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| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 <div>2011</div> |
| | ▶ The organization may have to use a copy of this return to satisfy state reporting requirements | Open to Public Inspection |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 | | D Employer identification number 25-1624347 | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH | | E Telephone number (412) 594-2550 |
| | Doing Business As | | G Gross receipts \$ 61,825,983 |
| | Number and street (or P O box if mail is not delivered to street address) CENTRE CITY TOWER 650 SMITHFIELD ST NO 2400 | Room/suite | |
| | City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15222 | | |
| | F Name and address of principal officer KAREN W FEINSTEIN 650 SMITHFIELD ST STE 2400 PGH, PA 15222 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| J Website: WWW.JHF.ORG | | H(c) Group exemption number | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation 1990 | M State of legal domicile PA |

| | |
|---------------|----------------|
| Part I | Summary |
|---------------|----------------|

| | | | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities TO SUPPORT AND FOSTER THE PROVISION OF HEALTHCARE SERVICES, HEALTHCARE EDUCATION, AND, WHEN APPROPRIATE, MEDICAL AND SCIENTIFIC RESEARCH, AND TO RESPOND TO THE HEALTH-RELATED NEEDS OF ELDERLY, UNDERPRIVILEGED, INDIGENT AND UNDER-SERVED PERSONS IN BOTH THE JEWISH AND GENERAL COMMUNITY THROUGHOUT WESTERN PENNSYLVANIA | | |
| | | | |
| | | | |
| | 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 | 44 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 44 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 37 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 29,019 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 4,064,140 | 3,723,100 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,255,064 | 7,271,621 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -325,317 | -36,333 |
| | | 8,993,887 | 10,958,388 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 2,782,971 | 2,767,117 |
| | 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) | 1,657,423 | 1,815,387 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) 75,972 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 5,109,081 | 4,741,609 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 9,549,475 | 9,324,113 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | -555,588 | 1,634,275 |
| | | | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 120,704,831 | 111,499,137 |
| | 21 Total liabilities (Part X, line 26) | 24,116,438 | 22,662,119 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 96,588,393 | 88,837,018 |

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 | | | 2012-11-12 Date | |
| | KAREN W FEINSTEIN PRESIDENT Type or print name and title | | | | |
| Paid Preparer's Use Only | Preparer's signature | MICHAEL M COMSTOCK | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) P00474378 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | SISTERSON & CO LLP 310 GRANT STREET SUITE 2100 PITTSBURGH, PA 15219 | | | EIN 25-1467156 |
| | | | | | Phone no (412) 281-2025 |

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

Check if Schedule O contains a response to any question in this Part III ☒

TO SUPPORT AND FOSTER THE PROVISION OF HEALTHCARE SERVICES, HEALTHCARE EDUCATION, AND, WHEN APPROPRIATE, MEDICAL AND SCIENTIFIC RESEARCH, AND TO RESPOND TO THE HEALTH-RELATED NEEDS OF ELDERLY, UNDERPRIVILEGED, INDIGENT AND UNDER-SERVED PERSONS IN BOTH THE JEWISH AND GENERAL COMMUNITY THROUGHOUT WESTERN PENNSYLVANIA

If "Yes," describe these new services on Schedule O

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.



















TO IMPROVE PATIENT SAFETY AND HEALTHCARE QUALITY AND RESPOND TO THE HEALTH-RELATED NEEDS OF ELDERLY, UNDERPRIVILEGED, INDIGENT AND UNDERSERVED PERSONS THROUGHOUT WESTERN PENNSYLVANIA

[illegible][illegible]

| | | |
|-----------|---------------------------------------|---------------------|
| 4e | Total program service expenses | \$ 8,442,727 |
|-----------|---------------------------------------|---------------------|

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 | Yes | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | 2 | Yes | |
| 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 | | No |
| 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 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>  | 5 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | 10 | | No |
| 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 | Yes | |
| 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 | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>  | 12a | | No |
| 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, XII, and XIII is optional.</i>  | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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, Part I.</i> | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> | 17 | | No |
| 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 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | Yes | |
| 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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| 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) and 501(c)(4) 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 | | No |
| 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 | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 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 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 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 | | No |
| 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 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | 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 | | No |
| 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 | | No |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| Part V | | Statements Regarding Other IRS Filings and Tax Compliance | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----|----|
| Check if Schedule O contains a response to any question in this Part V | | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 74 | |
| b | Enter the number of Forms W-2G included in 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 | Yes | |
| 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 | 37 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | Yes | |
| 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 or securities account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| 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? | 6a | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | | |
| 8 | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the 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? | | | | |
| 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13a | | |
| b | Enter the aggregate 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 aggregate amount of reserves on hand. | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | |
| 14a | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | No |

Part VI

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

Section A. Governing Body and Management

| | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1a | 44 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 44 |
| 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 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | No |
| 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 | No |
| 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 | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 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 in Schedule O | 9 | No |

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 | No |
| 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 | No |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 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 | Yes |
| b | Other officers or key employees of the organization | 15b | Yes |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| 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 <input checked="" type="checkbox"/> PA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> KAREN WFEINSTEIN CENTRE CITY TOWER STE 2400 650 PITTSBURGH, PA 15222 (412) 594-2555 |

Check if Schedule O contains a response to any question in this Part VII

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

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

[illegible]

Part VII

| | | | | | |
|-----------|------------------------------------------------------------------------|----------|---------|---|--------|
| 1b | Sub-Total | ▼ | | | |
| c | Total from continuation sheets to Part VII, Section A | ▼ | | | |
| d | Total (add lines 1b and 1c) | ▼ | 789,737 | 0 | 92,859 |

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **4**

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

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 3,297,011 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 426,089 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h | Total. Add lines 1a-1f | | 3,723,100 | | | |
| Program Service Revenue | 2a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,561,532 | | |
| 4 | | Income from investment of tax-exempt bond proceeds . . | | | | | |
| 5 | | Royalties | | | | | |
| 6a | | Gross rents | (i) Real | (ii) Personal | | | |
| b | | Less rental expenses | | | | | |
| c | | Rental income or (loss) | | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b | | Less cost or other basis and sales expenses | | | | | |
| c | | Gain or (loss) | | | | | |
| d | | Net gain or (loss) | | | 5,710,089 | | 5,710,089 |
| 8a | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| b | | Less direct expenses | b | | | | |
| c | | Net income or (loss) from fundraising events . . | | | | | |
| 9a | | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b | | Less direct expenses | b | | | | |
| c | | Net income or (loss) from gaming activities . . | | | | | |
| 10a | | Gross sales of inventory, less returns and allowances | a | | | | |
| b | | Less cost of goods sold | b | | | | |
| c | | Net income or (loss) from sales of inventory . . | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| 11a | | GRANT REFUNDS | | 127,968 | 127,968 | | |
| b | MISCELLANEOUS REVENUE | | 10,054 | | | 10,054 | |
| c | LOSS ON INTEREST RATE | | -174,355 | | | -174,355 | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | -36,333 | | | | |
| 12 | Total revenue. See Instructions | | 10,958,388 | 127,968 | 0 | 7,107,320 | |

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21 | 2,767,117 | 2,767,117 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 375,858 | 319,479 | 48,862 | 7,517 |
| 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 | 1,097,506 | 932,880 | 142,676 | 21,950 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 252,513 | 214,636 | 32,827 | 5,050 |
| 10 | Payroll taxes | 89,510 | 76,084 | 11,636 | 1,790 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 26,532 | 22,552 | 3,449 | 531 |
| c | Accounting | 32,052 | 27,244 | 4,167 | 641 |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 418,410 | | 418,410 | |
| g | Other | 457,178 | 388,601 | 59,433 | 9,144 |
| 12 | Advertising and promotion | 88,018 | 74,816 | 11,442 | 1,760 |
| 13 | Office expenses | 183,205 | 155,724 | 23,817 | 3,664 |
| 14 | Information technology | 126,258 | 107,319 | 16,414 | 2,525 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 111,863 | 95,084 | 14,542 | 2,237 |
| 17 | Travel | 59,873 | 50,892 | 7,784 | 1,197 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 26,510 | 22,534 | 3,446 | 530 |
| 23 | Insurance | 15,869 | 13,489 | 2,063 | 317 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | AIDS CONTRACT EXPENSE | 2,849,737 | 2,849,737 | | |
| b | PROJECT EXPENSE | 295,471 | 295,471 | | |
| c | MEMBERSHIP DUES | 28,720 | 24,412 | 3,734 | 574 |
| d | FUNDRAISERS | 16,435 | | | 16,435 |
| e | | | | | |
| f | All other expenses | 5,478 | 4,656 | 712 | 110 |
| 25 | Total functional expenses. Add lines 1 through 24f | 9,324,113 | 8,442,727 | 805,414 | 75,972 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-------------------|-------------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 318,976 | 1 | 564,578 |
| | 2 | Savings and temporary cash investments | | | 615,185 | 2 | 1,529,304 |
| | 3 | Pledges and grants receivable, net | | | 1,061,505 | 3 | 743,546 |
| | 4 | Accounts receivable, net | | | 285,103 | 4 | 212,327 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 172,747 | 9 | 182,044 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 90,809 | | | |
| | b | Less: accumulated depreciation | 10b | 46,687 | 55,421 | 10c | 44,122 |
| | 11 | Investments—publicly traded securities | | | 45,371,865 | 11 | 37,234,834 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 72,824,029 | 12 | 70,988,382 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 120,704,831 | 16 | 111,499,137 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 482,738 | 17 | 504,938 |
| | 18 | Grants payable | | | 22,906,876 | 18 | 21,171,224 |
| | 19 | Deferred revenue | | | 60,072 | 19 | 110,072 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | 666,752 | 25 | 875,885 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 24,116,438 | 26 | 22,662,119 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 95,914,869 | 27 | 88,307,318 |
| | 28 | Temporarily restricted net assets | | | 673,524 | 28 | 529,700 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 96,588,393 | 33 | 88,837,018 |
| | 34 | Total liabilities and net assets/fund balances | | | 120,704,831 | 34 | 111,499,137 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---------------------------------------------------------------------------------------------------------------|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,958,388 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,324,113 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 1,634,275 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 96,588,393 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -9,385,650 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 88,837,018 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

| | |
|----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH | Employer identification number 25-1624347 |
|----------------------------------------------------------------------------|----------------------------------------------|

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 3,117,972 | 3,395,190 | 3,844,771 | 4,064,140 | 3,723,100 | 18,145,173 |
| 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 | 3,117,972 | 3,395,190 | 3,844,771 | 4,064,140 | 3,723,100 | 18,145,173 |
| 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 | | | | | | 18,145,173 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 3,117,972 | 3,395,190 | 3,844,771 | 4,064,140 | 3,723,100 | 18,145,173 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,615,829 | 1,829,849 | 1,505,874 | 1,514,317 | 1,561,532 | 9,027,401 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | -239,414 | 105,445 | 244,052 | -325,317 | -36,333 | -251,567 |
| 11 Total support (Add lines 7 through 10) | | | | | | 26,921,007 |

12 Gross receipts from related activities, etc (See instructions)

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 67 400 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 65 510 % |

16a 33 1/3% support test—2011. 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

b 33 1/3% support test—2010. If the organization did not check the 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

17a 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|-----------------------------------------------------------------------------------------|----|--|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | | |

| Section D. Computation of Investment Income Percentage | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | | |
| 19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| Explanation |
|-------------|
| |
| |
| |
| |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH | Employer identification number 25-1624347 |
|----------------------------------------------------------------------------|----------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV | |
| 2 | Political expenditures | ▶ \$ |
| 3 | Volunteer hours | |

Part I-B Complete if the organization is exempt under section 501(c)(3).

| | | |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | |

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

| | | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ \$ |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |


Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☒

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) 
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 274,133 | 291,959 | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 274,133 | 291,959 | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 9,049,980 | 13,134,116 | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 9,324,113 | 13,426,075 | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | 616,206 | 821,304 | | | | | | | | | | | | |
| <table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 154,052 | 205,326 | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | 0 | 0 | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | 0 | 0 | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | | 712,447 | 803,601 | 821,304 | 2,337,352 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 3,506,028 |
| c Total lobbying expenditures | | 100,646 | 126,609 | 291,959 | 519,214 |
| d Grassroots non-taxable amount | | 178,112 | 200,900 | 205,326 | 584,338 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 876,507 |
| f Grassroots lobbying expenditures | | 606 | | | 606 |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | (a) | | (b) |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? If "Yes," describe in Part IV | | | |
| j | Total lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|--------------------------------------------------------------------------------------------------|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2a | |
| a | Current year | | |
| b | Carryover from last year | | |
| c | Total | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH

Employer identification number
25-1624347

Part I

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

| | | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate 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? | |
| | <div>Yes</div> <div>No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 | |
| | <div>Yes</div> <div>No</div> | |

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a–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 Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶

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

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

Yes

No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

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 XIV

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" to 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 XIV and complete the following table

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 | Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐

☐

(ii)

related organizations

3a(ii)

☐

☐

b

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

3b

☐

☐

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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 | | 5,386 | 1,780 | 3,606 |
| d Equipment | | 62,226 | 33,494 | 28,732 |
| e Other | | 23,197 | 11,413 | 11,784 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 44,122 |

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 10,958,388 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 9,324,113 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 1,634,275 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -9,385,650 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -9,385,650 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -7,751,375 |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--------------------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,572,738 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -9,385,650 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | -9,385,650 |
| 3 | Subtract line 2e from line 1 | 3 | 10,958,388 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 10,958,388 |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---------------------------------------------------------------------------------------------|----|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 9,324,113 |
| 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 XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 9,324,113 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 9,324,113 |

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|-------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE -9,385,650 |
| | | THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION ("FASB ASC") ON INCOME TAXES CLARIFIES RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE RELATING TO UNCERTAIN TAX POSITIONS. THE FOUNDATION EVALUATES TAX POSITIONS FOR RECOGNITION BY DETERMINING WHETHER EVIDENCE INDICATES THAT IT IS MORE LIKELY THAN NOT THAT A POSITION WILL BE SUSTAINED IF EXAMINED BY TAXING AUTHORITIES. AS OF DECEMBER 31, 2011 AND 2010, THE FOUNDATION IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS. THE FOUNDATION'S TAX RETURNS FOR THE YEARS 2008 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. |

Additional Data

Software ID:

Software Version:

EIN: 25-1624347

Name: THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH

Form 990, Special Condition Description:

| |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| EVA TANSKY BLUM TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| DEBRA L CAPLAN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| DAVID A BRENT MD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| DONALD S BURKE MD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| STEPHEN E FIENBERG PHD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| STUART HOFFMAN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| LARRY DEITCH TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| CAROLE KAMIN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| KAREN WOLK FEINSTEIN PRESIDENT/CEO/EX OFFICIO | 40 00 | X | | X | | | | 342,074 | 0 | 33,784 |
| ARTHUR G FIDEL TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| IRWIN GOLDBERG TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| LAURA PENROD KRONK TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| ALAN R GUTTMAN VICE CHAIR | 50 | X | | X | | | | 0 | 0 | 0 |
| STEPHEN HALPERN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| RICHARD E KANN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| JEFFREY W LETWIN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| LOUIS PLUNG TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| THOMAS A KARET TREASURER | 50 | X | | X | | | | 0 | 0 | 0 |
| ANNE LEWIS TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| MARVIN S LIEBER TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| ERIC RODRIGUEZ MD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| STANLEY M MARKS MD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| PEARL MOORE RN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| YOEL SADOVSKY MD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| ROBERT A PAUL TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| NANCY L RACKOFF SECRETARY | 50 | X | | X | | | | 0 | 0 | 0 |
| DONALD M ROBINSON TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| JONATHAN M SCHMERLING TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| RICHARD A SNOW TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| LORI B SHURE TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| PATRICIA L SIGER CHAIR | 50 | X | | X | | | | 0 | 0 | 0 |
| RICHARD S SIMON TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| JEFFREY FINKELSTEIN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| DAVID AINSMAN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| MARC BROWN TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| JOELLE KRASIK TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| LOUIS B KUSHNER TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| DAVID J MALONE TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| RICHARD ROSEN TREASURER | 50 | X | | X | | | | 0 | 0 | 0 |
| WILLIAM RUDOLPH TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| DAVID DAUSEY PHD MPHIL TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| DEBBIE GRAVER TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| MARY WINSTON TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| CARL KRASIK TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| NANCY D ZIONTS CHIEF PROGRAM OFFICER | 40 00 | | | | | X | | 142,625 | 0 | 26,135 |
| PATRICK CUNNINGHAM CHIEF FINANCIAL OFFICER | 40 00 | | | | | X | | 105,382 | 0 | 16,954 |
| KEITH KANEL CHIEF MEDICAL OFFICER | 40 00 | | | | | X | | 199,656 | 0 | 15,986 |

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DLN: 93493317013072

Schedule I
(Form 990)

OMB No 1545-0047

2011

Open to Public
Inspection

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

Name of the organization
THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH

Employer identification number
25-1624347

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|
| (1) UNITED JEWISH FEDERATION234 MCKEE PLACE PITTSBURGH, PA 15213 | 25-1017602 | 501(C)(3) | 900,000 | | | | HEALTH/HUMAN SERVICES |
| (2) INTERNAL PROGRAM (ADDRESSING DIABETES EPIDEMIC IN AFRICAN AMERICAN COMM)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 15,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| (3) JEWISH ASSOCIATION ON AGING RENAISSANCE 200 JHF DRIVE PITTSBURGH, PA 15217 | 25-1017602 | 501(C)(3) | 508,617 | | | | HEALTH EDUCATION |
| (4) INTERNAL PROGRAM (PATIENT SAFETY FELLOWSHIP)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 195,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| (5) INTERNAL PROGRAM (SUMMER INTERN GRANT EXPANSION)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 80,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| (6) INTERNAL PROGRAM (JEWISH HISTORICAL CENTER)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 25,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| (7) INTERNAL PROGRAM (LEADERSHIP PORTFOLIO PROGRAM)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 291,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| (8) INTERNAL PROGRAM (LIBERATING DATA FOR HEALTHCARE INNOVATIONS)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 62,500 | | | | HEALTHCARE QUALITY/HUMAN REOURCES/END OF LIFE DECISION MAKING |
| (9) INTERNAL PROGRAM (LONG-TERM CARE CHAMPIONS)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 300,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| (10) INTERNAL PROGRAM (MEDICAL EDUCATION REFORM)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 250,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| (11) INTERNAL PROGRAM (IMPACT OF PREGNANCY & DELIVERY ON PELVIC ORGAN SUPPORT)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 140,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| (12) | | | | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |

2

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

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Software ID:

Software Version:

EIN: 25-1624347

Name: THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|
| UNITED JEWISH FEDERATION234 MCKEE PLACE PITTSBURGH, PA 15213 | 25-1017602 | 501(C)(3) | 900,000 | | | | HEALTH/HUMAN SERVICES |
| INTERNAL PROGRAM (ADDRESSING DIABETES EPIDEMIC IN AFRICAN AMERICAN COMM) CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 15,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|
| JEWISH ASSOCIATION ON AGING RENAISSANCE200 JHF DRIVE PITTSBURGH, PA 15217 | 25-1017602 | 501(C)(3) | 508,617 | | | | HEALTH EDUCATION |
| INTERNAL PROGRAM (PATIENT SAFETY FELLOWSHIP) CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 195,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|
| INTERNAL PROGRAM (SUMMER INTERN GRANT EXPANSION) CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 80,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| INTERNAL PROGRAM (JEWISH HISTORICAL CENTER)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 25,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|
| INTERNAL PROGRAM (LEADERSHIP PORTFOLIO PROGRAM)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 291,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| INTERNAL PROGRAM (LIBERATING DATA FOR HEALTHCARE INNOVATIONS) CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 62,500 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|
| INTERNAL PROGRAM (LONG-TERM CARE CHAMPIONS) CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 300,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| INTERNAL PROGRAM (MEDICAL EDUCATION REFORM)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 250,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|
| INTERNAL PROGRAM (IMPACT OF PREGNANCY & DELIVERY ON PELVIC ORGAN SUPPORT)CENTRE CITY TOWER 650 SMITHFIELD ST STE 2400 PITTSBURGH, PA 15222 | 25-1624347 | 501(C)(3) | 140,000 | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |
| | | | | | | | HEALTHCARE QUALITY/HUMAN RESOURCES/END OF LIFE DECISION MAKING |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

| | |
|----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH | Employer identification number 25-1624347 |
|----------------------------------------------------------------------------|----------------------------------------------|

Part I

Questions Regarding Compensation

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions | | |
| | <input type="checkbox"/> Tax idemnification and gross-up payments | | |
| | <input type="checkbox"/> Discretionary spending account | | |
| | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| | <input type="checkbox"/> Payments for business use of personal residence | | |
| | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | |
| | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | Yes |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| | <input checked="" type="checkbox"/> Compensation committee | | |
| | <input checked="" type="checkbox"/> Independent compensation consultant | | |
| | <input type="checkbox"/> Form 990 of other organizations | | |
| | <input type="checkbox"/> Written employment contract | | |
| | <input type="checkbox"/> Compensation survey or study | | |
| | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a | Receive a severance payment or change-of-control payment? | 4a | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a | The organization? | 5a | No |
| b | Any related organization? | 5b | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a | The organization? | 6a | No |
| b | Any related organization? | 6b | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

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

[illegible]

Part III **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH

Employer identification number
25-1624347

| Identifier | Return Reference | Explanation |
|----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT CHAIR, THE BOARD CHAIR AND THE TREASURER AN ANNOUNCEMENT WAS MADE AT YEAR END BOARD MEETING THAT THE 990 IS AVAILABLE TO ANY DIRECTOR OR TRUSTEE UPON REQUEST |
| | FORM 990, PART VI, SECTION B, LINE 12C | ANNUALLY, EACH COVERED INDIVIDUAL MUST COMPLETE A DISCLOSURE STATEMENT REFLECTING HIS OR HER INTERESTS THE CHAIR OF THE GOVERNANCE COMMITTEE (IN CONSULTATION WITH ITS COMMITTEE MEMBERS, AS REASONABLY APPROPRIATE) IS RESPONSIBLE FOR REVIEWING THE DISCLOSURE STATEMENTS SO THAT HE OR SHE IS FAMILIAR WITH AND CAN REPORT POTENTIAL CONFLICTS IN ADDITION, EACH COVERED INDIVIDUAL IS PERSONALLY RESPONSIBLE FOR DISCLOSING HIS/HER ACTUAL OR POTENTIAL CONFLICT (AND FOR BRINGING ATTENTION TO ACTUAL OR POTENTIAL CONFLICTS OF OTHER COVERED INDIVIDUALS) AT THE TIME THE CORPORATION IS CONSIDERING A TRANSACTION THAT MAY INVOLVE A CONFLICT OR APPEARANCE OF A CONFLICT AFTER DISCLOSURE OF A POTENTIAL CONFLICT AND ALL MATERIAL FACTS, THE AFFECTED COVERED INDIVIDUAL SHALL LEAVE THE ROOM WHILE THE CHAIR OF THE BOARD OR COMMITTEE DETERMINES WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IN THE PARTICULAR CIRCUMSTANCE (IF THE POSSIBLE CONFLICT INVOLVES THE BOARD CHAIR OR COMMITTEE CHAIR, THE DISINTERESTED MEMBERS PRESENT SHALL APPOINT AN ACTING CHAIR) IN THE EVENT THE BOARD CHAIR OR COMMITTEE CHAIR CONCLUDES THAT A CONFLICT OF INTEREST EXISTS, THE FOLLOWING PROCEDURES SHALL BE FOLLOWED THE AFFECTED COVERED INDIVIDUAL MAY MAKE A PRESENTATION TO THE BOARD OR COMMITTEE CONSIDERING THE TRANSACTION OR ARRANGEMENT, BUT AFTER THE PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST THE MAJORITY OF DISINTERESTED TRUSTEES PRESENT SHALL THEN DETERMINE WHETHER THEY CURRENTLY POSSESS SUFFICIENT INFORMATION, BASED UPON THEIR PERSONAL KNOWLEDGE AND DATE PROVIDED TO THEM, AS TO WHETHER THE PROPOSED TRANSACTION OR ARRANGEMENT SATISFIES THE REQUIREMENTS SET FORTH IN SUBSECTION 4 OF THE CONFLICT OF INTEREST POLICY IF THEY DO NOT BELIEVE THAT THEY POSSESS SUCH SUFFICIENT INFORMATION, REASONABLE STEPS SHALL BE TAKEN BY THE CHAIR OF DISINTERESTED TRUSTEES APPOINTED BY THE CHAIR TO OBTAIN COMPARABLE INFORMATION WITH RESPECT TO THE TRANSACTION OR ARRANGEMENT SUCH AS APPRAISALS, VALUATIONS, COMPETING OFFERS OR BIDS, COMPENSATION SURVEYS, REPORTS OF EXPERTS AND SIMILAR DATA WHEN SETTING COMPENSATION FOR A DISQUALIFIED PERSON, INCLUDING WITHOUT LIMITATION A TRUSTEE OR OFFICER, THE CORPORATION SHALL OBTAIN COMPARABLE INFORMATION AND EXCLUDE FROM THE DECISION MAKING BODY THE APPLICABLE DISQUALIFIED PERSON AND ANY PERSONS HE/SHE SUPERVISES THE BOARD OR COMMITTEE CONSIDERING A TRANSACTION OR ARRANGEMENT INVOLVING A CONFLICT OF INTEREST MAY APPROVE SUCH TRANSACTION OR ARRANGEMENT ONLY AFTER DETERMINING BY MAJORITY VOTE OF THE DISINTERESTED MEMBERS OF THE BOARD OR COMMITTEE (A) THAT THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT, (B) THAT IT IS FAIR AND REASONABLE TO THE CORPORATION, AND (C) AFTER EXERCISING DUE DILIGENCE, THE CORPORATION WOULD NOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES |
| | FORM 990, PART VI, SECTION B, LINE 15 | POLICY FOR DETERMINING COMPENSATION CEO/PRESIDENT THE BOARD OF TRUSTEES FOR THE JEWISH HEALTHCARE FOUNDATION PERIODICALLY ENGAGES A COMPENSATION CONSULTANT TO REVIEW THE PRESIDENT'S OVERALL COMPENSATION STRUCTURE SUGGESTIONS FROM THIS REVIEW ARE AGGREGATED WITH BENCHMARKING RESEARCH CONDUCTED BY THE FOUNDATION'S COMPENSATION COMMITTEE FINANCIAL CONSIDERATIONS ARE MATCHED AGAINST PERFORMANCE RELATED TO PRIORITY GOALS AGREED UPON ANNUALLY BY THE PRESIDENT AND THE EXECUTIVE COMMITTEE OF THE BOARD FINAL COMPENSATION IS RECOMMENDED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE FULL BOARD AS A PART OF THE ANNUAL BUDGET OTHER EMPLOYEES THE ORGANIZATION HAS A FORMAL SALARY RANGE FOR EACH SET OF POSITIONS WHICH IS UPDATED EACH YEAR TO ACCOUNT FOR COST OF LIVING INCREASES TO DETERMINE ANNUAL COMPENSATION, THE PRESIDENT/CEO AND THE CFO REVIEW INFORMATION FROM THE ORGANIZATION'S FORMAL PERFORMANCE EVALUATION PROCESS ALONG WITH COMPARABILITY DATA, SUCH AS WRITTEN JOB DESCRIPTIONS FOR SIMILAR POSITIONS AND IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS RECOMMENDATIONS FOR ANNUAL COMPENSATION ARE BROUGHT TO THE COMPENSATION COMMITTEE AND APPROVED BY THE FULL BOARD AS PART OF THE ANNUAL BUDGET COMPARABILITY DATA WHEN THE APPROVAL BODY IS CONSIDERING COMPENSATION TO BE PAID TO COVERED INDIVIDUALS, IT MUST RELY ON COMPARABILITY DATA THAT DEMONSTRATE THE FAIR MARKET VALUE OF THE COMPENSATION IN QUESTION FOR EXAMPLE, WHEN CRAFTING COMPENSATION PACKAGES, THE APPROVAL BODY MUST SECURE DATA DOCUMENTING COMPENSATION LEVELS FOR SIMILARLY QUALIFIED INDIVIDUALS IN LIKE POSITIONS AT LIKE ORGANIZATIONS THIS DATA MAY INCLUDE THE FOLLOWING A) EXPERT COMPENSATION STUDIES BY INDEPENDENT FIRMS, B) WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS, C) DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT BOTH NONPROFIT AND FORPROFIT ORGANIZATIONS, AND D) INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS |
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE -9,385,650 TOTAL TO FORM 990, PART XI, LINE 5 -9,385,650 |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH

Employer identification number
25-1624347

| Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN 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 |
| | | | | | |
| | | | | | |
| | | | | | |
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| 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 organization | |
| | | | | | | Yes | No |
| (1) PITTSBURGH REGIONAL HEALTHCARE INITIATIVE CENTRE CITY TOWER 650 SMITHFIELD ST PITTSBURGH, PA 15222 01-0752319 | HEALTHCARE SERVICES | PA | 501 (C) (3) | 11 | N/A | | No |
| (2) HEALTH CAREERS FUTURES CENTRE CITY TOWER 650 SMITHFIELD ST PITTSBURGH, PA 15222 30-0127622 | HEALTHCARE SERVICES | PA | 501 (C) (3) | 11 | N/A | | No |
| | | | | | | | |
| | | | | | | | |
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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 | |
| | | | | | | | | | | | | |
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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 |
|-------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| | | | | | | | |
| | | | | | | | |
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Part V

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

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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

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 other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1) PITTSBURGH REGIONAL HEALTHCARE INITIATIVE | L | 4,096,677 | FAIR MARKET VALUE |
| (2) HEALTH CAREERS FUTURES | L | 5,285 | FAIR MARKET VALUE |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation | |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

| | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------|
| Name(s) shown on return THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH | Business or activity to which this form relates FORM 990 PAGE 10 | Identifying number 25-1624347 |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------|

Part I

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|--------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 | Maximum amount (see instructions) | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
|----|-------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|--|
| | | | | |
| | | | | |
| 7 | Listed property Enter the amount from line 29 | 7 | | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | | |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | 10 | | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | | |
| 13 | Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 | 13 | | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 26,510 |

Part III

MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

| Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System | | | | | | |
|-----------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

| Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System | | | | | | |
|---------------------------------------------------------------------------------------------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV

Summary (see instructions)

| | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 26,510 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|--|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost | |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

Part VI Amortization

| | | | | | |
|-------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
| 42 Amortization of costs that begins during your 2011 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2011 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | 44 | |

TY 2011 Affiliated Group Schedule

Name: THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH
EIN: 25-1624347

| | | |
|----------------------------------------------|-----------|------------------------------------------------------|
| Affiliated Group Business Name: | | PITTSBURGH REGIONAL HEALTHCARE INITIATIVE |
| Address. Either US or Foreign Type: | | 650 SMITHFIELD ST SUITE 2400 PITTSBURGH, PA 15222 |
| EIN: | | 01-0752319 |
| Electing Organization Checkbox: | | <input checked="" type="checkbox"/> |
| Total Grassroots Lobbying: | 0 | |
| Total Direct Lobbying: | 17,826 | |
| Total Lobbying Expenditures: | 17,826 | |
| Other Exempt Purpose Expenditures: | 4,078,851 | |
| Total Exempt Purpose Expenditures: | 4,096,677 | |
| Lobbying Nontaxable Amount: | 354,834 | |
| Grassroots Nontaxable Amount: | 88,709 | |
| Tot Lobbying Grassroot Minus Non Tx: | 0 | |
| Tot Lobby Expend Mns Lobbying Non Tx: | 0 | |
| Share Of Excess Lobbying: | 0 | |
| Affiliated Group Business Name: | | HEALTH CARE FUTURES |
| Address. Either US or Foreign Type: | | 650 SMITHFIELD ST SUITE 2400 PITTSBURGH, PA 15222 |
| EIN: | | 30-0127622 |
| Electing Organization Checkbox: | | <input checked="" type="checkbox"/> |
| Total Grassroots Lobbying: | 0 | |
| Total Direct Lobbying: | 0 | |
| Total Lobbying Expenditures: | 0 | |
| Other Exempt Purpose Expenditures: | 5,285 | |
| Total Exempt Purpose Expenditures: | 5,285 | |
| Lobbying Nontaxable Amount: | 1,057 | |
| Grassroots Nontaxable Amount: | 264 | |
| Tot Lobbying Grassroot Minus Non Tx: | 0 | |
| Tot Lobby Expend Mns Lobbying Non Tx: | 0 | |
| Share Of Excess Lobbying: | 0 | |
| Affiliated Group Business Name: | | THE JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH |
| Address. Either US or Foreign Type: | | 650 SMITHFIELD ST SUITE 2400 PITTSBURGH, PA 15222 |
| EIN: | | 25-1624347 |
| Electing Organization Checkbox: | | <input checked="" type="checkbox"/> |
| Total Grassroots Lobbying: | 0 | |
| Total Direct Lobbying: | 274,133 | |
| Total Lobbying Expenditures: | 274,133 | |
| Other Exempt Purpose Expenditures: | 9,049,980 | |
| Total Exempt Purpose Expenditures: | 9,324,113 | |
| Lobbying Nontaxable Amount: | 616,206 | |
| Grassroots Nontaxable Amount: | 154,052 | |
| Tot Lobbying Grassroot Minus Non Tx: | 0 | |
| Tot Lobby Expend Mns Lobbying Non Tx: | 0 | |
| Share Of Excess Lobbying: | 0 | |