,170.	10c 33,448.
	11 Investments - publicly traded securities	95,578,341.	11	96,270,186.
	12 Investments - other securities. See Part IV, line 11	5,810,353.	12	5,244,989.
	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 33)	101,615,699.	16	101,736,763.	
Liabilities	17 Accounts payable and accrued expenses	105,735.	17	108,084.
	18 Grants payable	845,000.	18	1,075,000.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	950,735.	26	1,183,084.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	100,664,964.	27	100,553,679.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	100,664,964.	32	100,553,679.
33 Total liabilities and net assets/fund balances	101,615,699.	33	101,736,763.	

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	6,289,272.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,869,325.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,419,947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100,664,964.
5	Net unrealized gains (losses) on investments	5	-2,531,232.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	100,553,679.

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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

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

2019

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

(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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 THE BOARD OF JEFFERSON HOSPITAL AND THE ALLEGHENY HEALTH NETWORK. 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 THE MISSION OF JEFFERSON HOSPITAL, PART OF THE ALLEGHENY HEALTH NETWORK, WHOSE EXEMPT PURPOSE INCLUDES IMPROVING THE HEALTH AND WELL-BEING OF THE INDIVIDUALS IN ITS SERVICE AREA, AND THIS PURPOSE IS SUBSTANTIALLY LIKE 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, THROUGH PARTICIPATION IN JEFFERSON

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.)

HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, AND (AS NOTED IN PART IV, SECTION D) WITH THE GUIDANCE OF BOARD MEMBERS SELECTED BY HIGHMARK/ALLEGHENY HEALTH NETWORK. 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

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.)

HOSPITAL HAS ACKNOWLEDGED THE FOUNDATION'S EFFORTS BY INCLUDING SEVERAL JEFFERSON REGIONAL FOUNDATION PROJECTS IN ITS IMPLEMENTATION PLAN FOR ITS CHNA.

THE MOST RECENT JEFFERSON HOSPITAL/AHN CHNA, WITH IMPLEMENTATION BEGINNING IN 2019, DEMONSTRATES THE CONTINUED ALIGNMENT OF THE FOUNDATION'S MISSION AND PRIORITIES. SEVERAL FOUNDATION GRANTS AND INITIATIVES ARE INCLUDED AS PART OF THE CHNA IMPLEMENTATION PLAN. THESE INCLUDE MENTAL HEALTH OUTREACH, MEDICALLY TAILORED FOOD BOX, AND THE FRONT DOOR INITIATIVE. MANY OTHER INITIATIVES SUPPORT THESE CHNA GOAL AREAS, A FEW ARE ALSO DETAILED BELOW.

FOR EXAMPLE, THE JEFFERSON HOSPITAL CHNA INCLUDES BEHAVIORAL HEALTH AS A MAJOR AREA OF FOCUS AND A PARTICULAR STRATEGY TO MEASURE OUTREACH OF THE MENTAL HEALTH FIRST AID (MHFA) PROGRAM IN THE AREA. JEFFERSON HOSPITAL'S COMMITMENT TO EXPAND BEHAVIORAL HEALTH SERVICES TO ADOLESCENTS AND ADULTS HAS BEEN SUPPORTED WITH A MULTI-YEAR FOUNDATION GRANT AWARDED IN DECEMBER 2016 (\$180,000) TO BUILD THE UNIT'S STAFFING CAPACITY FOR COMMUNITY EDUCATION, OUTREACH AND PARTNERSHIPS WHICH WOULD STRENGTHEN PREVENTION AND REFERRALS. THE OUTREACH ROLE INCLUDES COORDINATING AN EVIDENCE-BASED TRAINING PROGRAM CALLED MHFA WHICH HAS SUCCESSFULLY TRAINED NEARLY 1000 COMMUNITY RESIDENTS, AND HOSPITAL AND COMMUNITY-BASED PROFESSIONALS IN THE JEFFERSON AREA OVER SEVERAL YEARS WITH THE TARGETED SUPPORT OF THE FOUNDATION AND ITS NETWORK OF ORGANIZATIONS IN THE JEFFERSON COLLABORATIVE.

THE FOUNDATION'S EARLY SUPPORT OF BEHAVIORAL HEALTH EXPANSION HAS MORE

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.)

RECENTLY LED TO THE DEVELOPMENT AND EXPANSION OF A HIGHLY SUCCESSFUL SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM (CHILL) BASED ON A MINDFULNESS CURRICULUM. THE FOUNDATION HAS ALSO PROVIDED AN ADDITIONAL GRANT FOR PROFESSIONAL EVALUATION OF CHILL TO FURTHER ESTABLISH ITS EFFICACY, VALUE, AND IMPACT.

THE JEFFERSON HOSPITAL CHNA HAS A MAJOR FOCUS ON CHRONIC DISEASE. THE FOUNDATION SUPPORTS A PEER-LED COMMUNITY EDUCATION PROGRAM CALLED BETTER HEALTH, BETTER CHOICES TARGETED TO PEOPLE WITH CHRONIC DISEASES. THIS EVIDENCE-BASED PROGRAM DEVELOPED BY STANFORD UNIVERSITY AND EVALUATED LOCALLY BY THE UNIVERSITY OF PITTSBURGH, IS MANAGED IN THE REGION BY VINTAGE, A SENIOR SERVICES AGENCY. THIS PROGRAM HAS BEEN OFFERED AT CHURCHES, LIBRARIES AND THROUGH THE HOSPITAL AND IS EFFECTIVE IN HELPING PATIENTS MANAGE SYMPTOMS, ENGAGE MORE EFFECTIVELY WITH THEIR HEALTH CAREGIVERS, AND IMPROVE THEIR QUALITY OF LIFE.

THE JEFFERSON HOSPITAL CHNA WISELY INCLUDES ACCESS TO CARE. SINCE 2018, THE FOUNDATION'S GRANT AWARD TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK HAS PILOTED THE DISTRIBUTION OF MEDICALLY TAILORED FOOD BOXES TO FOOD INSECURE PATIENTS AT JEFFERSON HOSPITAL HEALTH CENTER AS A NEW TOOL FOR PATIENT RECOVERY AND IMPROVED HEALTH STABILITY. THIS WORK HAS SUPPORTED JEFFERSON/AHN'S PRIORITY AND COMPLEMENTS THE OPENING/ OPERATION OF A HEALTHY FOOD CENTER ONSITE AT JEFFERSON IN 2020.

A MAJOR EXAMPLE IS A GOAL RELATED TO THE COST OF CARE THROUGH ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH. THE FRONT DOOR INITIATIVE IS A \$1 MILLION MULTI-YEAR GRANT, THE LARGEST TO DATE AWARDED TO DATE

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.)

BY THE FOUNDATION, TO JEFFERSON HOSPITAL OF ALLEGHENY HEALTH NETWORK IN
2018. IT SUPPORTS THE DEVELOPMENT OF A MODEL OF EXCELLENCE IN
ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH IN ITS EMERGENCY
DEPARTMENT, WHICH HAS BEEN IN THE PROCESS OF AN EXTENSIVE FACILITY
EXPANSION. THIS PROJECT IS DESIGNED TO REDUCE READMISSION RATES AND
INCREASE COMMUNITY REFERRALS AND QUALITY OF LIFE THROUGH DATA,
TRAININGS, AND THE DEVELOPMENT OF PROMISING PROGRAMS AND THE ENGAGEMENT
OF COMMUNITY PARTNERS. STAFFING IS IN PLACE, ALONG WITH A SCREENING AND
REFERRAL PROGRAM, STAFF TRAINING AND A PEDIATRIC NURSE CERTIFICATION
PROGRAM. THE FOUNDATION HAS BEEN A STRONG PARTNER IN THIS PROJECT AND
CONTINUES TO BE REPRESENTED ON AN ADVISORY TEAM.

IN ADDITION TO ALIGNMENT WITH THE CHNA, THE FOUNDATION'S RELATIONSHIP
WITH JEFFERSON HOSPITAL INCLUDES MANY OTHER OPPORTUNITIES FOR EXTENDING
OUR JOINT MISSIONS. A RECENT AHN/HIGHMARK HEALTH MAGAZINE ARTICLE
DETAILED THE CREATION OF AN EMPLOYEE CAREGIVER SUPPORT GROUP AT
JEFFERSON HOSPITAL WHICH EMERGED FROM THE HOSPITAL'S PARTICIPATION IN A
COMMUNITY-WIDE CONVERSATION INITIATIVE IN 2018 (THE HOSPITAL WAS AGAIN
SLATED TO SERVE AS A "SUPERHOST" IN THE MARCH 2020 VERSION WHICH WAS
CANCELLED DUE TO COVID). JEFFERSON HOSPITAL WAS ONE OF THE JEFFERSON
COUNTS 2020 CENSUS CHAMPIONS IN AN INITIATIVE HOSTED BY THE JEFFERSON
REGIONAL FOUNDATION AND JEFFERSON COLLABORATIVE. THE HOSPITAL ENGAGED
ALL OF ITS EMPLOYEES IN CENSUS EDUCATION THROUGH POPULAR DEPARTMENT
COMPETITIONS AND RECEIVED EXTENSIVE NEWS COVERAGE FOR ITS PICTURES OF
MATERNITY INFANTS WEARING I COUNT ONESIES IN MARCH 2020 AS APRIL 1
CENSUS DAY APPROACHED (SUPPORTED BY A FOUNDATION MINIGRANTS).
JEFFERSON HOSPITAL STAFF ATTENDED A FOUNDATION FORUM WORKSHOP ON

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.)

CULTURAL HUMILITY IN 2019 WHICH SUBSEQUENTLY WAS PILOTED AT THE HOSPITAL AND THEN EXPANDED AS TRAINING FOR THE ENTIRE HOSPITAL NETWORK IN 2020.

Multiple horizontal lines for supplemental information.

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

2019
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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		44,257.	30,980.	13,277.
d Equipment		77,792.	57,621.	20,171.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,448.

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	1,292,887.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	3,952,102.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,244,989.	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,441,829.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,531,232.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-316,211.
e	Add lines 2a through 2d	2e	-2,847,443.
3	Subtract line 2e from line 1	3	6,289,272.
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	6,289,272.

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	3,553,114.
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	3,553,114.
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	316,211.
c	Add lines 4a and 4b	4c	316,211.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,869,325.

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 -316,211.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON F/S 316,211.

**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

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
412 FOOD RESCUE INC. 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
ALLEGHENY COUNTY, THROUGH ITS DEPARTMENT OF HUMAN SERVICES - 1 SMITHFIELD STREET - PITTSBURGH, PA 15222	25-6001017		15,000.	0.	N/A	N/A	DEVELOP AND IMPLEMENT A COMMUNITY NEEDS ASSESSMENT TO PROMOTE EFFECTIVE, COORDINATED
ALLEGHENY HEALTH NETWORK FIFTH AVENUE PLACE PITTSBURGH, PA 15222	45-3674924	501(C)(3)	50,000.	0.	N/A	N/A	IMPROVE LONG-TERM AND SUSTAINABLE BEHAVIORAL HEALTH OUTCOMES OF JEFFERSON YOUTH BY
ALLEGHENY HEALTH NETWORK FIFTH AVENUE PLACE PITTSBURGH, PA 15222	45-3674924	501(C)(3)	1,200.	0.	N/A	N/A	CENSUS 2020 OUTREACH
ALLEGHENY HEALTH NETWORK FIFTH AVENUE PLACE PITTSBURGH, PA 15222	45-3674924	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
ALLEGHENY INTERMEDIATE UNIT 475 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120	25-6007669	501(C)(3)	7,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **42.**

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

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE HUNTINGDON, PA 15642	45-4248006	501(C)(3)	25,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE HUNTINGDON, PA 15642	45-4248006	501(C)(3)	30,000.	0.	N/A	N/A	PROVIDE SUPPORT TO LOW-INCOME WOMEN AND PARENTS/CAREGIVERS DURING PREGNANCY AND THROUGH
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,
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH - 3000 BROWNSVILLE ROAD, SUITE C - PITTSBURGH, PA 15227	30-0742370	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
BLOOD SCIENCE FOUNDATION 875 GREENTREE ROAD, PARKWAY CENTER PITTSBURGH, PA 15220	25-1562715	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
BOROUGH OF LINCOLN 45 ABES WAY ELIZABETH, PA 15037			7,000.	0.	N/A	N/A	CENSUS 2020 OUTREACH
BREATHE PENNSYLVANIA 201 SMITH DRIVE TWP, PA 16066	25-0965587	501(C)(3)	35,000.	0.	N/A	N/A	MEET THE GROWING DEMAND FOR VAPING EDUCATION OF YOUTH BY OFFERING TRAINING TO JEFFERSON
CARNEGIE LIBRARY OF HOMESTEAD 510 EAST 10TH AVENUE MUNHALL, PA 15120	25-0969452	501(C)(3)	250,000.	0.	N/A	N/A	SUPPORT AFTERSCHOOL PROGRAM EXPANSION AND LIBRARY SERVICES TO THE COMMUNITY OF WEST MIFFLIN
CARNEGIE LIBRARY OF HOMESTEAD 510 EAST 10TH AVENUE MUNHALL, PA 15120	25-0969452	501(C)(3)	10,000.	0.	N/A	N/A	CENSUS 2020 OUTREACH

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
CCAC EDUCATIONAL FOUNDATION 808 RIDGE AVENUE PITTSBURGH, PA 15212	25-1384469	501(C)(3)	200,000.	0.	N/A	N/A	RENOVATE OUTDATED CCAC SOUTH LABS TO MEET PROFESSIONAL STANDARDS FOR INSTRUCTION IN
COMMUNITIES IN SCHOOLS PITTSBURGH ALLEGHENY COUNTY - 3856 SOUTH WATER STREET - PITTSBURGH, PA 15203	25-1728521	501(C)(3)	40,000.	0.	N/A	N/A	SUPPORT THE STUDENTS AND FAMILIES OF DUQUESNE CITY SCHOOLS AS THEY TRANSITION TO WEST
CRIBS FOR KIDS INC 5450 SECOND AVENUE PITTSBURGH, PA 15207	25-1442806	501(C)(3)	24,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
DRESS FOR SUCCESS PITTSBURGH THE DESIGN CENTER 5001 BAUM BLVD. SUITE 550 - PITTSBURGH, PA 15203	20-2388089	501(C)(3)	1,500.	0.	N/A	N/A	CENSUS 2020 OUTREACH
DUQUESNE CITY SCHOOL DISTRICT 300 KENNEDY AVENUE DUQUESNE, PA 15110			8,000.	0.	N/A	N/A	CENSUS 2020 OUTREACH
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVENUE - 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 MON VALLEY THROUGH
ECONOMIC DEVELOPMENT SOUTH 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	74,000.	0.	N/A	N/A	DEVELOP A STRUCTURE TO CONTINUE TO EXPAND HUMAN SERVICES INFORMATION AND RESOURCES FOR CLAIRTON
ECONOMIC DEVELOPMENT SOUTH 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	25,000.	0.	N/A	N/A	STRENGTHEN OPPORTUNITIES FOR JEFFERSON RESIDENTS AND ORGANIZATIONS BY INCREASING OPERATIONAL
ECONOMIC DEVELOPMENT SOUTH 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	110,000.	0.	N/A	N/A	IMPROVE ACCESS TO HEALTH AND HUMAN SERVICES FOR JEFFERSON AREA RESIDENTS BY PILOTING A

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
ECONOMIC DEVELOPMENT SOUTH 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
FOOTBRIDGE FOR FAMILIES, INC 541 GLEN ARDEN DRIVE PITTSBURGH, PA 15208	84-2077025	501(C)(3)	60,000.	0.	N/A	N/A	ASSIST 100 JEFFERSON RESIDENTS DURING TIMES OF SHORT-TERM FINANCIAL CRISIS AND PROVIDE
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN ST. - DUQUESNE, PA 15110	25-1420599	501(C)(3)	250,000.	0.	N/A	N/A	PROVIDE CAPITAL SUPPORT TO RENOVATE AND EXPAND THE EXISTING FACILITY IN DUQUESNE TO MEET THE
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN ST. - DUQUESNE, PA 15110	25-1420599	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
GROUNDLED STRATEGIES 6587 HAMILTON AVE #1W PITTSBURGH, PA 15206	35-2309836	501(C)(3)	5,500.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
GWEN'S GIRLS INCORPORATED 711 WEST COMMONS PITTSBURGH, PA 15212	75-3114136	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
JEWISH FAMILY AND COMMUNITY SERVICES - 5743 BARTLETT STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	8,000.	0.	N/A	N/A	CENSUS 2020 OUTREACH
JEWISH FAMILY AND COMMUNITY SERVICES - 5743 BARTLETT STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	120,000.	0.	N/A	N/A	INCREASE CAREER DEVELOPMENT SERVICES FOR UNEMPLOYED AND UNDEREMPLOYED LOCAL
LIFESPAN, INC. 314 E. 8TH AVENUE HOMESTEAD, PA 15120	23-7319621	501(C)(3)	5,000.	0.	N/A	N/A	CENSUS 2020 OUTREACH

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
LITERACY PITTSBURGH 411 SEVENTH AVENUE PITTSBURGH, PA 15219	25-1392652	501(C)(3)	80,000.	0.	N/A	N/A	ENABLE JEFFERSON ADULT LEARNERS TO BE READY AND RELEVANT IN THE WORKFORCE BY DEVELOPING CAREER
NEIGHBORHOOD HOUSING SERVICES, INC. - 710 FIFTH AVENUE - PITTSBURGH, PA 15219	25-1195085	501(C)(3)	15,000.	0.	N/A	N/A	CENSUS 2020 OUTREACH
NURTURE PA INC. 903 SHERIFFS COURT MCMURRAY, PA 15317	46-5279750	501(C)(3)	60,000.	0.	N/A	N/A	ENHANCE THE SUSTAINABILITY AND EXPANSION OF AN INNOVATIVE,
PURE BALLROOM INC. 710 FIFTH AVENUE PITTSBURGH, PA 15219	45-4434145	501(C)(3)	13,000.	0.	N/A	N/A	PROMOTE PHYSICAL, MENTAL AND SOCIAL-EMOTIONAL WELL-BEING IN FOURTH AND FIFTH GRADERS AT WEST
ROBERT MORRIS UNIVERSITY, BAYER CENTER - 339 SIXTH AVENUE, SUITE 750 - PITTSBURGH, PA 15222	25-1120678	501(C)(3)	40,000.	0.	N/A	N/A	INCREASE THE KNOWLEDGE AND CAPACITY OF JEFFERSON AREA NONPROFIT AND COMMUNITY ORGANIZATIONS
SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE PITTSBURGH, PA 15102	25-1213332	501(C)(3)	200,000.	0.	N/A	N/A	PROVIDE SUPPORT TO SHIMS DO MORE GOOD CAMPAIGN TO BUILD LONG-TERM SUSTAINABILITY AND A
SISTERS PLACE, INC. 418 MITCHELL AVENUE CLAIRTON, PA 15025	25-1728330	501(C)(3)	55,000.	0.	N/A	N/A	ASSIST HOMELESS SINGLE PARENT FAMILIES THROUGH HOLISTIC SUPPORTIVE SERVICES INCLUDING
SISTERS PLACE, INC. 418 MITCHELL AVENUE CLAIRTON, PA 15025	25-1728330	501(C)(3)	28,500.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
SQUIRREL HILL HEALTH CENTER 5301 PARK AVENUE PITTSBURGH, PA 15102	20-1163755	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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
STRONG WOMEN, STRONG GIRLS 1620 MURRAY AVENUE, 3RD FLOOR PITTSBURGH, PA 15217	20-2321377	501(C)(3)	1,500.	0.	N/A	N/A	CENSUS 2020 OUTREACH
TCV COMMUNITY SERVICES 723 BRADDOCK AVENUE BRADDOCK, PA 15104	25-1250510	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
THE BLESSING BOARD 140 PENNSYLVANIA AVENUE OAKMONT, PA 15139	27-2775566	501(C)(3)	180,000.	0.	N/A	N/A	INCREASE THE QUALITY OF LIFE AND OVERALL HEALTH AND WELLNESS FOR LOW-INCOME MCKEESPORT
THE BLESSING BOARD 140 PENNSYLVANIA AVENUE OAKMONT, PA 15139	27-2775566	501(C)(3)	35,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
THE DRAGON'S DEN 1008 AMITY STREET HOMESTEAD, PA 15120	30-0954832	501(C)(3)	50,000.	0.	N/A	N/A	BUILD SELF-CONFIDENCE, TRUST, AND SOCIABILITY OF SCHOOL-AGE YOUTH FROM PROPEL SCHOOLS IN
THE GRANTMAKERS OF WESTERN PENNSYLVANIA - 650 SMITHFIELD STREET - PITTSBURGH, PA 15222	25-1496312	501(C)(3)	25,000.	0.	N/A	N/A	SUPPORT THE CREATION OF A FLEXIBLE, FOUNDATION-SUPPORTED FUND TO STRENGTHEN ALLEGHENY
THE MON VALLEY INITIATIVE 303-305 EAST 8TH AVENUE HOMESTEAD, PA 15120	25-1591350	501(C)(3)	85,000.	0.	N/A	N/A	HELP UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS ACHIEVE FINANCIAL SELF-
THE THOMAS MERTON CENTER 5119 PENN AVENUE PITTSBURGH, PA 15224	25-1232192	501(C)(3)	20,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
VETERANS BREAKFAST CLUB 200 MAGNOLIA PLACE PITTSBURGH, PA 15228	26-4633657	501(C)(3)	12,000.	0.	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

MONITORING OF GRANTS BEGINS WITH THE GRANT PROPOSAL PROCESS. APPLICANT ORGANIZATIONS ARE REQUIRED TO INDICATE GOALS AND MEASURABLE OBJECTIVES WHICH WILL BE ACCOMPLISHED IF THEIR PROGRAM OR PROJECT IS FUNDED. THEY ARE ALSO REQUIRED 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 REQUIRED TO SIGN A LETTER OF AGREEMENT BEFORE THE CHECK AWARD IS ISSUED. THE LETTER LISTS A

Part IV Supplemental Information

NUMBER OF JEFFERSON REGIONAL FOUNDATION 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 SESSION AND TECHNICAL ASSISTANCE. EMERGENCY GRANTS ISSUED TO RESPOND TO COVID-19 IMPACTS AND MINI-GRANTS FOR VARIOUS INITIATIVES HAVE UTILIZED SIMPLIFIED APPLICATION FORMS BUT ALSO COMPLETE THE SAME LETTERS OF AGREEMENT WHICH REQUIRE PROGRESS REPORTS ON BOTH OBJECTIVES AND FINANCIAL STATUS AND ARE REGULARLY MONITORED WITH REPORTS TO THE GRANTS COMMITTEE AND THE BOARD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ALLEGHENY COUNTY, THROUGH ITS DEPARTMENT OF HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP AND IMPLEMENT A COMMUNITY NEEDS ASSESSMENT TO PROMOTE EFFECTIVE, COORDINATED EFFORTS ACROSS THE LOCAL LATINO COMMUNITY, LEVERAGE NEW PARTNERS, AND BUILD ON THE STRENGTHS OF LATINO RESIDENTS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY HEALTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE LONG-TERM AND SUSTAINABLE BEHAVIORAL HEALTH OUTCOMES OF JEFFERSON YOUTH BY OFFERING A LOCALIZED, INTEGRATED PROGRAM IN PARTNERSHIP WITH BALDWIN-WHITEHALL SCHOOL DISTRICT AND WEST JEFFERSON HILLS SCHOOL DISTRICT AND SUPPORT AN OUTSIDE EVALUATOR TO BUILD A BASE FOR BROADER PROJECT QUALITY, IMPACT, AND REPLICATION.

NAME OF ORGANIZATION OR GOVERNMENT: BEVERLY'S BIRTHDAYS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUPPORT TO LOW-INCOME WOMEN AND PARENTS/CAREGIVERS DURING PREGNANCY AND THROUGH BABYS FIRST YEAR BY OFFERING FREE COMMUNITY BABY SHOWERS, NEWBORN CARE PACKAGES, AND A NEW, PILOT PROGRAM, THE BABY FORMULA AND INFANT CARE CRISIS SUPPLY BANK, WHICH WILL SERVE 100 FAMILIES IN PARTNERSHIP WITH THE DUQUESNE AND MCKEESPORT FAMILY SUPPORT CENTERS.

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: BREATHE PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: MEET THE GROWING DEMAND FOR VAPING EDUCATION OF YOUTH BY OFFERING TRAINING TO JEFFERSON SCHOOL ADMINISTRATORS AND STAFF AND ACCESS TO A DAYLONG STUDENT DIVERSIONARY EDUCATION AND CESSATION PROGRAM CALLED SMOKELESS SATURDAYS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CARNEGIE LIBRARY OF HOMESTEAD

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT AFTERSCHOOL PROGRAM

EXPANSION AND LIBRARY SERVICES TO THE COMMUNITY OF WEST MIFFLIN AND

PROVIDE CAPITAL SUPPORT TO IMPROVE THE ATHLETIC CLUB AND MUSIC HALL

FACILITIES TO BE WELCOMING AND USABLE FOR ALL JEFFERSON RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: CCAC EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RENOVATE OUTDATED CCAC SOUTH LABS TO

MEET PROFESSIONAL STANDARDS FOR INSTRUCTION IN MEDICAL ASSISTANT AND

MEDICAL LABORATORY TECHNICIAN COURSES AND PILOT A HEALTH CAREERS SUMMER

PROGRAM FOR JEFFERSON AREA HIGH SCHOOL STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS PITTSBURGH ALLEGHENY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE STUDENTS AND FAMILIES OF

DUQUESNE CITY SCHOOLS AS THEY TRANSITION TO WEST MIFFLIN SCHOOL DISTRICT

THROUGH THE USE OF COMMUNITY ENGAGEMENT AND COLLABORATION STRATEGIES

WHICH RESULT IN STUDENT SUCCESS, INCREASED PARENT ENGAGEMENT, AND

IMPROVED PARTICIPATION AND PERCEPTIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

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

ENGAGEMENT OF ELEMENTARY CHILDREN IN THE MON VALLEY THROUGH PARTNERSHIPS

WITH SCHOOL DISTRICTS (SOUTH ALLEGHENY, CLAIRTON, AND ONE TO BE

DETERMINED) BY OFFERING ASTHMA SCREENINGS, COMMUNITY EDUCATION,

SCHOOL-BASED ASTHMA CLINICS, COMMUNITY HEALTH WORKERS, AND CONTINUE TO

DEVELOP OPTIONS FOR LONG-TERM SUSTAINABILITY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ECONOMIC DEVELOPMENT SOUTH

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

NAME OF ORGANIZATION OR GOVERNMENT: ECONOMIC DEVELOPMENT SOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN OPPORTUNITIES FOR JEFFERSON RESIDENTS AND ORGANIZATIONS BY INCREASING OPERATIONAL CAPACITY FOR COMMUNITY DEVELOPMENT EXPERTISE WHICH ADVANCES FOUNDATION AND JEFFERSON COMMUNITY COLLABORATIVE PRIORITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ECONOMIC DEVELOPMENT SOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE ACCESS TO HEALTH AND HUMAN SERVICES FOR JEFFERSON AREA RESIDENTS BY PILOTING A NONTRADITIONAL, TRANSPORTATION ACCESS PROGRAM, RUBY RIDE, IN PARTNERSHIP WITH JEFFERSON HOSPITAL, SQUIRREL HILL HEALTH CENTER, AND CCAC SOUTH AND LOCAL COMMUNITIES WHILE BUILDING A FINANCIAL MODEL AND METRICS TO MEASURE SDOH IMPACTS.

NAME OF ORGANIZATION OR GOVERNMENT: FOOTBRIDGE FOR FAMILIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST 100 JEFFERSON RESIDENTS DURING TIMES OF SHORT-TERM FINANCIAL CRISIS AND PROVIDE CONNECTIONS TO ADDITIONAL SUPPORTS THROUGH AN INNOVATIVE NEW TECH PLATFORM WHICH FACILITATES RAPID FINANCIAL RESPONSE BASED ON REFERRALS FROM TRUSTED FRONTLINE SOURCES SUCH AS PHYSICIANS, PASTORS, AND JEFFERSON

Part IV Supplemental Information

COLLABORATIVE ORGANIZATIONS WITH DIRECT PAYMENT TO THIRD-PARTY VENDORS AND ALSO FACILITATES DONOR SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER PITTSBURGH COMMUNITY FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CAPITAL SUPPORT TO RENOVATE AND EXPAND THE EXISTING FACILITY IN DUQUESNE TO MEET THE INCREASED DEMAND FOR FRESH PRODUCE, TO SERVE 200 FAMILIES/MONTH THROUGH A NEW MODEL FOOD PANTRY AND OFFER A TEST KITCHEN AND CLASSROOM FOR COOKING CLASSES, AND TO STREAMLINE WAREHOUSE OPERATIONS.

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 PARTNERS TO DEVELOP A LOCAL WORKFORCE CENTER AND A RELEVANT COLLECTIVE IMPACT MODEL.

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENABLE JEFFERSON ADULT LEARNERS TO BE READY AND RELEVANT IN THE WORKFORCE BY DEVELOPING CAREER PATHWAYS IN HOSPITALITY, ENVIRONMENTAL SERVICES, CONSTRUCTION, AND EARLY CHILDHOOD EDUCATION, EXPANDING FAMILY LITERACY PROGRAMMING TO SERVE 100 STUDENTS AND 45 FAMILIES, AND EXPLORING THE POSSIBILITY OF EXPANSION TO A SECOND SOUTH HILLS FAMILY LITERACY SITE (SITE CURRENTLY IN BALDWIN).

NAME OF ORGANIZATION OR GOVERNMENT: NURTURE PA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE SUSTAINABILITY AND EXPANSION OF AN INNOVATIVE, COST-EFFICIENT PROGRAM TO TRANSFORM HOW

Part IV Supplemental Information

PARENTS ACCESS INFORMATION AND PROMOTE THE HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT OF YOUNG CHILDREN BY LINKING VOLUNTEER MENTORS AND NEW PARENTS THROUGH CELL PHONE TEXT MESSAGING USING A DEVELOPED SOFTWARE TOOL AND EVIDENCE-BASED KNOWLEDGE BANK.

NAME OF ORGANIZATION OR GOVERNMENT: PURE BALLROOM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE PHYSICAL, MENTAL AND SOCIAL-EMOTIONAL WELL-BEING IN FOURTH AND FIFTH GRADERS AT WEST MIFFLIN MIDDLE SCHOOL THROUGH A CURRICULUM THAT USES EDUCATION, MOTION, AND THE ARTS TO ENCOURAGE PHYSICAL ACTIVITY, BREAK DOWN SOCIAL BARRIERS, AND IMPROVE SELF-CONFIDENCE FOR OVER 350 STUDENTS IN WEST MIFFLIN MIDDLE SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

ROBERT MORRIS UNIVERSITY, BAYER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE KNOWLEDGE AND CAPACITY OF JEFFERSON AREA NONPROFIT AND COMMUNITY ORGANIZATIONS BY PROVIDING FIVE CUSTOMIZED EDUCATIONAL WORKSHOPS, AN IN-DEPTH CONSULTING COHORT FOR FIVE JEFFERSON ORGANIZATION FOCUSED ON HUMAN RESOURCE PRACTICES AND MANAGEMENT, AND A CUSTOMIZABLE PROGRAM FOR TEN JEFFERSON ORGANIZATIONS ON BOARD MANAGEMENT AND COLLABORATION.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH HILLS INTERFAITH MOVEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUPPORT TO SHIMS DO MORE GOOD CAMPAIGN TO BUILD LONG-TERM SUSTAINABILITY AND A COMPREHENSIVE SERVICE DELIVERY MODEL NEEDED TO SUPPORT THE 7,500 SOUTH HILLS INDIVIDUALS FACING SUBURBAN POVERTY BY MEETING BASIC NEEDS, BUILDING COMMUNITY, AND ACHIEVING SELF-SUFFICIENCY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SISTERS PLACE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST HOMELESS SINGLE PARENT FAMILIES THROUGH HOLISTIC SUPPORTIVE SERVICES INCLUDING TRANSPORTATION, OUT OF SCHOOL PROGRAMS, AND BASIC RESOURCES AND BUILD ORGANIZATIONAL CAPACITY THROUGH ASSISTING WITH A RELOCATION AND THE CREATION OF A DEVELOPMENT/FUNDRAISING PLAN.

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 AND SUSTAINABILITY OF A MCKEESPORT FACILITY DEDICATED TO COLLECTING AND PROVIDING FURNITURE AND HOME GOODS.

NAME OF ORGANIZATION OR GOVERNMENT: THE DRAGON'S DEN

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD SELF-CONFIDENCE, TRUST, AND SOCIABILITY OF SCHOOL-AGE YOUTH FROM PROPEL SCHOOLS IN HAZELWOOD AND HOMESTEAD, STEEL VALLEY SCHOOL DISTRICT, YOUTHCASE IN MCKEESPORT, AND SACRED HEART ELEMENTARY SCHOOL THROUGH A PILOT PROGRAM AT THE NEWLY CONSTRUCTED THERAPEUTIC AND EDUCATIONAL CHALLENGE COURSE AND ZIP LINE IN THE HISTORIC ST. MARY MAGDALENE CHURCH IN HOMESTEAD.

NAME OF ORGANIZATION OR GOVERNMENT:

THE GRANTMAKERS OF WESTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE CREATION OF A FLEXIBLE, FOUNDATION-SUPPORTED FUND TO STRENGTHEN ALLEGHENY COUNTYS CENSUS 2020 EDUCATION AND OUTREACH AS A RESOURCE FOR THE FOUNDATIONS JEFFERSON COUNTS

Part IV Supplemental Information

CENSUS CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT: THE MON VALLEY INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS ACHIEVE FINANCIAL SELF- SUFFICIENCY THROUGH OFFERING A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM AND ASSIST THE ORGANIZATION IN THE CLAIRTON INN REAL ESTATE PROJECT TO ADDRESS BLIGHT AND CREATE NEW AFFORDABLE HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: VISION TO LEARN

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE HEALTH AND SCHOOL ENGAGEMENT OF SCHOOLCHILDREN IN JEFFERSON COMMUNITIES IN PARTNERSHIP WITH SCHOOL DISTRICTS (MCKEESPORT, STEEL VALLEY, WEST MIFFLIN, AND BRENTWOOD) BY OFFERING VISION EXAMS TO 600 STUDENTS AND GLASSES ONSITE TO 480 STUDENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
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) 2019

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 CEO/ASST. TREASURER	(i)	163,280.	0.	0.	6,801.	18,853.	188,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

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

EDUCATION & OUTREACH.

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

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:

THE CLAIRTON CARES PROJECT OF ECONOMIC DEVELOPMENT SOUTH (\$74,000) IS
DEVELOPING A SUSTAINABLE LONG-TERM STRUCTURE AS IT HAS BECOME AN
ESSENTIAL HUMAN SERVICES INFORMATION AND RESOURCE CENTER FOR A
HIGH-NEED COMMUNITY. ASSESSMENT AND EVALUATION PROJECTS WILL DETERMINE
THE NEEDS OF THE LATINO COMMUNITY (ALLEGHENY COUNTY DEPARTMENT OF HUMAN
SERVICES (\$15,000) AND THE IMPACT OF A SCHOOL-BASED BEHAVIORAL HEALTH
PROGRAM (JEFFERSON HOSPITAL \$50,000) AND A VAPING DIVERSION PROGRAM
(BREATHE PA \$35,000). A NUMBER OF PROJECTS WILL SUPPORT IMPROVED
ECONOMIC AND WORKFORCE OPPORTUNITIES FOR FAMILIES IN OUR AREA INCLUDING
RENOVATION OF OUTDATED HEALTH TECHNICIAN TRAINING LABS (COMMUNITY
COLLEGE OF ALLEGHENY COUNTY \$200,000), A COMPREHENSIVE WORKFORCE
PROGRAM (MON VALLEY INITIATIVE FOR \$85,000), THE EXPANSION OF CAREER
PATHWAYS LINKED TO LITERACY PROGRAMS (LITERACY PITTSBURGH AT \$80,000)
AND THE DEVELOPMENT OF A WORKFORCE COLLECTIVE IMPACT MODEL FOR THE AREA

(JEWISH FAMILY AND COMMUNITY SERVICES OF PITTSBURGH (\$120,000 OVER TWO

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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YEARS). SEVERAL KEY ORGANIZATIONS IN THE AREA ARE BEING SUPPORTED TO IMPROVE FACILITIES WHICH PROVIDE ESSENTIAL SERVICES; \$250,000 TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK TO IMPROVE HEALTHY FOOD DISTRIBUTION, \$200,000 TO SOUTH HILLS INTERFAITH MOVEMENT TO COMPREHENSIVELY ADDRESS SUBURBAN POVERTY, \$250,000 TO THE CARNEGIE LIBRARY OF HOMESTEAD TO IMPROVE ACCESS AND YOUTH PROGRAMS, \$180,000 TO THE BLESSING BOARD FOR DISTRIBUTION OF FURNITURE AND HOME GOODS AND \$55,000 TO SISTERS PLACE FOR RELOCATION OF A SERVICE BASE FOR HOMELESS SINGLE PARENT FAMILIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
OTHER EMERGENCY NEEDS WHICH EMERGED IN THE COMMUNITY ALSO INCLUDED NEW WAYS TO DELIVER FOOD, CRIBS, DIAPERS AND BABY SUPPLIES, FINANCIAL EDUCATION AND MORTGAGE COUNSELING, LIVE YOUTH TUTORING, PROMOTE BLOOD DONATIONS AND ACCESS TO NEIGHBORHOOD GREEN SPACES. ALL THE ORGANIZATIONS WERE ABLE TO PROMPTLY AND CREATIVELY IMPLEMENT THEIR EMERGENCY PLANS AND SERVICES TO MEET SHIFTING COMMUNITY NEEDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
EACH OF THE ORGANIZATIONS ALSO DEVELOPED STAFF TRAINING AND PARTICIPATED IN MONTHLY LEARNING EVENTS TO RECEIVE INFORMATION UPDATES FROM THE CENSUS BUREAU AND OTHER PARTNERS, UPDATED LOCAL CENSUS RATE DATA, AND SHARED CREATIVE IDEAS. THE ORGANIZATIONS INCLUDED NEW (SUCH AS LINCOLN BOROUGH) AND EXISTING PARTNERS (SUCH AS JEFFERSON HOSPITAL) AND ALL ADAPTED FROM AN INITIAL FOCUS ON LIVE OUTREACH EVENTS TO CREATIVE ENGAGEMENT STRATEGIES DURING THE PANDEMIC.

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

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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THE FOUNDATION BRINGS ADDITIONAL PERSPECTIVES AND CONNECTIONS FOR ITS WORK THROUGH ITS COMMUNITY ENGAGEMENT ACTIVITIES.

THE JEFFERSON COLLABORATIVE WAS INITIATED IN THE FALL OF 2015 AND HAS CONTINUED TO EVOLVE WITH QUARTERLY MEETINGS WHICH HAVE GROWN TO AVERAGE 90 PARTICIPANTS, ONGOING ACTION TEAMS AND 96 ORGANIZATIONS WHO ARE FORMAL MEMBERS OF THIS NETWORK OF ORGANIZATIONS COMMITTED TO HEALTHY COMMUNITIES IN THE JEFFERSON AREA. A SEVENTEEN-MEMBER VISION COUNCIL MEETS QUARTERLY TO PROVIDE LEADERSHIP TO THE COLLABORATIVE AND HAS REPRESENTATION FROM KEY INSTITUTIONS AND DIVERSE STAKEHOLDERS INCLUDING THE SENIOR EXECUTIVE VICE-PRESIDENT OF JEFFERSON HOSPITAL. THE FOUNDATION AND COLLABORATIVE PUBLISH A JEFFERSON COMMUNITY DIRECTORY UTILIZED BY JEFFERSON HOSPITAL STAFF WHICH IS A RESOURCE GUIDE FOR KEY STAKEHOLDERS IN THE AREA AND IS NOW IN ITS THIRD PRINT EDITION AND AVAILABLE ON OUR WEBSITE.

THE FOUNDATION STAFF INCLUDES A FULL-TIME COMMUNITY ENGAGEMENT MANAGER TO SUPPORT THE COLLABORATIVE AND OTHER COMMUNITY ACTIVITIES OF THE FOUNDATION. SIGNIFICANT ACCOMPLISHMENTS OF THE COLLABORATIVE DURING THIS PERIOD INCLUDE:

- QUARTERLY MEETINGS PROGRAMS: COMMUNITY DATA/DRIVEN BY DATA PANEL, ACTIVATING CIVIC ENGAGEMENT & CENSUS 2020 TRAINING, SPEED NETWORKING, AND A HEALTH EQUITY PANEL
- NEW CAPACITY BUILDING OPPORTUNITIES WERE DEVELOPED INCLUDING THE BURNING FOR LEARNING SERIES WHICH SERVED 160 PROFESSIONALS AND 99 ORGANIZATIONS (TOPICS INCLUDED: MENTORING, TRAUMA-INFORMED CARE, FACILITATION TRAINING, DATA 1010), EXECUTIVE HUDDLES AND FREE EXECUTIVE CONSULTS WITH EXPERTS

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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- INCREASED MEDIA PRESENCE FEATURING THE COLLABORATIVE, CENSUS AND
COVID IMPACTS

THE COLLABORATIVE'S CURRENT FOCUS INCLUDES TWO KEY PRIORITY AREAS OF
CIVIC ENGAGEMENT & COLLECTIVE ACTION: DIVERSITY, EQUITY, & RACIAL
JUSTICE. A PARTNERSHIP THE WITH BAYER CENTER FOR NONPROFIT MANAGEMENT
OF ROBERT MORRIS UNIVERSITY WILL CONTINUE TO OFFER SEVERAL CUSTOMIZED
CAPACITY-BUILDING OPPORTUNITIES, INCLUDING FOR EXECUTIVE LEVEL STAFF.
THE COLLABORATIVE ALSO FOCUSES ON THE INCORPORATION OF DATA AND
RESEARCH TO INFORM DECISION-MAKING, COLLECTIVE ACTION, AND DEVELOP
TARGETED OUTCOMES.

JEFFERSON COUNTS 2020 CENSUS OUTREACH:-

BEGINNING IN THE SPRING OF 2019, THE JEFFERSON REGIONAL FOUNDATION AND
THE JEFFERSON COLLABORATIVE PARTNERED WITH A COUNTY-WIDE EFFORT AND THE
CENSUS BUREAU TO BUILD LOCAL PARTICIPATION IN THE 2020 CENSUS AS A
MAJOR CIVIC ENGAGEMENT STRATEGY. OUR LOCAL EFFORTS INCLUDED: A
THREE-PHASE PLAN IMPLEMENTED BY A DIVERSE LOCAL CENSUS LEADERSHIP
ADVISORY TEAM, A FULL-TIME FELLOW TO SUPPORT THE TEAM'S OUTREACH AND
TRAINING EFFORTS, THE ENGAGEMENT OF OVER 70 LOCAL ORGANIZATIONS IN
CENSUS OUTREACH AND MINI-GRANTS AWARDED TO LOCAL ORGANIZATIONS TO FOCUS
CENSUS OUTREACH ON TRADITIONALLY UNDERCOUNTED COMMUNITIES. THIS EFFORT
RESULTED IN THE STRONGER ENGAGEMENT OF NEW PARTNERS INCLUDING SCHOOL
SUPERINTENDENTS, LOCAL MUNICIPAL OFFICIALS, CLERGY AND LOCAL CHAMBERS.

COVID-19 IMPACTS:-

LIKE ALL ORGANIZATIONS, THE FOUNDATION'S WORK HAS SHIFTED IN MANY WAYS
IN RESPONSE TO THE COVID-19 PANDEMIC AND ITS TREMENDOUS IMPACTS ON OUR

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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COMMUNITIES AND NONPROFITS.

- GRANTEES WERE OFFERED FLEXIBILITY IN REPORTING, USE OF GRANT FUNDS AND TECHNICAL ASSISTANCE TO SUPPORT THEIR ADJUSTMENTS TO MEET URGENT AND EMERGING NEEDS WHILE STILL ALIGNING WITH THE FOUNDATION'S MISSION AND PRIORITIES.

- OUR 2020 WEEKLONG AROUND THE TABLE CONVERSATIONS WERE SLATED TO LAUNCH ON MARCH 18, 2020 WITH AN ANTICIPATED 1000 LOCAL RESIDENTS MEETING FOR DISCUSSION OVER MEALS. THE EVENT, WHICH WAS REPEATING A VERY SUCCESSFUL 2018 PILOT, WAS CANCELLED. SIXTY HOSTS WERE ALREADY TRAINED IN FACILITATION IN LATE FEBRUARY AND EQUIPPED WITH SUPPLIES, AND THE FOUNDATION WAS PARTNERING WITH LEADERSHIP PITTSBURGH FOR REGIONAL CONVERSATIONS.

- OUR 6TH JEFFERSON FORUM, SCHEDULED FOR MAY, WAS ANTICIPATED TO AGAIN ATTRACT A CAPACITY CROWD OF NEARLY 300. AS NOTED BELOW, WE SHIFTED TO A VIRTUAL FORUM WHICH WAS EXTREMELY WELL-RECEIVED AND RATED THE RECORDINGS AND HANDOUTS ARE ON OUR WEBSITE.

- THE FOUNDATION HOSTED AN EARLY WEBINAR ON COVID FOR OUR COLLABORATIVE WITH KEY LOCAL EXPERTS AND INITIATED A SERIES OF GROUP AND INDIVIDUAL CONSULTS FOR NONPROFITS EXECUTIVES FACING MYRIAD CHALLENGES.

JEFFERSON SPRING VIRTUAL FORUM: (HIGHLIGHTING THE POWER & RESILIENCE OF THE NONPROFIT SECTOR)

SINCE THE 6TH ANNUAL JEFFERSON FORUM SCHEDULED FOR MAY 2020 WAS CANCELLED DUE TO COVID-19 RESTRICTIONS, THE FOUNDATION INSTEAD OFFERED A VIRTUAL FORUM WHICH ATTRACTED 155 PARTICIPANTS WHO REPRESENTED 85 ORGANIZATIONS. THE FORUM WAS DELIVERED OVER THREE WEEKS THROUGH FOUR WORKSHOPS WITH GUEST EXPERTS TAILORED TO THE NEEDS OF OUR NONPROFIT ORGANIZATIONS DURING THE PANDEMIC. THESE SESSIONS INCLUDED: SELF-CARE

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DURING SOCIAL DISTANCING, NEW APPLICATIONS OF TECHNOLOGY, ADVOCACY AND CIVIC ENGAGEMENT AND RESILIENT FUNDRAISING. EARLY IN THE SHUTDOWN, THE FOUNDATION AND COLLABORATIVE ALSO HOSTED A COVID WEBINAR WITH KEY ALLEGHENY COUNTY PARTNERS FROM THE DEPARTMENTS OF HEALTH AND HUMAN SERVICES AND NONPROFIT CONSULTANTS WHICH WAS ATTENDED BY 70+ FOLKS AND RECORDED FOR CONTINUED USE.

EXPENSES \$ 555,239. INCLUDING GRANTS OF \$ 3,250. REVENUE \$ 0.

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

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

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

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

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

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

THIS PROCEDURE IS MONITORED BY OTHER MEMBERS OF THE BOARD AS WELL AS LEGAL COUNSEL. THE SCOPE OF COVERAGE FOR THE CONFLICT OF INTEREST POLICY IS

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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:

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 CEO AND DIRECTOR OF GRANTMAKING AND STRATEGY (FORMERLY THE PROGRAM OFFICER)

TWO PRIMARY SOURCES CONTINUE TO BE CONSULTED TO DEVELOP AND UPDATE

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BENCHMARK INFORMATION: A GRANTMAKERS SALARY AND BENEFIT SURVEY COMPILED BY THE COUNCIL ON FOUNDATIONS AND A REGIONAL NONPROFIT SURVEY PUBLISHED A LOCAL UNIVERSITY'S NONPROFIT MANAGEMENT PROGRAM. THIS INFORMATION PROVIDES DETAIL ON SALARY RANGES RELATIVE TO THE ASSET SIZE OF SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWS ALL OF THIS INFORMATION IN DETERMINING COMPENSATION AND FULLY REPORTED ITS DELIBERATIONS AND ACTIONS DIRECTLY TO THE BOARD. THE REVIEW AND APPROVAL PROCESS FOR THE DETERMINATION OF COMPENSATION IS DOCUMENTED IN MEMOS AND 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

2019

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 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 VII Supplemental Information

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

Multiple horizontal lines for providing 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.

Type or print	Name of exempt organization or other filer, see instructions. JEFFERSON REGIONAL FOUNDATION	Taxpayer identification number (TIN) 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	
	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

- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, 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, 2019**, and ending **JUN 30, 2020**.

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.