

Product: **Exempt**
Name: **Jefferson Regional Foundation**
FEIN: *******0913**
Bank Info:
Fiscal Year Begin Date: **7/1/2023**
IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **6/30/2024**

IRS Center: **Ogden**
e-Postmark: **11/15/2024 2:37 PM**
Notification:

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/15/2024	23X:11879:V1	Upload Started	255709202432003dee28		Walshak,Jeannette	
11/15/2024	23X:11879:V1	Released for Transmission - Validation in Progress			Walshak,Jeannette	
11/15/2024	23X:11879:V1	Ready to transmit - Validation Complete				
11/15/2024	23X:11879:V1	Transmitted to FD				
11/15/2024	23X:11879:V1	Accepted by FD on 11/15/2024				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
----	-------------	--------	-------------	----------------	------	-------------

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filer

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

EIN or SSN
56-2420913Name and title of officer or person subject to tax
JEFFERSON REGIONAL FOUNDATION
TRISHA GADSON
CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 3,988,877.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize MAHER DUESSEL, CPA'S to enter my PIN 11879
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/15/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25570912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

11/14/2024

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2023)

EXTENDED TO MAY 15, 2025

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

470 STREETS RUN ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PITTSBURGH, PA 15236**F** Name and address of principal officer: **DR. TRISHA GADSON****SAME AS C ABOVE****D** Employer identification number**56-2420913****E** Telephone number**412-267-6771****G** Gross receipts \$**29,612,900.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.JEFFERSONRF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2033****M** State of legal domicile: **PA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
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.							
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	19				
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5				
6	Total number of volunteers (estimate if necessary)	6	19				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.				
		Prior Year	Current Year				
8	Contributions and grants (Part VIII, line 1h)	0.	0.				
9	Program service revenue (Part VIII, line 2g)	0.	0.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,200,971.	3,964,127.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	24,750.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,200,971.	3,988,877.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,630,250.	3,524,786.				
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)	619,182.	653,542.				
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)	690,715.	697,342.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,940,147.	4,875,670.				
19	Revenue less expenses. Subtract line 18 from line 12	260,824.	-886,793.				
		Beginning of Current Year	End of Year				
20	Total assets (Part X, line 16)	113,953,732.	124,276,428.				
21	Total liabilities (Part X, line 26)	1,304,563.	1,709,005.				
22	Net assets or fund balances. Subtract line 21 from line 20	112,649,169.	122,567,423.				

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DR. TRISHA GADSON, CEO		11/14/2024	
Preparer	Print/Type preparer's name		Preparer's signature	
	ELIZABETH E. KRISHER		MAHER DUESSEL, CPA'S	
Use Only	Firm's name		Firm's EIN	
	503 MARTINDALE STREET, SUITE 600		25-1622758	
Firm's address		Phone no.		
PITTSBURGH, PA 15212		412-471-5500		

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

THE MISSION OF THE JEFFERSON REGIONAL FOUNDATION IS TO IMPROVE THE HEALTH & WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING, EDUCATION, & OUTREACH. THE FOUNDATION WILL SERVE THE COMMUNITY WITH INTEGRITY AND TRANSPARENCY. ITS SIX PRIORITIES WERE

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,437,000. including grants of \$ 1,437,000.) (Revenue \$)
IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO INCREASE CHILD AND FAMILY OUTCOMES, THE FOUNDATION MADE THE FOLLOWING GRANTS:

- MELTING POT MINISTRIES, YOUTH AND FAMILY SUPPORT: IMPROVE HEALTH AND WELLNESS BY SUPPORTING POSITIVE DEVELOPMENT FOR YOUTH AND THEIR CAREGIVERS IN SOUTH PARK, BALDWIN-WHITEHALL, AND BETHEL PARK BY PROVIDING OUT-OF-SCHOOL TIME PROGRAMMING (AFTERSCHOOL AND SUMMER) FOCUSED ON EDUCATIONAL, SOCIAL-EMOTIONAL, AND CULTURAL LIFE CHALLENGES.

- DRAGON'S DEN, OUT-OF-SCHOOL TIME YOUTH PROGRAMMING: IMPROVE HEALTH AND WELL-BEING BY BUILDING SELF-CONFIDENCE, TRUST, AND SOCIABILITY OF JEFFERSON SCHOOL-AGE YOUTH AND DEVELOP DEEPER COMMUNITY ENGAGEMENT IN

4b (Code:) (Expenses \$ 835,000. including grants of \$ 835,000.) (Revenue \$)
IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO STRENGTHEN HEALTH AND WELLNESS, THE FOUNDATION MADE THE FOLLOWING GRANTS:

- BLACK WOMEN'S POLICY CENTER, INC., BUILDING CIVIC ENGAGEMENT POWER FOR BLACK WOMEN: IMPROVE THE HEALTH AND WELLNESS OF BLACK WOMEN LIVING IN MCKEESPORT, DUQUESNE, CLAIRTON, WEST MIFFLIN AND HOMESTEAD AND SHARE THEIR LIVED EXPERIENCE BY OFFERING SUPPORT AND COACHING THROUGH SYSTEM NAVIGATION, CONNECTION TO RESOURCES, ADVOCACY ON SHAPING PUBLIC POLICY, AND TRAINING AND EDUCATION

- FOOTBRIDGE FOR FAMILIES, INC., RAPID RESPONSE FUNDING TO SUPPORT JEFFERSON FAMILIES: ASSIST APPROXIMATELY 51 JEFFERSON

4c (Code:) (Expenses \$ 485,000. including grants of \$ 485,000.) (Revenue \$)
IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO IMPROVE CAPACITY-BUILDING, THE FOUNDATION MADE THE FOLLOWING GRANTS:

- SOUTH HILLS INTERFAITH MINISTERS, SHIM CENTER ACCESSIBILITY UPGRADES & BUILDING IMPROVEMENTS: PROVIDE CAPITAL SUPPORT TO ENSURE LONG-TERM OPERATIONS AND CREATE A SAFER AND MORE WELCOMING ENVIRONMENT AT SHIM CENTER FOR STAFF, VOLUNTEERS, AND SOUTH HILLS INDIVIDUALS AND FAMILIES FACING SUBURBAN POVERTY.

- ALLEGHENY HEALTH NETWORK, COMMUNITY HEALTH PLANNING GRANT: BUILD CAPACITY TO DESIGN A PROGRAM IMPLEMENTATION PLAN THAT INCREASES THE HEALTH AND WELL-BEING OF JEFFERSON RESIDENTS BY INCORPORATING COMMUNITY

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,616,341. including grants of \$ 767,786.) (Revenue \$)

4e Total program service expenses 4,373,341.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10	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>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

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

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	19			
b Enter the number of voting members included on line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	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?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on 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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
TRISHA GADSON, CEO - 412-267-6771
470 STREETS RUN ROAD, PITTSBURGH, PA 15236

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TRISHA GADSON CHIEF EXECUTIVE OFFICER	40.00			X				177,625.	0.	23,903.
(2) KELLIE BOLAND DIRECTOR GRANTMAKING/STRATEGY	40.00					X		111,617.	0.	33,757.
(3) DR. RICHARD F. COLLINS DIRECTOR	1.00	X						0.	0.	0.
(4) DR. JAMES DOYLE DIRECTOR	1.00	X						0.	0.	0.
(5) DR. MARK P. GANNON DIRECTOR	1.00	X						0.	0.	0.
(6) DANIEL A. ONORATO DIRECTOR	1.00	X						0.	0.	0.
(7) FRANCES SMITH-ROHRICH DIRECTOR	1.00	X						0.	0.	0.
(8) AARON B. BILLGER DIRECTOR	1.00	X						0.	0.	0.
(9) DR. TIFFANY EVANS DIRECTOR	1.00	X						0.	0.	0.
(10) HELEN FALLON DIRECTOR	1.00	X						0.	0.	0.
(11) CAITLIN GREEN DIRECTOR	1.00	X						0.	0.	0.
(12) KENYA BOSWELL DIRECTOR	1.00	X						0.	0.	0.
(13) JO DEBOLT DIRECTOR	1.00	X						0.	0.	0.
(14) GREGORY A. HARBAUGH DIRECTOR	1.00	X						0.	0.	0.
(15) ERIN ICKES DIRECTOR	1.00	X						0.	0.	0.
(16) THOMAS KAVANAUGH DIRECTOR	1.00	X						0.	0.	0.
(17) DR. MANZOOR MOHIDEEN 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RICHARD W. TALARICO BOARD CHAIR	2.00	X		X				0.	0.	0.
(19) GARY L. EVANS VICE BOARD CHAIR	2.00	X		X				0.	0.	0.
(20) EDWARD R. MARASCO SECRETARY	2.00	X		X				0.	0.	0.
(21) VIRGINIA WEIDA TREASURER	2.00	X		X				0.	0.	0.
1b Subtotal								289,242.	0.	57,660.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								289,242.	0.	57,660.

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

2

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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			Business Code				
	2 a						
	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)			2,515,475.			2515475.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(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	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	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						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MANAGEMENT FEE	900099		24,750.	24,750.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				24,750.		
12 Total revenue. See instructions				3,988,877.	24,750.	0.	3964127.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,524,786.	3,524,786.		
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	208,915.	138,980.	69,935.	
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	317,589.	271,396.	46,193.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,523.	8,981.	2,542.	
9 Other employee benefits	77,707.	60,568.	17,139.	
10 Payroll taxes	37,808.	29,469.	8,339.	
11 Fees for services (nonemployees):				
a Management				
b Legal	19,191.	10,555.	8,636.	
c Accounting	33,529.	18,441.	15,088.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	212,904.		212,904.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	52,966.	29,131.	23,835.	
12 Advertising and promotion				
13 Office expenses	62,854.	47,769.	15,085.	
14 Information technology	58,290.	46,632.	11,658.	
15 Royalties				
16 Occupancy	99,414.	75,555.	23,859.	
17 Travel	1,499.	1,199.	300.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	14,970.	11,377.	3,593.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,623.		28,623.	
23 Insurance	10,354.	7,869.	2,485.	
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 COMMUNITY EVENTS	52,959.	52,959.		
b STAFF & BOARD DEVELOPME	24,263.	18,440.	5,823.	
c DUES & MEMBERSHIPS	18,596.	14,133.	4,463.	
d REPAIRS & MAINTENANCE	5,441.	4,135.	1,306.	
e All other expenses	1,489.	966.	523.	
25 Total functional expenses. Add lines 1 through 24e	4,875,670.	4,373,341.	502,329.	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 SheetCheck 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	614,099.	2	1,182,663.
	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	32,772.	9	18,332.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 233,015.		
	b Less: accumulated depreciation	10b 113,438.	10c	119,577.
	11 Investments - publicly traded securities	107,116,794.	11	117,590,029.
	12 Investments - other securities. See Part IV, line 11	5,273,180.	12	4,646,253.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	797,521.	15	719,574.
16 Total assets. Add lines 1 through 15 (must equal line 33)	113,953,732.	16	124,276,428.	
Liabilities	17 Accounts payable and accrued expenses	56,327.	17	58,175.
	18 Grants payable	459,000.	18	511,000.
	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	789,236.	25	1,139,830.
	26 Total liabilities. Add lines 17 through 25	1,304,563.	26	1,709,005.
	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		112,649,169.	27	122,567,423.
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		112,649,169.	32	122,567,423.
33 Total liabilities and net assets/fund balances		113,953,732.	33	124,276,428.

Part XI Reconciliation of Net AssetsCheck 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	3,988,877.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,875,670.
3	Revenue less expenses. Subtract line 2 from line 1	3	-886,793.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	112,649,169.
5	Net unrealized gains (losses) on investments	5	10,805,047.
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	122,567,423.

Part XII Financial Statements and ReportingCheck 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 (2023)

SCHEDULE A
(Form 990)

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

2023

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
JEFFERSON HOSPITAL	25-1260215	3	X		0.	
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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 lines 3b and 3c 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>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		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).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		X

Section B. Type I Supporting Organizations

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

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	X	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		X	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		X	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

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

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

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

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.

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 PRESIDENT AND COO OF JEFFERSON HOSPITAL, THROUGH PARTICIPATION IN JEFFERSON 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

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.)

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 (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, THE 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 THE HOSPITAL, AND MAINTAINING CONTINUOUS COMMUNICATIONS WITH THE HOSPITAL'S MANAGEMENT AND STAKEHOLDERS, THE FOUNDATION ENSURES THAT IT IS WELL VERSED IN THE PRIORITIES IMPACTED BY THE HOSPITAL SERVICE AREA. THE FOUNDATION CAN THEN LEVERAGE ITS COMMUNITY CONNECTIONS TO HELP IDENTIFY AND PROMOTE ACTIVITIES THAT WILL ADVANCE THE GOALS OF THE HOSPITAL AS DOCUMENTED IN THE CHNA, WHILE ALSO PROVIDING THE FINANCIAL RESOURCES THAT THE HOSPITAL LACKS TO IMPLEMENT, MONITOR, AND OBJECTIVELY EVALUATE THESE PROGRAMS. THE HOSPITAL HAS ACKNOWLEDGED THE FOUNDATION'S EFFORTS BY INCLUDING SEVERAL FOUNDATION PROJECTS IN ITS IMPLEMENTATION PLAN OF ITS CHNA.

THE MOST RECENT THE HOSPITAL/AHN CHNA, WITH IMPLEMENTATION BEGINNING IN

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.)

2022, 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 BOXES, AND THE FRONT DOOR INITIATIVE. MANY OTHER INITIATIVES SUPPORT THESE CHNA GOAL AREAS, A FEW ARE ALSO DETAILED BELOW. IN 2021, THE FOUNDATION CEO WAS INTERVIEWED AS PART OF THE AHN'S CURRENT PROCESS OF UPDATING ITS CHNA.

A MAJOR EXAMPLE OF ALIGNMENT IS A GOAL RELATED TO THE CONTINUUM 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 BY THE FOUNDATION, TO THE HOSPITAL OF ALLEGHENY HEALTH NETWORK (AHN) IN 2018. IT SUPPORTED THE EXPLORATION OF A MODEL OF ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH IN ITS EMERGENCY DEPARTMENT. THE FRONT DOOR PROGRAM INCLUDES EMERGENCY ROOM SCREENING FOR SOCIAL DETERMINANTS OF HEALTH, REFERRALS TO APPROPRIATE RESOURCES, COMMUNITY HEALTH WORKERS, STAFF TRAINING AND PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS. THE FOUNDATION HAS BEEN A STRONG PARTNER IN THIS PROJECT.

FOR EXAMPLE, THE 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. THE 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

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.)

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

IN ADDITION TO ALIGNMENT WITH THE CHNA, THE FOUNDATION'S RELATIONSHIP
WITH THE HOSPITAL INCLUDES MANY OTHER RECENT AND ONGOING OPPORTUNITIES
FOR EXTENDING OUR JOINT MISSIONS. THE FOUNDATION HAS PROVIDED GRANT
FUNDING SUPPORT TO THE HOSPITAL/AHN PROGRAM CALLED TALENT ATTRACTION
PROGRAM. THE PROGRAM IS DESIGNED TO EXECUTE AN ALLIED HEALTH TRAINING

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.)

PROGRAM IN COLLABORATION WITH LOCAL EDUCATIONAL PARTNERS WHICH WILL ASSIST DIVERSE STUDENTS IN OVERCOMING IDENTIFIED BARRIERS AND CLEARLY DEFINE A PATHWAY TO BE HIRED INTO ALLIED HEALTH POSITIONS AT JEFFERSON HOSPITAL. BUILDING AND ENGAGING A DIVERSE WORKFORCE IS A PARTICULAR GOAL OF THE HOSPITAL AND THE ENTIRE AHN NETWORK AND THIS PROJECT IS EMBRACED AS PART OF A LARGER EFFORT OF THE AHN EQUITABLE HEALTH INSTITUTE.

WE CONTINUE TO BUILD ON A STRONG HISTORY OF RELATIONSHIPS AND JOINT PROGRAMS BETWEEN THE FOUNDATION AND THE HOSPITAL. THE HOSPITAL OUTREACH STAFF MEET WITH AND CONSULT WITH FOUNDATION STAFF ON LOCAL ORGANIZATIONS AND PROJECTS. THE HOSPITAL WAS ONE OF THE JEFFERSON COUNTS 2020 CENSUS CHAMPIONS IN AN INITIATIVE HOSTED BY THE FOUNDATION AND JEFFERSON COLLABORATIVE. THE HOSPITAL ENGAGED ALL 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 2002 AS APRIL 1 CENSUS DAY APPROACHED (SUPPORTED BY A FOUNDATION MINIGRANTS). THE HOSPITAL STAFF ATTENDED A FOUNDATION FORUM WORKSHOP ON CULTURAL HUMILITY IN 2019 WHICH SUBSEQUENTLY WAS PILOTTED AT THE HOSPITAL AND THEN EXPANDED AS TRAINING FOR THE ENTIRE HOSPITAL NETWORK IN 2020. THIS YEAR, THE FOUNDATION PROVIDED ADDITIONAL FUNDING TO THE HOSPITAL IN THE FORM OF A \$125,000 PLANNING GRANT FOR THE FRONT DOOR INITIATIVE IN PARTNERSHIP WITH DUQUESNE UNIVERSITY TO IDENTIFY A MORE COMPREHENSIVE DATA-DRIVEN APPROACH TO COMMUNITY HEALTH.

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

2023

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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		81,022.	53,543.	27,479.
d Equipment		151,993.	59,895.	92,098.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				119,577.

Part VII Investments - Other Securities

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

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

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, line 13, col. (B))		

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, line 15, col. (B))	

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) OPERATING LEASE LIABILITIES	711,289.
(3) ESCROW LIABILITY	428,541.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,139,830.

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	14,581,020.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,805,047.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,805,047.
3	Subtract line 2e from line 1	3	3,775,973.
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	212,904.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	212,904.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,988,877.

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

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

1	Total expenses and losses per audited financial statements	1	4,662,766.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,662,766.
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	212,904.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	212,904.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,875,670.

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 IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND IS EXEMPT FROM FEDERAL TAXES ON ITS EXEMPT INCOME UNDER SECTION 501(A) OF THE CODE.

ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES IS RECORDED.

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

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

2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1HOOD MEDIA ACADEMY, INC. 460 MELWOOD AVE STE 207 PITTSBURGH, PA 15213	81-3871444	501(C)(3)	75,000.	0.	N/A	N/A	AMPLIFY VOICES OF RESIDENTS IN MCKEESPORT, DUQUESNE, AND CLAIRTON BY ORGANIZING AND EDUCATING
ALLEGHENY HEALTH NETWORK 4818 LIBERTY AVENUE PITTSBURGH, PA 15224	45-3674924	501(C)(3)	125,000.	0.	N/A	N/A	IMPROVE LONG-TERM AND SUSTAINABLE BEHAVIORAL HEALTH OUTCOMES OF CLAIRTON SCHOOL DISTRICT
ANNA MIDDLETON WAITE LEARNING 2920 MYER BOULEVARD PITTSBURGH, PA 15132	46-4706628	501(C)(3)	50,000.	0.	N/A	N/A	PROVIDE OLDER ADULTS THE NECESSARY TOOLS TO ENGAGE IN THE DIGITAL WORLD BY PROVIDING PERSONAL
ATTACK THEATRE INCORPORATED 212 45TH ST PITTSBURGH, PA 15201	20-1909284	501(C)(3)	55,000.	0.	N/A	N/A	SUPPORT EDUCATIONAL ENGAGEMENT, PHYSICAL & MENTAL WELLBEING, AND SOCIAL EMOTIONAL
BEST OF THE BATCH FOUNDATION 2000 WEST ST HOMESTEAD, PA 15120	34-1900914	501(C)(3)	20,000.	0.	N/A	N/A	PROVIDE IN-PERSON PROGRAMMING FOR YOUTH IN SUMMER.
BEVERLY'S BIRTHDAYS 11065 PARKER DRIVE PITTSBURGH, PA 15642	45-4248006	501(C)(3)	50,000.	0.	N/A	N/A	PROVIDE SUPPORT AND OPPORTUNITY TO JEFFERSON WOMEN AND PARENTS/CAREGIVERS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH - 3000 BROWNSVILLE ROAD, SUITE 300 - PITTSBURGH, PA 15227	30-0742370	501(C)(3)	26,000.	0.	N/A	N/A	HOLD FIVE TO SIX CONVENINGS OF 15-20 PARTICIPANTS TARGETING RESIDENTS FROM BETHEL
BLACK WOMEN'S POLICY CENTER, INC. 410 9TH STREET MCKEESPORT, PA 15132	85-3612457	501(C)(3)	150,000.	0.	N/A	N/A	IMPROVE THE HEALTH AND WELLNESS OF BLACK WOMEN LIVING IN MCKEESPORT, DUQUESNE, CLAIRTON, WEST
CASH FOR KIDS	20-2862814	501(C)(3)	55,000.	0.	N/A	N/A	ENGAGE 30-40 YOUTH AGES 9-14 FROM MCKEESPORT IN OUT-OF-SCHOOL TIME PROGRAMMING TO PROMOTE
CENTRAL HIGHLANDS COMMUNITY UNITED METHODIST CHURCH - 100 TIMOTHY DR - ELIZABETH, PA 15037	23-1923180	501(C)(3)	15,000.	0.	N/A	N/A	INCREASE HEALTH AND WELL-BEING BY PROVIDING FOOD TO MEDICALLY COMPROMISED NEIGHBORS OF
CHRISTIAN IMMIGRATION ADVOCACY CENTER - 801 UNION AVE - PITTSBURGH, PA 15212	82-2880556	501(C)(3)	50,000.	0.	N/A	N/A	PROVIDE LEGAL AID TO IMMIGRANTS AND REFUGEES LIVING IN THE JEFFERSON FOOTPRINT FOR PERMANENT
CLOVERLEAF AREA ECUMENICAL ASSISTANCE PROGRAM - 1 GROVE PL - PITTSBURGH, PA 15236	25-1483771	501(C)(3)	15,000.	0.	N/A	N/A	INCREASE HEALTH AND WELL-BEING BY PROVIDING BASIC NEEDS TO NEIGHBORS THROUGH DISTRIBUTIONS AT
COMMUNITY HUMAN SERVICES CORPORATION - 2525 LIBERTY AVE - PITTSBURGH, PA 15222	25-1219610	501(C)(3)	50,000.	0.	N/A	N/A	DECREASE HOMELESSNESS, INCREASE INCOME STABILIZATION, AND INCREASE QUALITY OF
DRAGON'S DEN 1008 AMITY STREET HOMESTEAD, PA 15120	30-0954832	501(C)(3)	155,000.	0.	N/A	N/A	BUILD SELF-CONFIDENCE, TRUST, AND SOCIABILITY OF JEFFERSON SCHOOL-AGE YOUTH AND DEVELOP DEEPER
DRESS FOR SUCCESS PITTSBURGH 305, 34TH ST PITTSBURGH, PA 15201	20-2388089	501(C)(3)	125,000.	0.	N/A	N/A	INCREASE THE CONFIDENCE AND CAPACITY OF 825 LOCAL FEMALE RESIDENTS PREPARING TO ENTER THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST STEP RECOVERY HOMES, INC. 336 PENNY ST MCKEESPORT, PA 15132	25-1718347	501(C)(3)	130,000.	0.	N/A	N/A	PROVIDE OPERATIONAL SUPPORT AND ENABLE SCREENING AND SECURING OF A QUALIFIED CAPITAL
FOOTBRIDGE FOR FAMILIES, INC. 322 MALL BOULEVARD PMB #259 MONROEVILLE, PA 15146	84-2077025	501(C)(3)	140,000.	0.	N/A	N/A	ASSIST 15-30 JEFFERSON RESIDENTS DURING TIMES OF SHORT-TERM FINANCIAL CRISIS AND PROVIDE
FORWARD TOWNSHIP VOLUNTEER FIRE COMPANY AND RELIEF ASSOCIATION - 9019 ROBERTS HOLLOW RD - ELIZABETH, PA 15037	23-7350485	501(C)(3)	20,000.	0.	N/A	N/A	PROVIDING SAFETY IN INCLEMENT WEATHER
GWEN'S GIRLS INCORPORATED 711 W COMMONS THIRD FLOOR PITTSBURGH, PA 15212	75-3114136	501(C)(3)	75,000.	0.	N/A	N/A	INCREASE OVERALL HEALTH AND WELLNESS FOR YOUTH, WITH AN EMPHASIS ON BLACK GIRLS AND FAMILIES IN
HEALTHY VILLAGE LEARNING INSTITUTE 1102 FREEMONT ST MCKEESPORT, PA 15132	47-4959758	501(C)(3)	20,000.	0.	N/A	N/A	HVLI HEALTHY EATING PROGRAM
HELLO NEIGHBOR 6587 HAMILTON AVE PITTSBURGH, PA 15206	82-3695047	501(C)(3)	25,000.	0.	N/A	N/A	REFUGEE RESETTLEMENT AND IMMIGRANT SERVICES
HUMAN SERVICES CENTER CORPORATION 519 PENN AVENUE TURTLE CREEK, PA 15145	25-1427632	501(C)(3)	75,000.	0.	N/A	N/A	THROUGH GENERAL OPERATIONAL SUPPORT, STRENGTHEN HSCMV'S ABILITY TO PROVIDE
JEFFERSON HILLS AREA AMBULANCE ASSOCIATION - 2121 CENTURY DR - CLAIRTON, PA 15025	25-1298231	501(C)(3)	20,000.	0.	N/A	N/A	COMMUNITY TRAINING CENTER EQUIPMENT
JEFFERSON HILLS FIRE/RESCUE 380 WRAY DR CLAIRTON, PA 15025	25-1844992	501(C)(3)	20,000.	0.	N/A	N/A	INCREASED CAPACITY IN HEALTH EMERGENCIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF WESTERN PA 90 EMERSON LN STE 1403 BRIDGEVILLE, PA 15017	25-0983059	501(C)(3)	25,000.	0.	N/A	N/A	INCREASE FOUNDATIONAL SKILLS AND EXPOSURE TO CAREERS FOR 1,700 KIDS THROUGH CAREER READINESS
LAROSA YOUTH DEVELOPMENT FOUNDATION - 901 RAVINE ST - MCKEESPORT, PA 15132	85-2916065	501(C)(3)	100,000.	0.	N/A	N/A	BUILDING CAPACITY FOR ORGANIZATIONAL DEVELOPMENT
LATINO COMMUNITY CENTER 212 9TH STREET PITTSBURGH, PA 15222	82-0647986	501(C)(3)	100,000.	0.	N/A	N/A	HOLD FOUR CONVENINGS WITH LATINX FAMILIES FROM MCKEESPORT TO DISCUSS HOPES, DREAMS, AND NEEDS
LIFE BUILDERS 2624 BRANDIS AVE SOUTH PARK, PA 15129	87-1315475	501(C)(3)	30,000.	0.	N/A	N/A	BASIC NEEDS AND CAPACITY-BUILDING
LITERACY PITTSBURGH 411 7TH AVE STE 525 PITTSBURGH, PA 15219	25-1392652	501(C)(3)	100,000.	0.	N/A	N/A	FOSTER A LIFETIME OF SUCCESS FOR JEFFERSON ADULT LEARNERS BY EXPANDING EMPLOYMENT
MCKEESPORT AREA SCHOOL DISTRICT 3590 ONEIL BLVD MCKEESPORT, PA 15132	25-1157799		80,000.	0.	N/A	N/A	THE VILLAGE PROJECT: BUILDING COLLABORATIVE CAPACITY FOR YOUTH DEVELOPMENT IN THREE
MELTING POT MINISTRIES 5225 LIBRARY ROAD BETHEL PARK, PA 10102	14-1942636	501(C)(3)	170,000.	0.	N/A	N/A	SUPPORT POSITIVE DEVELOPMENT FOR YOUTH AND THEIR CAREGIVERS IN SOUTH PARK, BALDWIN-WHITEHALL,
MISSION: AGAPE 1201 PRESCOTT ST WHITE OAK, PA 15131	85-1091814	509(A)(2)	30,000.	0.	N/A	N/A	CAPACITY BUILDING AND ADDRESSING FOOD INSECURITY
PA CLEANWAYS OF ALLEGHENY COUNTY, INC. - 100 HAFNER - ETNA, PA 15223	20-3033220	501(C)(3)	40,000.	0.	N/A	N/A	ENGAGE AND EMPOWER RESIDENTS OF MCKEESPORT TO ELIMINATE ILLEGAL DUMPING BY PARTICIPATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSBURGHERS FOR PUBLIC TRANSIT 5129 PENN AVE PITTSBURGH, PA 15224	85-3644829	501(C)(3)	30,000.	0.	N/A	N/A	TRANSIT CIVIC ENGAGEMENT
PUBLICSOURCE, INC 1936 5TH AVE PITTSBURGH, PA 15219	47-4309256	501(C)(3)	40,000.	0.	N/A	N/A	CIVIC ENGAGEMENT, STORYTELLING, AND JOURNALISM
READING READY PITTSBURGH 1705 MAPLE STREET HOMESTEAD, PA 15120	83-1255489	501(C)(3)	35,000.	0.	N/A	N/A	PROMOTING EARLY LITERACY
SALTWORKS THEATRE COMPANY 939 CALIFORNIA AVE PITTSBURGH, PA 15202	25-1395314	501(C)(3)	15,000.	0.	N/A	N/A	PREVENTION LIVE THEATER PLAYS FOR MIDDLE AND HIGH SCHOOLS
SOUTH HILLS INTERFAITH MINISTRIES 5301 PARK AVE BETHEL PARK, PA 15102	25-1213332	501(C)(3)	160,000.	0.	N/A	N/A	SHIM CENTER ACCESSIBILITY UPGRADES, BUILDING IMPROVEMENTS, SUMMER PROGRAM
STEM CODING LAB, INC. 800 VINIAL ST PITTSBURGH, PA 15212	82-1335757	501(C)(3)	70,000.	0.	N/A	N/A	COMPUTER SCIENCE EDUCATION FOR DUQUESNE STUDENTS
STOREHOUSE FOR TEACHERS DBA THE EDUCATION PARTNERSHIP - 281 CORLISS STREET - PITTSBURGH, PA 15220	90-0438744	501(C)(3)	100,000.	0.	N/A	N/A	IMPROVE THE LONG-TERM OVERALL HEALTH AND WELL-BEING AND EDUCATIONAL OUTCOMES OF
THE BLESSING BOARD 880 BUTLER STREET, SUIT 1A PITTSBURGH, PA 15223	27-2775566	501(C)(3)	75,000.	0.	N/A	N/A	INCREASE THE QUALITY OF LIFE AND OVERALL HEALTH AND WELLNESS FOR FAMILIES AND INDIVIDUALS
THE MON VALLEY INITIATIVE 303-305 EAST 8TH AVENUE HOMESTEAD, PA 15120	25-1591350	501(C)(3)	125,000.	0.	N/A	N/A	PROVIDE GENERAL OPERATIONAL SUPPORT TO STRENGTHEN MVIS ABILITY TO OFFER HEALTHY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PITTSBURGH FOUNDATION 5 PPG PL STE 250 PITTSBURGH, PA 15222	25-0965466	501(C)(3)	50,000.	0.	N/A	N/A	SUPPORT THE CONTINUATION OF A FLEXIBLE, FOUNDATION-SUPPORTED FUND TO STRENGTHEN HUMAN
THREE RIVERS WATERKEEPER 800 VINIAL ST PITTSBURGH, PA 15212	27-0486655	501(C)(3)	30,000.	0.	N/A	N/A	WATER QUALITY AND WELL-BEING
TICKETS FOR KIDS FOUNDATION 700 BLAW AVE STE 105 PITTSBURGH, PA 15238	02-0559825	501(C)(3)	16,000.	0.	N/A	N/A	CULTURAL ACCESS FOR YOUTH DEVELOPMENT
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVENUE - PITTSBURGH, PA 15222	25-1043578	501(C)(3)	200,000.	0.	N/A	N/A	PROVIDE IN-PERSON SUMMER PROGRAMMING WITH HANDS-ON AND SOCIAL AND EMOTIONAL LEARNING OPPORTUNITIES
VENTURE OUTDOORS, INC. 317 CARSON STREET PITTSBURGH, PA 15219	20-3275291	501(C)(3)	75,000.	0.	N/A	N/A	CONTINUE TO ENGAGE JEFFERSON YOUTH, MENTORS, AND VOLUNTEERS IN OUTDOOR ACTIVITY THROUGH TARGETED
VETERANS BREAKFAST CLUB 200 MAGNOLIA PLACE PITTSBURGH, PA 15228	26-4633657	501(C)(3)	60,000.	0.	N/A	N/A	HOLD TEN CONVENINGS, TWO PER EACH COMMUNITY VOICE FUND GEOGRAPHIC FOCUS AREA, WITH UPWARDS OF 250
VISION TO LEARN 12100 WILSHIRE BLVD, SUITE 1275 LOS ANGELES, CA 90025	45-3457853	501(C)(3)	75,000.	0.	N/A	N/A	VISION RESOURCES FOR CHILDREN
WESTERN PENNSYLVANIA DIAPER BANK 201 N BRADDOCK AVE PITTSBURGH, PA 15208	35-2461923	501(C)(3)	80,000.	0.	N/A	N/A	IMPROVE THE HEALTH AND WELL-BEING OF JEFFERSON FAMILIES IN NEED BY EXPANDING ACCESS TO FREE
WORLD AFFAIRS COUNCIL OF PITTSBURGH - 500 GRANT ST - PITTSBURGH, PA 15219	25-1064871	501(C)(3)	40,000.	0.	N/A	N/A	GLOBAL YOUTH PROGRAMMING

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

MONITORING OF GRANTS BEGINS WITH THE GRANT PROPOSAL PROCESS. APPLICANT

ORGANIZATIONS ARE ASKED TO INDICATE GOALS AND MEASURABLE OBJECTIVES WHICH

WILL BE ACCOMPLISHED IF THEIR PROGRAM OR PROJECT IS FUNDED. THEY ARE ALSO

ASKED TO PROVIDE A NUMBER OF KEY DOCUMENTS WITH THE PROPOSAL, INCLUDING:

BOARD LIST, ORGANIZATION BUDGET, MOST RECENT AUDIT, 990 TAX RETURN,

STRATEGIC PLAN AND LETTERS OF SUPPORT. TAX-EXEMPT STATUS IS ALSO CHECKED.

WHEN A GRANT IS AWARDED, AN ORGANIZATION IS ASKED TO SIGN A LETTER OF

AGREEMENT BEFORE THE CHECK AWARD IS ISSUED. THE LETTER LISTS A NUMBER OF

Part IV Supplemental Information

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. 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: 1HOOD MEDIA ACADEMY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: AMPLIFY VOICES OF RESIDENTS IN MCKEESPORT, DUQUESNE, AND CLAIRTON BY ORGANIZING AND EDUCATING COMMUNITY LEADERS ON CIVIC ENGAGEMENT PRACTICES AND REGISTER NEW VOTERS TO HIGHLIGHT SPECIFIC NEEDS OF MON VALLEY COMMUNITIES, OFTEN FOCUSED ON SOCIAL DETERMINANTS OF HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY HEALTH NETWORK

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE LONG-TERM AND SUSTAINABLE BEHAVIORAL HEALTH OUTCOMES OF CLAIRTON SCHOOL DISTRICT STUDENTS AND EDUCATORS BY SUPPORTING THE THIRD YEAR OF A COLLABORATIVE MODEL/PILOT WITH AHN AND AWAKEN PITTSBURGH.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN NATIONAL RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE HEALTH, WELL-BEING, AND HOME SAFETY BY PROVIDING DIRECT ASSISTANCE, FIRE SAFETY AND PREPAREDNESS EDUCATION, AND SMOKE ALARMS TO JEFFERSON INDIVIDUALS/FAMILIES TO REDUCE INJURY AND DEATH FROM FIRES THROUGH PARTNERSHIPS WITH LOCAL FIRE DEPARTMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: ANNA MIDDLETON WAITE LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE OLDER ADULTS THE NECESSARY TOOLS TO ENGAGE IN THE DIGITAL WORLD BY PROVIDING PERSONAL COMPUTERS, WIFI ACCESS, TECHNICAL SUPPORT, AND TRAINING.

NAME OF ORGANIZATION OR GOVERNMENT: ANSAR OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE MENTAL HEALTH AND WELLNESS OF REFUGEES LIVING IN DUQUESNE THROUGH INCREASE ACCESS TO RESOURCES TO FOSTER GOOD MENTAL HEALTH PRACTICES AND SELF-EXPRESSION.

NAME OF ORGANIZATION OR GOVERNMENT: ATTACK THEATRE INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EDUCATIONAL ENGAGEMENT, PHYSICAL & MENTAL WELLBEING, AND SOCIAL EMOTIONAL DEVELOPMENT FOR 400 DUQUENSE K-5 STUDENTS AND EDUCATORS/CURRICULUM PROVIDERS THROUGH MOVEMENT AND DANCE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BEVERLY'S BIRTHDAYS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUPPORT AND OPPORTUNITY TO JEFFERSON WOMEN AND PARENTS/CAREGIVERS EXPERIENCING FINANCIAL HARDSHIP DURING PREGNANCY AND THROUGH THE EARLY YEARS OF A CHILDS LIFE BY OFFERING GROUP BIRTHDAY PARTIES, COMMUNITY BABY SHOWERS, PROVIDING TANGIBLE ITEMS OF SUPPORT (BABY/BIRTHDAY SUPPLIES AND CLOTHING), AND PROVIDING ACCESS TO THE NEWLY FORMED GREATER PITTSBURGH INFANT FORMULA BANK.

NAME OF ORGANIZATION OR GOVERNMENT:

BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLD FIVE TO SIX CONVENINGS OF 15-20 PARTICIPANTS TARGETING RESIDENTS FROM BETHEL PARK, SOUTH PARK, PLEASANT HILLS, JEFFERSON HILLS, BRENTWOOD, BALDWIN, WHITEHALL, AND WEST MIFFLIN AT BCAP OFFICES OR LOCAL SITES UTILIZING PARTNER CONNECTIONS AND ROBOCALL SERVICES TO ENLIST PARTICIPANTS.

NAME OF ORGANIZATION OR GOVERNMENT: BLACK WOMEN'S POLICY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE HEALTH AND WELLNESS OF BLACK WOMEN LIVING IN MCKEESPORT, DUQUESNE, CLAIRTON, WEST MIFFLIN AND HOMESTEAD AND SHARE THEIR LIVED EXPERIENCE BY OFFERING SUPPORT AND COACHING THROUGH SYSTEM NAVIGATION, CONNECTION TO RESOURCES, ADVOCACY ON SHAPING PUBLIC POLICY, AND TRAINING AND EDUCATION. SECURE A NEW LOCATION FOR THE BLACK WOMEN'S POLICY CENTER TO CONTINUE ITS COMMUNITY DEVELOPMENT WORK. HOLD A TOTAL OF NINE CONVENINGS WITH BLACK WOMEN FROM CLAIRTON, MCKEESPORT, AND DUQUESNE THROUGH CREATION OF AN 8-10 WOMEN LEADERSHIP COUNCIL.

NAME OF ORGANIZATION OR GOVERNMENT: BOROUGH OF BALDWIN

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE OPPORTUNITY TO SAVE JEFFERSON RESIDENTS LIVES FROM SUDDEN CARDIAC ARREST THROUGH THE PURCHASE OF 44 AUTOMATED EXTERNAL DEFIBRILLATORS (AED) TO BE INSTALLED IN POLICE PATROL VEHICLES SERVING BALDWIN BOROUGH, PLEASANT HILLS BOROUGH, AND WEST MIFFLIN BOROUGH.

NAME OF ORGANIZATION OR GOVERNMENT: CASH FOR KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE 30-40 YOUTH AGES 9-14 FROM MCKEESPORT IN OUT-OF-SCHOOL TIME PROGRAMMING TO PROMOTE FITNESS, NUTRITION, COLLEGE, SOCIAL DEVELOPMENT, AND OVERALL HEALTH AND PROVIDE CAPACITY FOR COMMUNITY CONVENINGS.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL HIGHLANDS COMMUNITY UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE HEALTH AND WELL-BEING BY PROVIDING FOOD TO MEDICALLY COMPROMISED NEIGHBORS OF ALL AGES.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN IMMIGRATION ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE LEGAL AID TO IMMIGRANTS AND REFUGEES LIVING IN THE JEFFERSON FOOTPRINT FOR PERMANENT RESIDENT CARD APPLICATION, RENEWALS, CITIZENSHIP, AND FAMILY PETITIONS.

NAME OF ORGANIZATION OR GOVERNMENT: CITIZENS SCIENCE LAB

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE NUMBER OF STUDENTS OF COLOR INTERESTED IN SCIENCE, TECHNOLOGY ENGINEERING AND MATH (STEM) BY PROVIDING 10 INTERACTIVE STEM WORKSHOPS FOR 100 YOUNG PEOPLE PARTICIPATING IN OUT-OF-SCHOOL TIME PROGRAMS AT DRAGONS DEN, SHIM, AND YOUTHPLACES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLAIRTON UNITY GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: CLAIRTON UNITY GROUP (H) PURPOSE OF GRANT OR ASSISTANCE: HOLD A CONVENING FOR 45 PEOPLE FROM CLAIRTON ON THE GATEWAY CLIPPER FOCUSED ON THE SOCIAL DETERMINANTS OF HEALTH. HOLD TWO SEPARATE CONVENINGS-ONE FOR 7TH AND 8TH GRADE STUDENTS AND ONE FOR 9TH-11TH GRADE STUDENTS FROM CLAIRTON FOCUSED ON COMMUNITY NEEDS AND COMMUNITY VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT:

CLOVERLEAF AREA ECUMENICAL ASSISTANCE PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE HEALTH AND WELL-BEING BY PROVIDING BASIC NEEDS TO NEIGHBORS THROUGH DISTRIBUTIONS AT TRIUMPH OF THE HOLY CROSS BALDWIN PARISH.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HUMAN SERVICES CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DECREASE HOMELESSNESS, INCREASE INCOME STABILIZATION, AND INCREASE QUALITY OF HOUSING FOR UP TO 100 .

NAME OF ORGANIZATION OR GOVERNMENT: DRAGON'S DEN

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD SELF-CONFIDENCE, TRUST, AND SOCIABILITY OF JEFFERSON SCHOOL-AGE YOUTH AND DEVELOP DEEPER COMMUNITY ENGAGEMENT IN HOMESTEAD BY OFFERING AFTER SCHOOL PROGRAMS, SUMMER CAMPS, AND INTRODUCING COMMUNITY WORKSHOPS/EVENTS USING THE CHALLENGE COURSE AND ZIP LINE IN THE HISTORIC ST. MARY MAGDALENE CHURCH.

NAME OF ORGANIZATION OR GOVERNMENT: DRESS FOR SUCCESS PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE CONFIDENCE AND CAPACITY

Part IV Supplemental Information

OF 825 LOCAL FEMALE RESIDENTS PREPARING TO ENTER THE WORKFORCE BY PROVIDING EACH WOMAN WITH APPROPRIATE INTERVIEW CLOTHING, UNIFORM ITEMS, AND CAREER SUPPORT DELIVERED THROUGH A MOBILE BOUTIQUE IN PARTNERSHIP WITH JEFFERSON AREA ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE OVERALL HEALTH AND WELLNESS FOR MON VALLEY RESIDENTS BY WORKING TO ADDRESS HEALTH DISPARITIES AND COMMUNITY-IDENTIFIED HEALTH PRIORITIES, WITH A FOCUS ON ASTHMA, CARDIOVASCULAR DISEASE, DIABETES, MENTAL HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT:

FILIPINO AMERICAN ASSOCIATION OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CAPACITY-BUILDING SUPPORT THROUGH AN ORGANIZATIONAL ASSESSMENT IN PARTNERSHIP WITH A CONSULTANT AND ASSIST THE FAAP IN EXPANDING SERVICES AND INCREASING HEALTH AND WELL-BEING IN THE LOCAL FILIPINO COMMUNITY. HOLD A TOTAL OF FIVE CONVENINGS REACHING AN ESTIMATED 100 FILIPINO WOMEN AND MOTHERS FROM BETHEL PARK, HOMESTEAD, MCKEESPORT, SOUTH PARK, AND WEST MIFFLIN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST STEP RECOVERY HOMES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE OPERATIONAL SUPPORT AND ENABLE SCREENING AND SECURING OF A QUALIFIED CAPITAL CONSULTANT TO ASSIST IN RAISING. SUPPORT OPERATIONS TO PROVIDE SUPERVISED, TEMPORARY, SAFE, DRUG AND ALCOHOL FREE, STRUCTURED HOUSING AND SUPPORT. SUPPORT OPERATIONS TO PROVIDE SUPERVISED, TEMPORARY, SAFE, DRUG AND ALCOHOL FREE, STRUCTURED

Part IV Supplemental Information

HOUSING AND SUPPORT SERVICES FOR OVER 60 PEOPLE (TYPICALLY MEN) WHO ARE RECOVERING FROM THE DISEASE OF ADDICTION.

NAME OF ORGANIZATION OR GOVERNMENT: FOOTBRIDGE FOR FAMILIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST 15-30 JEFFERSON RESIDENTS DURING TIMES OF SHORT-TERM FINANCIAL CRISIS AND PROVIDE CONNECTIONS TO ADDITIONAL SUPPORTS THROUGH AN INNOVATIVE TECHNOLOGY PLATFORM WHICH FACILITATES RAPID FINANCIAL RESPONSE TO VENDORS. PROVIDE OPERATIONAL ASSISTANCE BECAUSE OF ACCELERATED GROWTH OF THIS NONPROFIT DUE TO CONTINUOUS SUPPORT OFFERED TO FAMILIES IN LOW SOCIOECONOMIC COMMUNITIES. OPERATIONAL ASSISTANCE IS NEEDED IN BUILDING THE TECHNOLOGY CAPACITY TO SERVE JEFFERSON RESIDENTS. UPDATING THE TECHNOLOGY PLATFORM WHICH FACILITATES RAPID FINANCIAL RESPONSE TO VENDORS ON BEHALF OF FAMILIES IS CRITICAL TO THE SUPPORT OF FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: GWEN'S GIRLS INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE OVERALL HEALTH AND WELLNESS FOR YOUTH, WITH AN EMPHASIS ON BLACK GIRLS AND FAMILIES IN MCKEESPORT, CLAIRTON,

NAME OF ORGANIZATION OR GOVERNMENT: HEUER HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLD SIX ROUNDTABLE CONVERSATIONS WITH 10 RESIDENTS FROM GLASSPORT AND MCKEESPORT AT HEUER HOUSE LOCATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: HUMAN SERVICES CENTER CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THROUGH GENERAL OPERATIONAL SUPPORT, STRENGTHEN HSCMV'S ABILITY TO PROVIDE SUCCESSFUL TRANSITIONS TO CAREER

AND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF WESTERN PA

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FOUNDATIONAL SKILLS AND EXPOSURE TO CAREERS FOR 1,700 KIDS THROUGH CAREER READINESS AND FINANCIAL LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: LATINO COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLD FOUR CONVENINGS WITH LATINX FAMILIES FROM MCKEESPORT TO DISCUSS HOPES, DREAMS, AND NEEDS OF THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER A LIFETIME OF SUCCESS FOR JEFFERSON ADULT LEARNERS BY EXPANDING EMPLOYMENT OPPORTUNITIES THROUGH CAREER PATHWAYS

NAME OF ORGANIZATION OR GOVERNMENT: MCKEES POINT DEVELOPMENT GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: DECREASE COMMUNITY VIOLENCE IN MCKEESPORT BY SUPPORTING CONVENINGS AND COMMUNITY BUILDING EVENTS TO ENGAGE RESIDENTS IN ANTI-VIOLENCE EDUCATIONAL PROGRAMMING, FACILITATED COMMUNITY IMPROVEMENT DISCUSSIONS AND COMMUNITY-LED YOUTH PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: MCKEESPORT AREA SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE VILLAGE PROJECT: BUILDING COLLABORATIVE CAPACITY FOR YOUTH DEVELOPMENT IN THREE SCHOOL DISTRICTS

NAME OF ORGANIZATION OR GOVERNMENT: MELANIN MOMMIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST 50 BLACK MOTHERS AND WOMEN

Part IV Supplemental Information

LIVING IN THE MON VALLEY COMMUNITIES OF MCKEESPORT, DUQUESNE, AND
HOMESTEAD WHO HAVE EXPERIENCED THE IMPACTS OF GUN VIOLENCE IN THEIR
HEALING JOURNEY BY PROVIDING FREE, ACCESSIBLE, AND STIGMA-FREE THERAPY
AND GRIEF COUNSELING.

NAME OF ORGANIZATION OR GOVERNMENT: MELTING POT MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT POSITIVE DEVELOPMENT FOR
YOUTH AND THEIR CAREGIVERS IN SOUTH PARK, BALDWIN-WHITEHALL, AND BETHEL
PARK BY PROVIDING AFTERSCHOOL AND SUMMER PROGRAMMING FOCUSED ON
EDUCATIONAL, SOCIAL-EMOTIONAL, AND CULTURAL LIFE CHALLENGES. HOLD FOUR
CONVENINGS AT LOCAL SITES WITH RESIDENTS FROM BALDWIN, WHITEHALL, BETHEL
PARK, AND SOUTH PARK WITH MEALS PROVIDED AND AN OPPORTUNITY FOR AUDIENCE
MEMBERS TO SET THE AGENDA.

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION TROOP APPRECIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CAPACITY-BUILDING SUPPORT
FOR COSTS ASSOCIATED WITH A TRANSITION TO A NEW BUILDING TO INCREASE THE
HEALTH AND WELL-BEING OF THE VETERAN COMMUNITY LIVING AT OR BELOW THE
POVERTY LINE.

NAME OF ORGANIZATION OR GOVERNMENT:

PA CLEANWAYS OF ALLEGHENY COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE AND EMPOWER RESIDENTS OF
MCKEESPORT TO ELIMINATE ILLEGAL DUMPING BY PARTICIPATING IN COMMUNITY
CLEANING OF ILLEGAL DUMPSITES AND ASSESS ILLEGAL DUMPING FOR CLAIRTON,
WEST MIFFLIN, AND ELIZABETH TOWNSHIP, AND FORWARD TOWNSHIP.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

SOUTHWESTERN PENNSYLVANIA PARTNERSHIP FOR AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE HEALTH AND WELL-BEING FOR JEFFERSON OLDER ADULTS BY INCREASING ACCESS TO RESOURCES IN NEIGHBORHOODS, STRENGTHENING INTERGENERATIONAL CONNECTIONS TO REDUCE ISOLATION AND LONELINESS, AND CHAMPIONING NEW IDEAS THROUGH A COLLABORATIVE EFFORT.

NAME OF ORGANIZATION OR GOVERNMENT:

SPECIAL OLYMPICS PENNSYLVANIA, THREE RIVERS REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLD FOUR CONVENINGS TOTALING 50-75 RESIDENTS FROM JEFFERSON HILLS, BRENTWOOD, MCKEESPORT, ELIZABETH TOWNSHIP, AND HOMESTEAD FOCUSED ON THE NEEDS OF PEOPLE WITH DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: STEEL RIVERS COUNCIL OF GOVERNMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLD TWO SEPARATE CONVENINGS WITH SENIOR CITIZENS, BUSINESS OWNERS, CLERGY, AND COMMUNITY OFFICIALS TO DISCUSS COMMUNITY NEEDS IN THE ELIZABETH AREA.

NAME OF ORGANIZATION OR GOVERNMENT:

STOREHOUSE FOR TEACHERS DBA THE EDUCATION PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE LONG-TERM OVERALL HEALTH AND WELL-BEING AND EDUCATIONAL OUTCOMES OF STUDENTS ATTENDING CLAIRTON MIDDLE/HIGH SCHOOL, DUQUESNE ELEMENTARY SCHOOL, FOUNDERS' HALL MIDDLE SCHOOL (MCKEESPORT), AND TWIN RIVERS ELEMENTARY SCHOOL (MCKEESPORT) BY PROVIDING EACH STUDENT WITH INDIVIDUAL SCHOOL SUPPLIES AND PROVIDING TEACHERS ACCESS TO THE TEACHER RESOURCE CENTER FOR SUPPLIES AND EQUIPMENT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

STUDENT ATHLETES TAKING ACTION TO UNIVERSALLY SUCCEED

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLD ONE CONVENING OF

STUDENT-ATHLETES ATTENDING MCKEESPORT SCHOOL DISTRICT TO BE HELD AT THE
AIU IN HOMESTEAD.

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 FAMILIES AND INDIVIDUALS EXPERIENCING

LOW-INCOME STATUS LIVING IN THE JEFFERSON REGIONAL SERVICE AREA BY

SUPPORTING THE OPERATIONS AND SUSTAINABILITY OF A FURNITURE/DURABLE

MEDICAL EQUIPMENT BANK IN WEST MIFFLIN.

NAME OF ORGANIZATION OR GOVERNMENT: THE MON VALLEY INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE GENERAL OPERATIONAL SUPPORT

TO STRENGTHEN MVIS ABILITY TO OFFER HEALTHY OPPORTUNITIES AND ADDRESS THE

SOCIAL DETERMINANTS OF HEALTH FOR MON VALLEY RESIDENTS WHICH INCLUDE

SERVICES RELATED TO HOUSING, EDUCATION, FINANCIAL LITERACY, AND WORKFORCE

DEVELOPMENT. ASSIST UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS IN

ACHIEVING THEIR GOALS OF FINANCIAL SELF-SUFFICIENCY THROUGH OFFERING A

COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: THE PITTSBURGH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE CONTINUATION OF A

FLEXIBLE, FOUNDATION-SUPPORTED FUND TO STRENGTHEN HUMAN SERVICE DELIVERY

AND ADDRESS SOCIAL DETERMINANTS OF HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE IN-PERSON SUMMER PROGRAMMING WITH HANDS-ON AND SOCIAL AND EMOTIONAL LEARNING OPPORTUNITIES FOR YOUTH IN KINDERGARTEN THROUGH HIGH SCHOOL BY MANAGING AND IMPLEMENTING A COLLABORATIVE FUNDING MODEL.

NAME OF ORGANIZATION OR GOVERNMENT: VENTURE IN PEOPLE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CAPITAL SUPPORT FOR COSTS ASSOCIATED WITH A NEW ROOF TO ENSURE THE HEALTH AND WELL-BEING OF 30 CHILDREN AND FAMILIES ATTENDING EARLY HEAD START PROGRAMMING AND ENABLE FUTURE COMMUNITY OFFERINGS.

NAME OF ORGANIZATION OR GOVERNMENT: VENTURE OUTDOORS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE TO ENGAGE JEFFERSON YOUTH, MENTORS, AND VOLUNTEERS IN OUTDOOR ACTIVITY THROUGH TARGETED PROGRAMMING PROMOTING HEALTH AND WELLNESS AND OFFER TEENS A MENTORSHIP/ INTERNSHIP PROGRAM TO EXPLORE OUTDOOR CAREERS.

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS BREAKFAST CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLD TEN CONVENINGS, TWO PER EACH COMMUNITY VOICE FUND GEOGRAPHIC FOCUS AREA, WITH UPWARDS OF 250 LOCAL VETERANS SPREAD BETWEEN DAY AND NIGHT TO DISCUSS VETERANS NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN PENNSYLVANIA DIAPER BANK

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WHEN SHE THRIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLD EIGHT WEEKLY SESSIONS WITH SINGLE MOTHERS FROM WEST MIFFLIN AND THE MON VIEW HEIGHTS PUBLIC HOUSING COMMUNITY CENTERED AROUND THE AREAS HIGHLIGHTED IN THE 2019 PITTSBURGH GENDER EQUITY REPORT.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN FOR A HEALTHY ENVIRONMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE AWARENESS OF ENVIRONMENTAL HEALTH FACTORS FOR EMPLOYEES AND FAMILIES IN 20 EARLY CHILDCARE CENTERS AND CONDUCT 40 HOME ASSESSMENTS FOR JEFFERSON RESIDENTS/FAMILIES BY PROVIDING TECHNICAL ASSISTANCE ON AN ECO-HEALTHY CHECKLIST AND OFFERING LOW-COST, SUSTAINABLE SOLUTIONS THAT WILL IMPROVE HEALTH OUTCOMES FOR JEFFERSON FAMILIES/CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG PEOPLE IN RECOVERY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE ACCESS TO A PEER-RECOVERY NETWORK, TREATMENT, EDUCATION, HOUSING, AND EMPLOYMENT FOR JEFFERSON YOUNG PEOPLE IN SUBSTANCE ABUSE RECOVERY THROUGH LAUNCHING A PEER-LED CHAPTER TO CONDUCT PRO-SOCIAL ACTIVITIES, ALL-RECOVERY MEETINGS, AND LIFE SKILL WORKSHOPS IN THE JEFFERSON AREA.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH OPPORTUNITIES DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CAPACITY-BUILDING SUPPORT FOR COSTS ASSOCIATED WITH A TRANSITION TO NEW SPACE TO PROVIDE OUT-OF-SCHOOL TIME PROGRAMMING FOR CLAIRTON YOUTH IN PARTNERSHIP WITH CLAIRTON CITY SCHOOL DISTRICT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

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.

[illegible]

Part III Supplemental Information

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

Area for supplemental information with horizontal lines.

SCHEDULE O
(Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

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:

ADOPTED AS PART OF A 2021-2023 STRATEGIC PLAN AND IMPLEMENTED IN
JANUARY 2021. THEY INCLUDE: HEALTH AND WELLNESS, CAPACITY BUILDING,
CIVIC ENGAGEMENT AND POLICY WORK, DIVERSITY, EQUITY AND INCLUSION,
EARLY CHILDHOOD AND YOUTH DEVELOPMENT, AND WORKFORCE AND ECONOMIC
OPPORTUNITY. THE NEW STRATEGIC PLANNING PROCESS BEGAN IN NOVEMBER OF
2023 FOR A PLAN TO BE IMPLEMENTED FROM 2024-2028.

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

HOMESTEAD BY OFFERING AFTER SCHOOL PROGRAMS AND SUMMER CAMPS USING THE
CHALLENGE COURSE AND ZIP LINE IN THE HISTORIC ST. MARY MAGDALENE
CHURCH.

- UNITED WAY OF SOUTHWESTERN PENNSYLVANIA, WELCOME BACK SUMMER 2024:

PROVIDE IN-PERSON SUMMER PROGRAMMING WITH HANDS-ON AND SOCIAL AND
EMOTIONAL LEARNING OPPORTUNITIES FOR YOUTH IN KINDERGARTEN THROUGH HIGH
SCHOOL BY MANAGING AND IMPLEMENTING A COLLABORATIVE FUNDING MODEL.

- STOREHOUSE FOR TEACHERS D.B.A THE EDUCATION PARTNERSHIP, PROVIDING

ESSENTIAL SCHOOL SUPPLIES TO PROMOTE LEARNING: IMPROVE THE LONG-TERM
OVERALL HEALTH AND WELL-BEING AND EDUCATIONAL OUTCOMES OF STUDENTS
ATTENDING FIVE SCHOOLS IN CLAIRTON, DUQUESNE, AND MCKEESPORT BY

PROVIDING NEW, ESSENTIAL SCHOOL SUPPLY KITS TO ALL STUDENTS, AS WELL AS

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

Schedule O (Form 990) 2023

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

DELIVERING 286 TEACHERS CLASSROOM SUPPLIES.

- BEVERLY'S BIRTHDAYS, CHAMPIONING SOCIAL/EMOTIONAL YOUTH DEVELOPMENT AND EMPOWERING FAMILIES: PROVIDE SUPPORT AND OPPORTUNITY TO JEFFERSON WOMEN AND PARENTS/CAREGIVERS EXPERIENCING FINANCIAL HARDSHIP DURING PREGNANCY AND THROUGH THE EARLY YEARS OF A CHILD'S LIFE BY OFFERING TANGIBLE SUPPLIES SUCH AS FOOD, CLOTHING, AND EQUIPMENT AND OFFERING LINKAGES TO OTHER COMMUNITY PARTNERS VIA REFERRALS. SUPPLIES ARE OFFERED THROUGH BIRTHDAY PARTIES, COMMUNITY BABY SHOWERS, A MOBILE TRUCK, AND THE NEWLY FORMED GREATER PITTSBURGH INFANT FORMULA BANK.

- LATINO COMMUNITY CENTER, SOY PITTSBURGH IN MCKEESPORT: INCREASE THE HEALTH, WELLNESS, AND EDUCATIONAL OUTCOMES OF LATINX YOUTH IN GRADES K-5 IN PARTNERSHIP WITH FRANCIS MCCLURE ELEMENTARY SCHOOL IN MCKEESPORT BY OFFERING AN EIGHT-WEEK SUMMER CAMP AND AN AFTERSCHOOL PROGRAM IN 2024-2025 THROUGH CULTURALLY APPROPRIATE, TRAUMA INFORMED, AND BILINGUAL SUPPORT.

- MCKEESPORT AREA SCHOOL DISTRICT, THE VILLAGE PROJECT: BUILDING COLLABORATIVE CAPACITY FOR YOUTH DEVELOPMENT IN THREE SCHOOL DISTRICTS: COLLABORATE BETWEEN MCKEESPORT, DUQUESNE, AND CLAIRTON SCHOOL DISTRICTS TO INCREASE HEALTH AND WELL-BEING OF YOUTH BY ADDRESSING CHALLENGES WITHIN SCHOOLS AND ACROSS THE EDUCATION SYSTEM THROUGH INTEGRATING THE LOCAL COMMUNITY WITH STUDENTS' DAILY LEARNING EXPERIENCE.

- WESTERN PENNSYLVANIA DIAPER BANK, ACCESS TO DIAPER AND HYGIENE SUPPLIES: IMPROVE THE HEALTH AND WELL-BEING OF JEFFERSON FAMILIES IN NEED BY EXPANDING ACCESS TO FREE DIAPERS AND OTHER ESSENTIALS THROUGH

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

JEFFERSON PARTNER ORGANIZATIONS.

- VENTURE OUTDOORS, INC, OUTDOORS FOR ALL: CONTINUE TO ENGAGE JEFFERSON YOUTH, MENTORS, AND VOLUNTEERS IN OUTDOOR ACTIVITY THROUGH TARGETED PROGRAMMING PROMOTING HEALTH AND WELLNESS AND OFFER TEENS A MENTORSHIP/ INTERNSHIP PROGRAM TO EXPLORE OUTDOOR CAREERS.

- VISION TO LEARN, VISION RESOURCES FOR CHILDREN: INCREASE THE HEALTH AND SCHOOL ENGAGEMENT OF CHILDREN IN JEFFERSON COMMUNITIES IN PARTNERSHIP WITH SCHOOL DISTRICTS AND COMMUNITY PARTNERS BY OFFERING VISION EXAMS TO A MAXIMUM OF 1,000 CHILDREN AND GLASSES TO 800 CHILDREN.

- STEM CODING LAB, INC, COMPUTER SCIENCE EDUCATION FOR DUQUESNE STUDENTS: PROVIDE ECONOMIC MOBILITY OPPORTUNITIES WHICH COULD LEAD TO LONG-TERM INCREASED OVERALL HEALTH AND WELLNESS FOR 175 DUQUESNE CITY SCHOOL DISTRICT STUDENTS THROUGH AN INTRODUCTION AND INSTRUCTION IN COMPUTER SCIENCE.

- ATTACK THEATRE INCORPORATED, COMMUNITY IN MOTION: SUPPORT EDUCATIONAL ENGAGEMENT, PHYSICAL AND MENTAL WELL-BEING, AND SOCIAL EMOTIONAL DEVELOPMENT FOR APPROXIMATELY 400 DUQUESNE K-5 STUDENTS AND EDUCATORS/CURRICULUM PROVIDERS THROUGH MOVEMENT AND DANCE IN PARTNERSHIP WITH DUQUESNE CITY SCHOOL DISTRICT.

- CASH FOR KIDS, YOUTH PROGRAMMING, COMMUNITY ENGAGEMENT, AND BUILDING REHABILITATION: ENGAGE 30-40 YOUTH AGES 9-14 FROM MCKEESPORT TO PARTICIPATE IN OUT-OF-SCHOOL TIME PROGRAMMING TO PROMOTE FITNESS,

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

NUTRITION, COLLEGE ASPIRATIONS, SOCIAL DEVELOPMENT, AND OVERALL HEALTH AND WELLNESS AND PROVIDE CAPACITY FOR COMMUNITY CONVENINGS ON THE POTENTIAL OF A NEW COMMUNITY SPACE.

11 OTHER GRANTS AND PROGRAMS TOTALING \$183,000.

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

RESIDENTS/FAMILIES DURING TIMES OF SHORT-TERM FINANCIAL CRISIS AND PROVIDE CONNECTIONS TO ADDITIONAL SUPPORTS THROUGH AN INNOVATIVE TECHNOLOGY PLATFORM WHICH FACILITATES RAPID FINANCIAL RESPONSE TO VENDORS.

- THE BLESSING BOARD, SOUTH SHOWROOM: WEST MIFFLIN LOCATION: INCREASE THE QUALITY OF LIFE AND OVERALL HEALTH AND WELLNESS FOR FAMILIES AND INDIVIDUALS EXPERIENCING LOW-INCOME STATUS LIVING IN THE JEFFERSON REGIONAL SERVICE AREA BY SUPPORTING THE OPERATIONS AND SUSTAINABILITY OF A FURNITURE/DURABLE MEDICAL EQUIPMENT BANK IN WEST MIFFLIN.

- FIRST STEP RECOVER HOMES, INC., OPERATING SUPPORT FOR ADDICTION RECOVERY HOUSE: SUPPORT OPERATIONS TO PROVIDE SUPERVISED, TEMPORARY, SAFE, DRUG AND ALCOHOL FREE, STRUCTURED HOUSING AND SUPPORT SERVICES FOR OVER 40 PEOPLE (TYPICALLY MEN) WHO ARE RECOVERING FROM THE DISEASE OF ADDICTION AND TRYING TO STAY OUT OF THE CRIMINAL JUSTICE SYSTEM.

- FIRST STEP RECOVER HOMES, INC., OPERATING AND CAPACITY SUPPORT FOR ADDICTION RECOVERY HOME: SUPPORT OPERATIONS TO PROVIDE SUPERVISED, TEMPORARY, SAFE, DRUG AND ALCOHOL FREE, STRUCTURED HOUSING AND SUPPORT SERVICES FOR OVER 60 PEOPLE (TYPICALLY MEN) WHO ARE RECOVERING FROM THE

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

DISEASE OF ADDICTION AND BUILD ORGANIZATIONAL CAPACITY AND LONG-TERM SUSTAINABILITY THROUGH THE ASSISTANCE OF A CAPITAL CONSULTANT.

- VETERANS BREAKFAST CLUB, SUPPORTING VETERAN HEALTH THROUGH STORYTELLING AND CONNECTION: SUPPORT LOCAL VETERANS AND THEIR MENTAL HEALTH BY FACILITATING LOCAL, IN-PERSON STORYTELLING EVENTS IN THE JEFFERSON AREA (SIX IN BETHEL PARK AND TWO IN THE MON VALLEY) AND SUPPORTING BROAD OUTREACH EFFORTS INCLUDING A VETERAN FOCUSED MAGAZINE, NEWSLETTER, PODCAST, AND ONLINE PROGRAMS.

- COMMUNITY HUMAN SERVICES CORPORATION, HOUSING AND SUPPLEMENTAL SUPPORT: DECREASE HOMELESSNESS, INCREASE INCOME STABILIZATION, AND INCREASE QUALITY OF HOUSING FOR UP TO 100 INDIVIDUALS/FAMILIES WITHIN THE JEFFERSON AREA BY LEVERAGING EXISTING ALLEGHENY COUNTY HOUSING ASSISTANCE AND PROVIDING ADDITIONAL SUPPLEMENTAL SUPPORT.

- THE PITTSBURGH FOUNDATION, HUMAN SERVICE INTEGRATION FUND: SUPPORT THE CONTINUATION OF A FLEXIBLE, FOUNDATION-SUPPORTED FUND TO STRENGTHEN HUMAN SERVICE DELIVERY AND ADDRESS SOCIAL DETERMINANTS OF HEALTH BY CREATING EFFICIENCIES IN RESPONSE SYSTEMS AND SERVICE DELIVERY THROUGH THE ALLEGHENY COUNTY DEPT. OF HUMAN SERVICES THAT ARE NOT POSSIBLE WITH GOVERNMENT FUNDING SOURCES.

FIVE OTHER GRANTS AND PROGRAMS TOTALING \$115,000.

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

VOICE, LEVERAGING BEST PRACTICES AND NATIONAL MODELS, ANALYZING EXISTING DATA, AND PARTNERING WITH UNIVERSITIES, NONPROFIT

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

ORGANIZATIONS, AND JEFFERSON HOSPITAL LEADERSHIP.

- LAROSA YOUTH DEVELOPMENT FOUNDATION, BUILDING CAPACITY FOR ORGANIZATIONAL DEVELOPMENT: BUILD ORGANIZATIONAL CAPACITY BY HIRING PART-TIME STAFF, OFFERING PROFESSIONAL DEVELOPMENT, PURCHASING PROGRAM SUPPLIES, AND ENGAGING IN STRATEGIC PLANNING INCLUDING THE CREATION OF FORMAL POLICIES AND PROCEDURES FOR OPERATIONS TO SUPPORT CONTINUED GROWTH AND SUSTAINABILITY.

FIVE OTHER GRANTS AND PROGRAMS TOTALING \$110,000.

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

IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO STRENGTHEN THE WORKFORCE, THE FOUNDATION MADE THE FOLLOWING GRANTS:

- DRESS FOR SUCCESS PITTSBURGH, MOBILE SERVICES WORKFORCE DEVELOPMENT EVENTS: INCREASE THE CONFIDENCE AND CAPACITY OF 825 LOCAL FEMALE RESIDENTS PREPARING TO ENTER THE WORKFORCE BY PROVIDING EACH WOMAN WITH APPROPRIATE INTERVIEW CLOTHING, UNIFORM ITEMS, AND CAREER SUPPORT DELIVERED THROUGH A MOBILE BOUTIQUE IN PARTNERSHIP WITH JEFFERSON AREA ORGANIZATIONS.

- GWEN'S GIRLS INCORPORATED, PROGRAM OPTIMIZATION INITIATIVE: INCREASE OVERALL HEALTH AND WELLNESS FOR YOUTH, WITH AN EMPHASIS ON BLACK GIRLS AND FAMILIES IN MCKEESPORT, CLAIRTON, AND DUQUESNE, THROUGH PROGRAM EVALUATION, GROWTH, AND EXPANSION BASED ON COMMUNITY NEED AND BEST PRACTICES, WITH A PARTICULAR FOCUS ON EXPANDING WORKFORCE EDUCATION AND DEVELOPMENT.

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

- THE MON VALLEY INITIATIVE, WORKFORCE DEVELOPMENT AND FINANCIAL COACHING: ASSIST UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS IN ACHIEVING THEIR GOALS OF FINANCIAL SELF-SUFFICIENCY THROUGH OFFERING A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM.

- LITERACY PITTSBURGH, BRIDGING THE GAP FROM LEARNING TO EARNING: FOSTER A LIFETIME OF SUCCESS FOR JEFFERSON ADULT LEARNERS BY EXPANDING EMPLOYMENT OPPORTUNITIES THROUGH CAREER PATHWAYS IN CONSTRUCTION AND HEALTHCARE, IMPROVING EMPLOYMENT AND EDUCATIONAL OUTCOMES FOR CARETAKERS AND THEIR CHILDREN, AND IMPARTING VITAL DIGITAL SKILLS.

- HUMAN SERVICES CENTER CORPORATION, OPERATING SUPPORT TO PROMOTE HEALTH AND WELL-BEING: THROUGH GENERAL OPERATIONAL SUPPORT, STRENGTHEN HSCMV'S ABILITY TO PROVIDE SUCCESSFUL TRANSITIONS TO CAREER AND COLLEGE FOR HIGH SCHOOL SENIORS ATTENDING WEST MIFFLIN AND MCKEESPORT HIGH SCHOOLS, ASSIST ADULTS ON THE PATH TO SELF-SUFFICIENCY, AND PROVIDE BASIC SERVICES FOR HEALTH AND WELL-BEING.

TWO OTHER GRANTS AND PROGRAMS TOTALING \$50,000.

IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO INCREASE CIVIC ENGAGEMENT, THE FOUNDATION MADE THE FOLLOWING GRANTS:

- 1HOOD MEDIA ACADEMY, INC., CIVIC ENGAGEMENT IN THE MON VALLEY: AMPLIFY THE VOICES OF RESIDENTS IN MCKEESPORT, DUQUESNE, AND CLAIRTON BY ORGANIZING AND EDUCATING COMMUNITY LEADERS ON CIVIC ENGAGEMENT PRACTICES AND REGISTERING NEW VOTERS TO HIGHLIGHT THE SPECIFIC NEEDS OF

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

MON VALLEY COMMUNITIES, WHICH ARE OFTEN FOCUSED ON THE SOCIAL
DETERMINANTS OF HEALTH.

- CHRISTIAN IMMIGRATION ADVOCACY CENTER, LEGAL ASSISTANCE FOR
IMMIGRANTS AND REFUGEES: PROVIDE LEGAL AID TO 50 IMMIGRANTS AND
REFUGEES LIVING IN THE JEFFERSON FOOTPRINT FOR PERMANENT RESIDENT CARD
APPLICATION AND RENEWALS, CITIZENSHIP, AND FAMILY PETITIONS. THESE
SERVICES POSITION FAMILIES TO ACCESS RESOURCES TO IMPROVE LONG-TERM
HEALTH AND WELL-BEING.

THREE OTHER GRANTS AND PROGRAMS TOTALING \$120,000.

IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO STRENGTHEN
DIVERSITY, EQUALITY, AND INCLUSION, THE FOUNDATION MADE THE FOLLOWING
GRANT TOTALING \$50,000:

- ANNA MIDDLETON WAITE LEARNING CENTER, DIGITAL EQUITY FOR OLDER ADULTS
AND BUILDING ORGANIZATIONAL CAPACITY: PROVIDE OLDER ADULTS THE
NECESSARY TOOLS TO ENGAGE IN THE DIGITAL WORLD BY PROVIDING EDUCATION,
PERSONAL COMPUTERS, AND TECHNICAL SUPPORT, AND BUILD ORGANIZATIONAL
CAPACITY THROUGH DEVELOPING AN ACTION PLAN WITH THE ASSISTANCE OF A
STRATEGIC CONSULTANT.

NEW STRATEGIC PLAN: AT IT'S DECEMBER 2020 BOARD MEETING, JEFFERSON
REGIONAL FOUNDATION ADOPTED A NEW THREE-YEAR STRATEGIC PLAN AFTER A
THREE-SESSION REMOTE BOARD RETREAT AND SEVERAL MONTHS OF WORK.

THE FIVE STRATEGIC GOALS OF THE 2021-2023 INCLUDE:

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

1. INVEST THROUGH GRANT-MAKING AND COMMUNITY ENGAGEMENT STRATEGIES IN
SIX NEW PRIORITIES

2. CONTINUE TO FOCUS ON THE JEFFERSON HOSPITAL LEGACY SERVICE AREA
(COMMUNITIES OUTSIDE OF THE CITY OF PITTSBURGH BUT IN ALLEGHENY COUNTY)

3. PURSUE PARALLEL GOALS OF ADDRESSING COMMUNITY NEEDS WHILE
MAINTAINING AN EQUIVALENT LEVEL OF PHILANTHROPIC RESOURCES TO HELP
FUTURE GENERATIONS ADDRESS THE NEEDS OF THEIR TIME.

4. APPLY A LENS OF DIVERSITY, EQUITY, AND INCLUSION IN EVERY ASPECT OF
OUR WORK IN THE COMMUNITY AND ACROSS OUR INTERNAL PRACTICES.

5. SUPPORT A CULTURE OF LEARNING AND CONTINUOUS IMPROVEMENT IN OUR
GOVERNANCE PRACTICES, INTERNAL SYSTEMS, AND EVALUATION.

EXPENSES \$ 1,616,341. INCLUDING GRANTS OF \$ 767,786. REVENUE \$ 0.

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

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

POLICY IS DIRECTED TOWARDS "POTENTIALLY INTERESTED PARTIES" INCLUDING, BUT NOT LIMITED TO: DIRECTORS, OFFICERS, KEY EMPLOYEES, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS, PERSONS WHO HAVE AUTHORITY TO ENTER INTO CONTRACTS OR AGREEMENTS, PERSONS WITH ACCESS TO RESTRICTED, SENSITIVE OR CONFIDENTIAL INFORMATION WHICH COULD BE VALUABLE TO NON-JEFFERSON REGIONAL FOUNDATION ENTITIES, AND PERSONS WITH A SIGNIFICANT FINANCIAL INTEREST OR INFLUENTIAL INTEREST. JEFFERSON REGIONAL FOUNDATION PRESIDENT, BY AUTHORITY OF THE BOARD, IS THE DESIGNATED ADMINISTRATOR 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, AS DOCUMENTED IN ITS, 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 EXECUTIVE DIRECTOR AND DIRECTOR OF GRANTMAKING & STRATEGY.

TWO PRIMARY SOURCES ARE USED TO DEVELOP BENCHMARK INFORMATION: A GRANTMAKERS SALARY AND BENEFIT SURVEY COMPILED BY THE COUNCIL ON FOUNDATIONS AND A REGIONAL NONPROFIT SURVEY PUBLISHED BY A LOCAL

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

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, MAKES ITS DETERMINATIONS, AND FULLY REPORTS ITS DELIBERATIONS AND ACTIONS DIRECTLY TO THE BOARD. THE REVIEW AND APPROVAL PROCESS FOR THE DETERMINATION OF COMPENSATION IS DOCUMENTED VIA BOARD AND COMMITTEE MINUTES.

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

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

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

2023

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 ROAD PITTSBURGH, PA 15236-0119	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	ALLEGHENY HEALTH NETWORK		X

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

Schedule R (Form 990) 2023

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

[illegible]

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. JEFFERSON REGIONAL FOUNDATION	Taxpayer identification number (TIN) 56-2420913
	Number, street, and room or suite no. If a P.O. box, see instructions. 470 STREETS RUN ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15236	
	Enter the Return Code for the return that this application is for (file a separate application for each return) 01	

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **TRISHA GADSON, CEO**
470 STREETS RUN ROAD - PITTSBURGH, PA 15236

Telephone No. **412-267-6771** 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 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

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-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.

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

Form **8868** (Rev. 1-2024)

Product: **Exempt Extension**

Name: **Jefferson Regional Foundation**

FEIN: *******0913**

Bank Info:

Fiscal Year Begin Date: **7/1/2023**

IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **6/30/2024**

IRS Center: **Ogden**

e-Postmark: **11/15/2024 10:29 AM**

Notification:

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/15/2024	23X:11879:V1	Upload Started	25570920243200375e71		Clever,Kathy	
11/15/2024	23X:11879:V1	Released for Transmission - Validation in Progress			Clever,Kathy	
11/15/2024	23X:11879:V1	Ready to transmit - Validation Complete				
11/15/2024	23X:11879:V1	Transmitted to FD				
11/15/2024	23X:11879:V1	Accepted by FD on 11/15/2024				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
----	-------------	--------	-------------	----------------	------	-------------