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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION

Doing business as
JEFFERSON REGIONAL FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
565 COAL VALLEY ROAD

City or town, state or province, country, and ZIP or foreign postal code
JEFFERSON HILLS, PA 15025

D Employer identification number
56-2420913

E Telephone number
(412) 267-6771

G Gross receipts $ 58,772,608

F Name and address of principal officer
JOHN R ECHEMENT
565 COAL VALLEY ROAD
JEFFERSON HILLS, PA 15025

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2003

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVE THE HEALTH & WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING, EDUCATION & OUTREACH

2 Check this box ▶☐ 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**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	3
6	Total number of volunteers (estimate if necessary)	**6**	19
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**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,948,250	2,749,393
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,948,250	2,749,393
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	377,840	1,670,260
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)	123,922	316,080
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	386,385	673,944
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	888,147	2,660,284
19	Revenue less expenses Subtract line 18 from line 12	3,060,103	89,109

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	86,941,270	87,628,265
21	Total liabilities (Part X, line 26)	122,175	644,940
22	Net assets or fund balances Subtract line 21 from line 20	86,819,095	86,983,325

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

****** | 2016-01-30
Signature of officer | Date

JOHN R ECHEMENT PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIUS C GREEN CPA JD	JULIUS C GREEN CPA JD			P00350393

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP | Firm's EIN ▶ 39-0859910

Firm's address ▶ 1650 MARKET STREET SUITE 4500
PHILADELPHIA, PA 19103 | Phone no (215) 972-0701

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE JEFFERSON REGIONAL FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING, EDUCATION AND OUTREACH THE FOUNDATION WILL SERVE THE COMMUNITY WITH INTEGRITY AND TRANSPARENCY ITS MAJOR PRIORITIES INCLUDE INCREASING HEALTH ACCESS AND PREVENTION, IMPROVING CHILD AND FAMILY OUTCOMES AND STRENGTHENING VULNERABLE POPULATIONS AND COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 976,504 including grants of $ 577,260) (Revenue $)

IN ITS PRIORITY AREA OF INCREASING HEALTH ACCESS AND PREVENTION, THE JEFFERSON REGIONAL FOUNDATION FUNDED GRANTS TO EIGHT DIFFERENT ORGANIZATIONS NEW GRANTS AWARDED THIS FIRST FULL YEAR OF GRANTMAKING INCLUDE A PARTNERSHIP WITH THE ALLEGHENY HEALTH DEPARTMENT TO IMPLEMENT THE LIVE WELL ALLEGHENY INITIATIVE IN THE MON VALLEY ($150,000 FOR TWO YEARS), EXPANDING SURVEILLANCE AND TREATMENT OF ASTHMA IN SCHOOLCHILDREN THROUGH DUQUESNE UNIVERSITY'S PARTNERSHIP WITH DR DEBORAH GENTILE OF THE ALLEGHENY HEALTH NETWORK (THE PARENT ORGANIZATION OF JEFFERSON HOSPITAL) ($177,000 FOR TWO YEARS), AND INCREASING ACCESS TO HEALTH INSURANCE FOR LOCAL RESIDENTS THROUGH A UNITED WAY AND YWCA NAVIGATOR PROGRAM ($75,000) LOCAL PATIENTS RETURNING HOME WILL BENEFIT THROUGH USE OF A DEDICATED WHEELCHAIR AMBULANCE VAN (JEFFERSON HOSPITAL-$50,000) A LOCAL FARM STAND OPERATED BY LIFESPAN IN CLAIRTON INCREASED ACCESS TO FRESH FOOD ($5,260) HOME FIRE SAFETY IS PROMOTED IN TWO LOCAL COMMUNITIES THROUGH THE AMERICAN RED CROSS ($15,000) THE FOUNDATION PROVIDED $15,000 TO EACH OF TWO FELLOWSHIP PROGRAMS FOR GRADUATE STUDENTS TO DEVELOP COMMUNITY-BASED HEALTH PROJECTS (BRIDGING THE GAP/UNIVERSITY OF PITTSBURGH AND ALBERT SCHWEITZER FELLOWSHIP)

4b (Code) (Expenses $ 549,000 including grants of $ 549,000) (Revenue $)

IMPROVING CHILD AND FAMILY OUTCOMES GRANT AWARDS INCLUDED PROJECTS WHICH SUPPORT NEW FAMILIES AND ALIGN WITH JEFFERSON HOSPITAL'S NEW WOMEN AND INFANTS CENTER OBSTETRICS UNIT, INCLUDING AN INNOVATIVE TEXT MENTORING PROGRAM FOR NEW PARENTS (NURTURE PA- $80,000 OVER TWO YEARS), OUTREACH FOR SAFE SLEEP PRACTICES (CRIBS FOR KIDS-$52,000), AND THE CREATION OF A REGIONAL DONOR MILK BANK (THREE RIVERS MOTHERS' MILK BANK-$25,000) SISTERS PLACE INC RECEIVED A SIGNIFICANT GRANT FOR SUPPORTIVE SERVICES TO ASSIST HOMELESS SINGLE PARENTS AND THEIR CHILDREN ($150,000 OVER 3 YEARS) GRANT AWARDS SUPPORT SEVERAL AFTERSCHOOL AND SUMMER PROGRAMS FOR YOUTH ACROSS THE AREA, INCLUDING BEST OF THE BATCH FOUNDATION IN HOMESTEAD ($10,000), MELTING POT MINISTRIES- A YEAR ROUND PROGRAM SERVING SOUTH PARK, BETHEL PARK AND BALDWIN-WHITEHALL STUDENTS ($45,000), YOUTH OPPORTUNITIES DEVELOPMENT FOR THE STAY POSITIVE CLAIRTON PROGRAM ($75,000), TURTLE CREEK VALLEY MH/MR FOR AN AFTERSCHOOL PROGRAM AT WEST MIFFLIN MIDDLE SCHOOL ($42,000), AND YOUTHPLACES SITES SERVING CLAIRTON, DUQUESNE AND MCKEESPORT ($35,000 FOR VAN TRANSPORTATION AND $35,000 FOR SUMMER COMMUNITY SERVICE)

4c (Code) (Expenses $ 544,000 including grants of $ 544,000) (Revenue $)

STRENGTHENING VULNERABLE POPULATIONS AND COMMUNITIES GRANT AWARDS BUILD CAPACITY AMONG IDENTIFIED POPULATIONS AND IN LOCAL COMMUNITIES IT INCLUDES SEVERAL PROJECTS TO SUPPORT LOCAL SENIORS, INCLUDING HELPING OLDER ADULTS NAVIGATE INSURANCE BENEFITS (PA HEALTH LAW PROJECT-$50,000), SUPPORT BUILDING IMPROVEMENTS TO THE STEEL VALLEY SENIOR RESOURCE CENTER (LIFESPAN-$80,000) AND TO ENCOURAGE THE COMMUNITY ENGAGEMENT OF OLDER ADULTS THROUGH A CHORAL GROUP (TJ ARTS- $12,000 OVER TWO YEARS) EXECUTIVE COACHING OF NONPROFIT LEADERS IS OFFERED THROUGH THE EXECUTIVE IN RESIDENCE PROGRAM (FORBES FUNDS-$25,000) COMMUNITY DEVELOPMENT ASSISTANCE FOR CLAIRTON WILL BE SUPPORTED BY A GRANT TO ECONOMIC DEVELOPMENT SOUTH ($180,000 OVER THREE YEARS) WITH 40% OF THE COUNTY'S IMMIGRANT AND REFUGEE COMMUNITY LIVING IN THE SOUTH HILLS, SEVERAL GRANT AWARDS ARE DIRECTED TO SUPPORT THOSE RESIDENTS, INCLUDING A CAPACITY BUILDING PROJECT FOR THE BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH ($100,000 OVER TWO YEARS), EXPANSION OF ENGLISH LANGUAGE INTERPRETER SERVICES THROUGH THE "PITTSBURGH LANGUAGE ACCESS NETWORK" (PLAN)($70,000 TO THE CENTER FOR HEARING AND DEAF SERVICES OVER TWO YEARS), JOB SHADOWING AND COLLEGE TOURS FOR REFUGEE AND IMMIGRANT STUDENTS IN THE BALDWIN-WHITEHALL DISTRICT (JUNIOR ACHIEVEMENT-$12,000) AND DEVELOPMENT OF A STRATEGIC COUNTY-WIDE BLUEPRINT FOR IMMIGRANT AND INTERNATIONAL SERVICES (ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES-$15,000)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 2,069,504

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I* (see instructions)	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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
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			
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	3		
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			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			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 as charitable contributions? . . .	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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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 or note to any line 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**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
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**	Yes	
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**	Yes	
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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**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 ▶ 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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN R ECHEMENT

565 COAL VALLEY ROAD
JEFFERSON HILLS, PA 15025 (412) 267-6766

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES G GRAHAM CHAIRPERSON	2 00	X		X				0	0	0
(2) CHARLES R MODISPACHER FIRST VICE CHAIRMAN	2 00	X		X				0	0	0
(3) RICHARD W TALARICO SECOND VICE CHAIRMAN	2 00	X		X				0	0	0
(4) JOHN R ECHEMENT PRESIDENT AND CEO	20 00	X		X				0	0	0
(5) GARY W DESCHAMPS VICE PRESIDENT	2 00	X		X				0	0	0
(6) J WILLIAM RICHARDSON TREASURER	2 00	X		X				0	0	0
(7) EDWARD R MARASCO SECRETARY	2 00	X		X				0	0	0
(8) AARON B BILLGER DIRECTOR	1 00	X						0	0	0
(9) GREGORY M DEVINE DIRECTOR	1 00	X						0	0	0
(10) EVAN S FRAZIER DIRECTOR	1 00	X						0	0	0
(11) MARK P GANNON MD DIRECTOR	1 00	X						0	0	0
(12) JOHN J DEMPSTER DIRECTOR	1 00 40 00	X						0	565,560	264,054
(13) DANIEL A ONORATO DIRECTOR	1 00	X						0	0	0
(14) BARBARA M MAGNOTTI DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) HARRY J SICHI DIRECTOR	1 00	X						0	0	0
(16) KAREN A EVANS DIRECTOR	1 00	X						0	0	0
(17) GREGORY A HARBAUGH DIRECTOR	1 00	X						0	0	0
(18) KEVIN D LANGHOLZ DIRECTOR	1 00	X						0	0	0
(19) GARY L EVANS DIRECTOR	1 00	X						0	0	0
(20) MATTHEW P VIRGIN DIRECTOR	1 00	X						0	0	0
(21) MARY PHAN-GRUBER EXECUTIVE DIRECTOR/ASST TR	40 00			X				133,262	0	18,171

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	133,262	565,560	282,225

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	2,384,673			2,384,673
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 56,387,935				
	b	Less cost or other basis and sales expenses: 56,023,215				
	c	Gain or (loss): 364,720				
	d	Net gain or (loss) . . . . . ▶	364,720			364,720
Other Revenue	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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . . . ▶	2,749,393	0	0	2,749,393

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,670,260	1,670,260		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	137,151	102,863	34,288	
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	124,283	99,426	24,857	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,092	9,674	2,418	
9 Other employee benefits	23,717	18,974	4,743	
10 Payroll taxes	18,837	15,070	3,767	
11 Fees for services (non-employees)				
a Management				
b Legal	67,658	33,829	33,829	
c Accounting	18,551		18,551	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	468,327		468,327	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,142	7,142		
12 Advertising and promotion				
13 Office expenses	6,843	6,843		
14 Information technology	10,319	10,319		
15 Royalties				
16 Occupancy	13,903	13,903		
17 Travel	2,168	2,168		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,795	4,795		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,725	3,725		
23 Insurance	13,142	13,142		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM DEVELOPMENT EXP	33,820	33,820		
b DUES & EDUCATION EXP	13,615	13,615		
c FURNITURE & FIXTURES	5,297	5,297		
d BANK SERVICE CHARGE	2,087	2,087		
e All other expenses	2,552	2,552		
25 **Total functional expenses.** Add lines 1 through 24e	2,660,284	2,069,504	590,780	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		39,529	2	64,818
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		1,944	9	10,709
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 30,099			
	b	Less accumulated depreciation	10b 3,725	0	10c	26,374
	11	Investments—publicly traded securities		85,797,863	11	84,465,517
	12	Investments—other securities See Part IV, line 11		1,101,934	12	3,060,847
	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)		86,941,270	16	87,628,265
Liabilities	17	Accounts payable and accrued expenses		22,175	17	124,440
	18	Grants payable		100,000	18	520,500
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		122,175	26	644,940
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		86,819,095	27	86,983,325
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		86,819,095	33	86,983,325
	34	Total liabilities and net assets/fund balances		86,941,270	34	87,628,265

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,749,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,660,284
3	Revenue less expenses Subtract line 2 from line 1	3	89,109
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,819,095
5	Net unrealized gains (losses) on investments	5	75,121
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,983,325

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number
56-2420913

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) JEFFERSON REGIONAL MEDICAL CENTER	251260215		Yes		1,603,260	0
Total 1					1,603,260	

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 III **Support Schedule for Organizations Described in Section 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART I (G)(V)	JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION (THE "FOUNDATION") SERVES AS A SUPPORTING ORGANIZATION TO JEFFERSON REGIONAL MEDICAL CENTER (THE "HOSPITAL") ALL OF THE GRANTS MADE BY THE FOUNDATION ARE INTENDED TO MEET THE HOSPITAL'S NEEDS AND PRIORITIES AS SET FORTH IN THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IN ADDITION TO THE $125,000 IN DIRECT FUNDING TO THE HOSPITAL, THE FOUNDATION'S GRANTMAKING ACTIVITIES BENEFITED THE HOSPITAL'S SERVICE AREA AND MEMBERS OF THE SAME CHARITABLE CLASS BENEFITED BY THE HOSPITAL THE HOSPITAL'S CHNA CITES INCREASING HEALTH ACCESS AND PREVENTION AS A NEED AND PRIORITY THE FOLLOWING GRANTS, TOTALING $632,260, WERE MADE BY THE FOUNDATION IN SUPPORT OF THIS GOAL ALBERT SCHWEITZER FELLOWSHIP - $15,000 THIS GRANT PROVIDES FUNDS FOR A GRADUATE STUDENT PROGRAM THAT INCREASES DIABETES MANAGEMENT, SELF-ESTEEM AND SELF-EFFICACY AMONG TEENAGE GIRLS IN THE HOSPITAL'S SERVICE AREA ALLEGHENY COUNTY HEALTH DEPARTMENT - $150,000 THIS GRANT PROVIDES FUNDS FOR THE LIVE WELL ALLEGHENY INITIATIVE WHICH INCREASES HEALTHY LIVING ACTIVITIES IN THE MON VALLEY AREA OF THE HOSPITAL'S SERVICE AREA FOR A PERIOD OF TWO YEARS AMERICAN RED CROSS - $15,000 THIS GRANT PROVIDES FUNDS FOR A PROGRAM THAT PROVIDES FREE SMOKE DETECTORS AND FIRE SAFETY PREPAREDNESS RESOURCES TO THE DUQUESNE, EAST MCKEESPORT AND CLAIRTON COMMUNITIES IN THE HOSPITAL'S SERVICE AREA BRENTWOOD ECONOMIC DEVELOPMENT CORPORATION - $180,000 THIS GRANT PROVIDES FUNDS FOR A PROGRAM TO INCREASE COMMUNITY CAPACITY AND HEALTH THROUGH INCREASED ACCESS TO COMMUNITY DEVELOPMENT ASSISTANCE AND RESOURCES FOR COMMUNITIES AND COMMUNITY-BASED ORGANIZATIONS IN THE ROUTE 51 CORRIDOR OF THE HOSPITAL'S SERVICE AREA FOR A PERIOD OF THREE YEARS BRIDGING THE GAPS - PITTSBURGH - $15,000 THIS GRANT PROVIDES FUNDS FOR A PROGRAM THAT DEVELOPS COMMUNITY HEALTH PROJECTS SERVING VULNERABLE POPULATIONS IN THE JEFFERSON AREA OF THE HOSPITAL'S SERVICE AREA THE PROGRAM STAFFS COMMUNITY CENTERS WITH GRADUATE STUDENTS WORKING IN SEVERAL DISCIPLINES, INCLUDING MEDICINE, NURSING, PUBLIC HEALTH, SOCIAL WORK, AND PHARMACY TO INTERACT WITH COMMUNITY MEMBERS TO CONDUCT NEEDS ASSESSMENTS AND PROVIDE OTHER RELEVANT SERVICES DUQUESNE UNIVERSITY - $177,000 THIS GRANT PROVIDES FUNDS FOR AN ASTHMA SCREENING PROGRAM FOR SCHOOL CHILDREN IN THE CLAIRTON AREA OF THE HOSPITAL'S SERVICE AREA FOR A PERIOD OF TWO YEARS THE PROGRAM IS CONDUCTED IN PARTNERSHIP WITH DR DEBORAH GENTILE OF THE ALLEGHENY HEALTH NETWORK LIFESPAN - $5,260 THIS GRANT PROVIDES FUNDS FOR A PROGRAM TO INCREASE ACCESS TO FRESH PRODUCE FOR RESIDENTS IN THE CLAIRTON AREA OF THE HOSPITAL'S SERVICE AREA THROUGH THE OPERATION OF A WEEKLY COMMUNITY FARM STAND AND THE DEVELOPMENT OF A PLAN FOR CONTINUED SUSTAINABILITY IN ADDITION TO INCREASING HEALTH ACCESS AND PREVENTION, THIS GRANT ALSO SUPPORTS INCREASING PHYSICAL ACTIVITY AND NUTRITION - ANOTHER NEED AND PRIORITY CITED IN THE HOSPITAL'S CHNA UNITED WAY OF ALLEGHENY COUNTY - $75,000 THIS GRANT PROVIDES FUNDS FOR A PROGRAM TO INCREASE THE NUMBER OF LOCAL INDIVIDUALS AND FAMILIES INSURED UNDER THE AFFORDABLE CARE ACT THROUGH A MULTI-PRONG STRATEGY, INCLUDING A PUBLIC AWARENESS COMMUNICATION PLAN, SCHEDULING AND SCREENING SUPPORT, AND ASSISTANCE OFFERED BY A DEDICATED ENROLLMENT NAVIGATOR THROUGH THE LOCAL YWCA THE HOSPITAL'S CHNA CITES IMPROVING CHILD AND FAMILY OUTCOMES AS A NEED AND PRIORITY THE FOLLOWING GRANTS TOTALING $507,000 WERE MADE BY THE FOUNDATION IN SUPPORT OF THIS GOAL AND TO ALIGN WITH THE HOSPITAL'S NEW WOMEN AND INFANTS CENTER OBSTETRICS UNIT BEST OF THE BATCH FOUNDATION - $10,000 THIS GRANT PROVIDES FUNDS FOR A PROGRAM TO INCREASE PHYSICAL ACTIVITY LEVELS AND PROVIDE EDUCATIONAL ENRICHMENT OPPORTUNITIES FOR DISADVANTAGED YOUTH IN THE HOMESTEAD AREA OF THE HOSPITAL'S SERVICE AREA CRIBS FOR KIDS - $52,000 THIS GRANT PROVIDES FUNDS FOR THE IMPLEMENTATION OF COMMUNITY OUTREACH AND INTERVENTION STRATEGIES, INCLUDING DISTRIBUTION OF PORTABLE CRIBS TO DECREASE THE RISK AND REDUCE THE NUMBER OF SLEEP-RELATED DEATHS IN THE HOSPITAL'S SERVICE AREA MELTING POT MINISTRIES - $45,000 THIS GRANT PROVIDES FUNDS FOR A PROGRAM PROVIDING AN 11 MONTH QUALITY AFTER-SCHOOL PROGRAM SERVING THE SOUTH PARK, BETHEL PARK AND BALDWIN-WHITEHALL AREAS OF THE HOSPITAL'S SERVICE AREA NURTURE PA - $80,000 THIS GRANT PROVIDES FUNDS FOR AN INNOVATIVE, COST-EFFICIENT PROGRAM TO TRANSFORM HOW PARENTS ACCESS INFORMATION AND PROMOTES THE HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT OF YOUNG CHILDREN BY LINKING VOLUNTEER MENTORS AND NEW PARENTS THROUGH CELL PHONE TEXT MESSAGING USING A NEWLY DEVELOPED SOFTWARE TOOL AND EVIDENCE-BASED INFORMATION THE GRANT WILL PROVIDE FUNDS FOR THESE SERVICES FOR A PERIOD OF TWO YEARS SISTERS PLACE, INC - $150,000 THIS GRANT PROVIDES FUNDS FOR SUPPORTIVE SERVICES TO ASSIST HOMELESS SINGLE PARENTS AND THEIR CHILDREN FOR A PERIOD OF THREE YEARS THREE RIVERS MOTHERS' MILK BANK - $25,000 THIS GRANT PROVIDES FUNDS FOR THE CREATION OF A SELF-SUSTAINING REGIONAL DONOR MILK BANK YOUTH OPPORTUNITIES DEVELOPMENT - $75,000 THIS GRANT PROVIDES FUNDS FOR THE STAY POSITIVE CLAIRTON PROGRAM WHICH PROVIDES PRO-SOCIAL OPPORTUNITIES FOR YOUTH IN THE CLAIRTON AREA OF THE HOSPITAL'S SERVICE AREA THROUGH A YOUTH LEADERSHIP PROGRAM WHICH INCLUDES LEADERSHIP DEVELOPMENT, COMMUNITY PROJECTS AND COMMUNITY ENGAGEMENT YOUTHPLACES, INC - $70,000 THIS GRANT PROVIDES FUNDS FOR A PROGRAM FOR UNDERSERVED YOUTH IN THE HIGH-RISK COMMUNITIES OF CLAIRTON, DUQUESNE AND MCKEESPORT IN THE HOSPITAL'S SERVICE AREA THAT INCREASES ACCESS TO ENRICHING AFTER-SCHOOL AND SUMMER PROGRAMMING, EVENTS AND ACTIVITIES, INCLUDING THE PURCHASE OF A SHARED VAN FUNDS FOR THIS PROGRAM ARE PROVIDED FOR A PERIOD OF TWO YEARS THE HOSPITAL'S CHNA CITES STRENGTHENING VULNERABLE POPULATIONS AND COMMUNITIES AS A NEED AND PRIORITY THE FOLLOWING GRANTS TOTALING $339,000 WERE MADE BY THE FOUNDATION IN SUPPORT OF THIS GOAL ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES - $15,000 THIS GRANT PROVIDES FUNDS FOR THE DEVELOPMENT OF A STRATEGIC COUNTY-WIDE BLUEPRINT FOR IMMIGRANT AND INTERNATIONAL SERVICES BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH - $100,000 THIS GRANT PROVIDES FUNDS FOR A CAPACITY BUILDING PROJECT OVER A PERIOD OF TWO YEARS TO BENEFIT THE BHUTANESE COMMUNITY IN THE HOSPITAL'S SERVICE AREA CENTER FOR HEARING AND DEAF SERVICES - $70,000 THIS GRANT PROVIDES FUNDS FOR ENGLISH LANGUAGE INTERPRETER SERVICES FOR THE HOSPITAL'S DEAF COMMUNITY THROUGH THE PITTSBURGH LANGUAGE ACCESS NETWORK FOR A PERIOD OF TWO YEARS JUNIOR ACHIEVEMENT OF WESTERN PENNSYLVANIA, INC - $12,000 THIS GRANT PROVIDES FUNDS FOR JOB SHADOWING AND COLLEGE TOURS FOR REFUGEE AND IMMIGRANT STUDENTS IN THE BALDWIN-WHITEHALL DISTRICT IN THE HOSPITAL'S SERVICE AREA LIFESPAN - $80,000 THIS GRANT PROVIDES FUNDS FOR BUILDING IMPROVEMENTS TO THE STEEL VALLEY SENIOR RESOURCE CENTER LOCATED IN THE HOSPITAL'S SERVICE AREA PENNSYLVANIA HEALTH LAW PROJECT - $50,000 THIS GRANT PROVIDES FUNDS TO SUPPORT SENIOR AND OLDER ADULTS WHO ARE DULY ELIGIBLE FOR MEDICARE AND MEDICAID TO NAVIGATE INSURANCE BENEFITS AND OPPORTUNITIES FOR ASSISTANCE TJ ARTS - $12,000 THIS GRANT PROVIDES FUNDS FOR A PROGRAM, FOR A PERIOD OF TWO YEARS, TO ENCOURAGE THE COMMUNITY ENGAGEMENT OF OLDER ADULTS THROUGH A CHORAL GROUP

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number
56-2420913

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		30,099	3,725	26,374
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				26,374

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,824,514
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	75,121		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	75,121
3	Subtract line **2e** from line **1**			3	2,749,393
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,749,393

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,660,284
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,660,284
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,660,284

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2015 AND 2014 THE FOUNDATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES THE FOUNDATION'S FEDERAL INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493033003486

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number
56-2420913

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 25

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

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

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

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

Return Reference	Explanation
PART I, LINE 2	MONITORING OF GRANTS BEGINS WITH THE GRANT PROPOSAL PROCESS APPLICANT ORGANIZATIONS ARE ASKED TO INDICATE GOALS AND MEASURABLE OBJECTIVES WHICH WILL BE ACCOMPLISHED IF THEIR PROGRAM OR PROJECT IS FUNDED THEY ARE ALSO ASKED TO PROVIDE A NUMBER OF KEY DOCUMENTS WITH THE PROPOSAL, INCLUDING BOARD LIST, ORGANIZATION BUDGET, MOST RECENT AUDIT, 990 TAX RETURN, STRATEGIC PLAN AND LETTERS OF SUPPORT TAX-EXEMPT STATUS IS ALSO CHECKED WHEN A GRANT IS AWARDED, AN ORGANIZATION IS ASKED TO SIGN A LETTER OF AGREEMENT BEFORE THE CHECK AWARD IS ISSUED THE LETTER LISTS A NUMBER OF TERMS AND CONDITIONS, INCLUDING THE NEED TO PROVIDE PROGRESS REPORTS AT SPECIFIC DATES, PRIOR WRITTEN APPROVAL OF ANY SUBSTANTIAL VARIANCES FROM BUDGET OR INTENT, RECORD-KEEPING, AND REQUIRED NOTIFICATIONS MOST GRANTS REQUIRE A MID-YEAR PROGRESS REPORT AND A YEAR-END PROGRESS REPORT WHICH INDICATE RESULTS ON OBJECTIVES, INFORMATION ABOUT INTENDED AND UNINTENDED RESULTS, CHALLENGES AND A LINE ITEM FINANCIAL REPORT STAFF REVIEW THE REPORTS AND CONFER WITH THE APPLICANT IF NEEDED MULTI-YEAR GRANTS REQUIRE REVIEW OF A REPORT FOR EACH GRANT PERIOD BEFORE BOARD RELEASE OF FUNDING FOR THE NEXT PERIOD SUMMARIES OF THESE REPORTS ARE PROVIDED TO THE GRANT COMMITTEE FOR DISCUSSION OF THE RESULTS AND ANY RECOMMENDED ACTION THE COMMITTEE SHARES THE RESULTS AND RECOMMENDATIONS WITH THE BOARD FOR ANY ACTION IN ADDITION, STAFF BUILD ONGOING RELATIONSHIPS AND MONITOR THROUGHOUT THE GRANT PERIOD THROUGH SITE VISITS, GROUP GRANTEE ORIENTATION SESSIONS AND TECHNICAL ASSISTANCE

Additional Data

Software ID:
Software Version:
EIN: 56-2420913
Name: JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION

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

(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
ALBERT SCHWEITZER FELLOWSHIP - PITTSBURGH5614 ELGIN ST PITTSBURGH,PA 15206	46-3414778	501(C)(3)	15,000				INCREASE DIABETES MANAGEMENT, SELF-ESTEEM, AND SELF-EFFICACY AMONG TEENAGE GIRLS IN HOMESTEAD THROUGH ONE STUDENT'S WORK IN A LOCAL FELLOWSHIP PROGRAM FOCUSED ON UNDERSERVED POPULATIONS
ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICESONE SMITHFIELD ST 3RD FLOOR PITTSBURGH,PA 15222	25-6001017	501(C)(3)	15,000				DEVELOP A STRATEGIC BLUEPRINT TO PROMOTE EFFECTIVE, COORDINATED EFFORTS ACROSS OUR COMMUNITY, LEVERAGE NEW PARTNERS AND BUILD ON THE STRENGTHS OF RESIDENTS BORN IN OTHER COUNTRIES
ALLEGHENY COUNTY HEALTH DEPARTMENT542 4TH AVENUE PITTSBURGH,PA 15219	25-6001017	501(C)(3)	150,000				INCREASE HEALTHY LIVING ACTIVITIES IN THE MON VALLEY COMMUNITIES THROUGH THE "LIVE WELL ALLEGHENY INITIATIVE AND FOCUS ON BEHAVIORS THAT CONTRIBUTE TO CHRONIC DISEASE (SMOKING, PHYSICAL INACTIVITY AND OBESITY) AND THE ENGAGEMENT OF SCHOOLS, BUSINESSES AND COMMUNITY ORGANIZATIONS IN THESE EFFORTS $75,000 WAS PAID IN FISCAL YEAR 2015 AND $75,000 WILL BE PAID IN FISCAL YEAR 2016

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

(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
AMERICAN RED CROSS 2801 LIBERTY AVENUE PITTSBURGH,PA 15222	53-0196605	501(C)(3)	15,000				INCREASE HOME SAFETY BY PROVIDING FREE SMOKE DETECTORS AND FIRE SAFETY AND PREPAREDNESS EDUCATION TO RESIDENTS IN DUQUESNE AND CLAIRTON, TO REDUCE INJURY AND DEATH FROM FIRES THROUGH PARTNERSHIPS WITH LOCAL FIRE DEPARTMENTS
BEST OF THE BATCH FOUNDATION2000 WEST STREET MUNHALL,PA 15120	34-1900914	501(C)(3)	10,000				INCREASE PHYSICAL ACTIVITY LEVELS, PROVIDE EDUCATIONAL ENRICHMENT FOR DISADVANTAGED YOUTH AND INCREASE PARENT AND COMMUNITY ENGAGEMENT THROUGH A SEVEN-WEEK SUMMER CAMP IN HOMESTEAD
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH4150 SAW MILL RUN BLVD PITTSBURGH,PA 15227	30-0742370	501(C)(3)	100,000				STRENGTHEN HEALTHY OPPORTUNITIES AND OPTIONS FOR MEMBERS OF THE LOCAL BHUTANESE COMMUNITY BY BUILDING STAFF AND PROGRAM CAPACITY FOR YOUTH SPORTS AND DANCE, SENIOR PROGRAMS, A LEADERSHIP FORUM FOR WOMEN AND CITIZENSHIP CLASSES $50,000 WAS PAID IN FISCAL YEAR 2015 AND $50,000 WILL BE PAID IN FISCAL YEAR 2016

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

(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
BRENTWOOD ECONOMIC DEVELOPMENT CORPORATION4127 BROWNSVILLE ROAD PITTSBURGH,PA 15227	25-1780107	501(C)(3)	180,000				INCREASE COMMUNITY CAPACITY AND HEALTH THROUGH INCREASED ACCESS TO COMMUNITY DEVELOPMENT ASSISTANCE AND RESOURCES FOR THE CITY OF CLAIRTON $42,500 WAS PAID IN FISCAL YEAR 2015, $86,500 WILL BE PAID IN FISCAL YEAR 2016 AND $51,000 WILL BE PAID IN FISCAL YEAR 2017
BRIDGING THE GAPS - PITTSBURGH130 DESOTO ST PITTSBURGH,PA 15261	25-0965591	501(C)(3)	15,000				DEVELOP COMMUNITY HEALTH PROJECTS WHICH SERVE VULNERABLE POPULATIONS AND PROVIDE IMPORTANT COMMUNITY-BASED WORK EXPERIENCE BY PLACING PAIRS OF GRADUATE STUDENTS FROM MEDICINE, NURSING, PUBLIC HEALTH, SOCIAL WORK, AND PHARMACY ONSITE IN TWO LOCAL COMMUNITY-BASED ORGANIZATIONS FOR A SUMMER INTERNSHIP PROGRAM
CENTER FOR HEARING AND DEAF SERVICES1945 FIFTH AVENUE PITTSBURGH,PA 15219	25-0974324	501(C)(3)	70,000				"PITTSBURGH LANGUAGE ACCESS NETWORK" (PLAN) INCREASES ACCESS TO HEALTHCARE, HUMAN SERVICES AND SELF-SUFFICIENCY FOR FOREIGN BORN RESIDENTS WITH LIMITED ENGLISH PROFICIENCY THROUGH A COMMUNITY-BASED IN-PERSON LANGUAGE INTERPRETATION SERVICE WHICH IS AFFORDABLE, PROFESSIONAL AND DESIGNED TO BECOME SELF-SUSTAINING $60,000 WAS PAID IN FISCAL YEAR 2015 AND $10,000 WILL BE PAID IN FISCAL YEAR 2016

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

(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
CRIBS FOR KIDS5450 SECOND AVENUE PITTSBURGH,PA 15207	25-1442806	501(C)(3)	52,000				IMPLEMENT COMMUNITY OUTREACH AND INTERVENTION STRATEGIES, INCLUDING DISTRIBUTION OF PORTABLE CRIBS TO DECREASE THE RISK AND REDUCE THE NUMBER OF SLEEP RELATED DEATHS IN JEFFERSON HOSPITAL COMMUNITIES
DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH,PA 15282	25-1035663	501(C)(3)	177,000				PROVIDE CLAIRTON YOUTH WITH ASTHMA SCREENINGS, ASTHMA EDUCATION THROUGH COMMUNITY HEALTH FAIRS AND SUMMER CAMPS, AND A SCHOOL-BASED ASTHMA MANAGEMENT CLINIC IN PARTNERSHIP WITH LOCAL YOUTH PROVIDERS, THE CLAIRTON SCHOOL DISTRICT, DUQUESNE UNIVERSITY, DR DEBORAH GENTILE (AHN), AND THE AMERICAN LUNG ASSOCIATION $75,000 WAS PAID IN FISCAL YEAR 2015 AND $102,000 WILL BE PAID IN FISCAL YEAR 2016
JEFFERSON HOSPITAL565 COAL VALLEY ROAD JEFFERSON HILLS,PA 15025	25-1260215	501(C)(3)	125,000				SUPPORT JEFFERSON HOSPITAL'S PURCHASE OF A DEDICATED WHEELCHAIR-ACCESSIBLE AMBULANCE VAN FOR A PILOT PROGRAM WHICH WILL REDUCE WAIT TIMES, RISK AND CREATE EFFICIENCIES FOR PATIENTS DISCHARGED FROM THE EMERGENCY OR HOSPITAL ROOM WHO REQUIRE SPECIAL TRANSPORT THE FOUNDATION ALSO SPONSORED JEFFERSON HOSPITAL'S ANNUAL GALA AND GOLF OUTINGS IN SUPPORT OF HOSPITAL OPERATIONS

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

(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
JUNIOR ACHIEVEMENT OF WESTERN PENNSYLVANIA INCONE ALLEGHENY CENTER PITTSBURGH,PA 15212	25-0983059	501(C)(3)	12,000				RAISE KNOWLEDGE OF REFUGEE AND IMMIGRANT STUDENTS ATTENDING BALDWIN WHITEHALL SCHOOL DISTRICT ABOUT THE LOCAL LABOR MARKET THROUGH PARTICIPATION OF JOB SHADOWS WITH PITTSBURGH EMPLOYERS, AND INCREASE THEIR AWARENESS OF LOCAL POST-SECONDARY EDUCATIONAL OPPORTUNITIES BY OFFERING COLLEGE TOURS WHICH INCORPORATE LECTURES, TOURS, AND NETWORKING
LIFESPAN314 E 8TH AVENUE HOMESTEAD,PA 15120	23-7319621	501(C)(3)	85,260				INCREASE ACCESS TO FRESH PRODUCE FOR CLAIRTON AREA RESIDENTS THROUGH CONTINUED OPERATION OF A WEEKLY COMMUNITY FARM STAND THROUGH OCTOBER AND DEVELOP A PLAN FOR SUSTAINABILITY THE FOUNDATION ALSO SUPPORTS ESSENTIAL IMPROVEMENTS TO THE SENIOR SERVICES FACILITY WHICH PROVIDES VITAL PROGRAMMING FOR OLDER ADULTS IN CLAIRTON AND HOME-DELIVERED MEALS TO HOMEBOUND SENIORS IN THE SOUTH HILLS AREA
MELTING POT MINISTRIES 260 ATLANTA DRIVE PITTSBURGH,PA 15228	14-1942636	501(C)(3)	45,000				PROVIDE AN 11-MONTH QUALITY AFTER-SCHOOL AND SUMMER PROGRAM THAT ADDRESSES THE SOCIAL, EMOTIONAL, BEHAVIORAL, AND ACADEMIC CHALLENGES OF UNDERSERVED YOUTH ATTENDING SOUTH PARK, BETHEL PARK, AND BALDWIN-WHITEHALL SCHOOL DISTRICTS

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

(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
NURTURE PA2611 FAIRGREEN DRIVE PITTSBURGH,PA 15241	46-5279750	501(C)(3)	80,000				PILOT AN INNOVATIVE, COST-EFFICIENT PROGRAM TO TRANSFORM HOW PARENTS ACCESS INFORMATION AND PROMOTE THE HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT OF YOUNG CHILDREN BY LINKING VOLUNTEER MENTORS AND NEW PARENTS THROUGH CELL PHONE TEXT MESSAGING USING A NEW DEVELOPED SOFTWARE TOOL AND EVIDENCE-BASED INFORMATION $40,000 WAS PAID IN FISCAL YEAR 2015 AND $40,000 WILL BE PAID IN FISCAL YEAR 2016
PENNSYLVANIA HEALTH LAW PROJECT415 EAST OHIO STREET PITTSBURGH,PA 15212	23-2749089	501(C)(3)	50,000				INCREASE KNOWLEDGE, AWARENESS, AND INDEPENDENCE OF OLDER ADULTS LIVING IN THE JEFFERSON AREA WHO QUALIFY FOR BOTH MEDICARE AND MEDICAID BENEFITS BY CREATING AND PROVIDING TOOLS TO NAVIGATE THE HEALTH AND INSURANCE SYSTEMS AND OFFERING DIRECT ASSISTANCE TO REMOVE BARRIERS TO CARE
SISTERS PLACE INC418 MITCHELL AVENUE CLAIRTON,PA 15025	53-0196617	501(C)(3)	150,000				ASSIST HOMELESS SINGLE PARENTS AND THEIR CHILDREN TO HEAL, RECOVER, AND THRIVE BY GAINING SELF-SUFFICIENCY THROUGH HOLISTIC SUPPORTIVE SERVICES INCLUDING TRANSPORTATION, OUT OF SCHOOL PROGRAMS, AND BASIC RESOURCES $50,000 WAS PAID IN FISCAL YEAR 2015 AND $50,000 WILL BE PAID IN FISCAL YEARS 2016 AND 2017

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

(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
THE FORBES FUNDS5 PPG PLACE PITTSBURGH,PA 15222	25-1418095	501(C)(3)	25,000				BUILD THE CAPACITY OF LOCAL ORGANIZATIONS TO MORE EFFECTIVELY SERVE THE COMMUNITY THROUGH COACHING AND TRAINING OFFERED BY A HIGHLY EXPERIENCED FORMER NONPROFIT EXECUTIVE BASED AT THE FORBES FUNDS
THREE RIVERS MOTHERS' MILK BANK2164 POOR RICHARDS LANE PITTSBURGH,PA 15237	46-4221983	501(C)(3)	25,000				SUPPORT THE CREATION OF A SELF-SUSTAINING REGIONAL DONOR MILK BANK TO INCREASE THE QUALITY OF LIFE FOR BABIES AND THEIR FAMILIES, REDUCE HEALTH DISPARITIES AND REDUCE THE COSTS OF CARING FOR PREMATURE INFANTS
TJ ARTS220 ORCHARD CT JEFFERSON HILLS,PA 15025	27-0562359	501(C)(3)	12,000				INCREASE LOCAL OLDER ADULTS' CONFIDENCE, SOCIAL ENGAGEMENT, MENTAL HEALTH, AND OVERALL QUALITY OF LIFE THROUGH PARTICIPATION IN A CHORAL GROUP $6,000 WAS PAID IN FISCAL YEAR 2015 AND $6,000 WILL BE PAID IN FISCAL YEAR 2016

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

(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
TURTLE CREEK VALLEY MHMR INC723 BRADDOCK AVE BRADDOCK,PA 15104	25-1250510	501(C)(3)	42,000				INCREASE THE POSITIVE OPPORTUNITIES FOR WEST MIFFLIN MIDDLE SCHOOL STUDENTS THROUGH A NEW AFTER-SCHOOL PROGRAM TWO DAYS/WEEK WHICH FOCUSES ON PHYSICAL ACTIVITY, PREVENTION OF SUBSTANCE ABUSE, AND EDUCATIONAL ENHANCEMENT BUILDING ON AN EXISTING SCHOOL-BASED PARTNERSHIP
UNITED WAY OF ALLEGHENY COUNTY1250 PENN AVENUE PITTSBURGH,PA 15222	25-1043578	501(C)(3)	75,000				INCREASE THE NUMBER OF LOCAL INDIVIDUALS AND FAMILIES INSURED BY ACA ENROLLMENT THROUGH A MULTI-PRONG STRATEGY PUBLIC AWARENESS (COMMUNICATION PLAN), SCHEDULING AND SCREENING SUPPORT (USE OF PA 2-1-1 SOUTHWEST), AND ASSISTANCE OFFERED BY A DEDICATED ENROLLMENT NAVIGATOR
YOUTH OPPORTUNITIES DEVELOPMENT4045 VINCETON STREET 3RD FLOOR PITTSBURGH,PA 15214	45-5429765	501(C)(3)	75,000				PROVIDE PRO-SOCIAL OPPORTUNITIES FOR CLAIRTON YOUTH THROUGH A YOUTH LEADERSHIP PROGRAM WHICH INCLUDES LEADERSHIP DEVELOPMENT, COMMUNITY PROJECTS AND COMMUNITY ENGAGEMENT

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

(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
YOUTHPLACES711 WEST COMMONS PITTSBURGH,PA 15212	43-2068912	501(C)(3)	70,000				INCREASE WORKFORCE DEVELOPMENT SKILLS FOR AT-RISK, AFRICAN AMERICAN MALES AGES 16-24 THROUGH A SUMMER PROGRAM AND POSITIVE SUMMER ENGAGEMENT WITH THE COMMUNITIES OF CLAIRTON, DUQUESNE, AND MCKEESPORT INCREASE THE ACCESS OF UNDERSERVED YOUTH IN THE HIGH-RISK COMMUNITIES OF CLAIRTON, DUQUESNE AND MCKEESPORT AND ENRICH AFTERSCHOOL AND SUMMER PROGRAMMING, EVENTS AND ACTIVITIES THROUGH PURCHASE OF A SHARED VAN

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number
56-2420913

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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 of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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), 501(c)(4), and 501(c)(29) organizations 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		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**		

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

For each individual whose compensation must be reported 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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN J DEMPSTER, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	565,560	0	0	255,374	8,680	829,614	0
2 MARY PHAN-GRUBER, EXECUTIVE DIRECTOR/ASST TR	(i)	133,262	0	0	5,330	12,841	151,433	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	JOHN DEMPSTER PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN THROUGH JEFFERSON REGIONAL MEDICAL CENTER CONTRIBUTIONS FOR THE YEAR WERE $255,374

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number
56-2420913

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No

Total ▶ $			

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREGORY A HARBAUGH	BOARD DIRECTOR	180,997	MR HARBAUGH IS AN ATTORNEY AT HOUSTON HARBAUGH, P C PAYMENTS WERE MADE TO HOUSTON HARBAUGH, P C BY JEFFERSON REGIONAL MEDICAL CENTER ($113,339) AND JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION ($67,658) FOR LEGAL SERVICES PROVIDED THROUGHOUT THE YEAR		No
(2) JAMES G GRAHAM	CHAIRPERSON OF BOARD OF DIRECTORS	935,573	MR GRAHAM IS AN EXECUTIVE VICE PRESIDENT OF CORPORATE BANKING AT PNC, N A , WHICH PROVIDES BANKING AND FINANCIAL SERVICES PAYMENTS WERE MADE TO PNC, N A FOR BANKING, INVESTING AND DEBT ADVISORY SERVICES BY JEFFERSON REGIONAL MEDICAL CENTER ($893,761) AND PAYMENTS WERE MADE TO PNC, N A FOR BANKING AND INVESTING SERVICES BY JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION ($41,812) FOR A TOTAL OF $935,573		No
(3) AARON B BILLGER GREGORY M DEVINE	BOARD DIRECTORS	8,937,859	THESE INDIVIDUALS ARE EMPLOYED BY HIGHMARK INC HIGHMARK INC IS A SUBSIDIARY OF HIGHMARK HEALTH THAT PROVIDES HEALTH INSURANCE SERVICES IN THE WESTERN PENNSYLVANIA REGION AND IS THE HEALTH INSURER SELECTED BY JEFFERSON REGIONAL MEDICAL CENTER		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART III, LINE 2	DURING THIS FISCAL YEAR, JEFFERSON REGIONAL FOUNDATION COMPLETED ITS FIRST FULL YEAR OF GRANTMAKING AND HOSTED ITS FIRST NETWORKING AND LEARNING EVENT FOR THE COMMUNITY - SEE SCHEDULE O DESCRIPTION FOR PART III LINE 4 FOR FURTHER DETAILS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4	(1) DURING THIS FISCAL YEAR, JEFFERSON REGIONAL FOUNDATION COMPLETED ITS FIRST FULL YEAR O F GRANTMAKING, WITH THE BOARD APPROVING 27 NEW GRANT AWARDS (AND TWO SPONSORSHIPS) AT ITS DECEMBER 2014, MARCH 2015 AND JUNE 2015 MEETINGS BASED UPON RECOMMENDATIONS BY THE GRANTS COMMITTEE. THE TOTAL PAYOUT ON NEW GRANTS THIS FISCAL YEAR EXCEEDS $1 1 MILLION. THE GRANT S COMMITTEE FIRST MET OVER THE SUMMER OF 2014 AND DEVELOPED ITS COMMITTEE CHARTER, GRANT G UIDELINES, GRANT PRIORITIES, APPLICATION AND REPORTING FORMS AND GRANT PROCESS WHICH WERE ADOPTED AT THE BOARD'S SEPTEMBER 2014 MEETING. THE FOUNDATION HIRED A PROGRAM OFFICER TO H ELP IMPLEMENT OUR GRANTMAKING PROGRAM. THROUGHOUT THE YEAR, THE GRANTS COMMITTEE MET TWICE DURING EACH GRANT CYCLE TO REVIEW AND MAKE RECOMMENDATIONS ON PROPOSAL SUMMARIES PREPARED BY STAFF, DISCUSS REPORTS ON PROGRESS OF ACTIVE GRANTS AND DISCUSS BRIEFS DEVELOPED ON TH E GRANT PRIORITIES. IN ADDITION THE COMMITTEE CONDUCTED GRANTEE SITE VISITS, ENGAGED IN TR AINING AND CONTINUED TO DEVELOP POLICIES AND PROCEDURES FOR THE GRANTMAKING PROGRAM. THE C OMMITTEE REVIEWED THE DISTRIBUTION OF GRANTS BY PRIORITY AND GEOGRAPHY. THE FOUNDATION ALS O PURCHASED GRANTMAKING MANAGEMENT SOFTWARE WHICH INCLUDES AN ONLINE PORTAL FOR GRANTEES T O COMPLETE LETTERS OF INTENT, GRANT PROPOSALS AND PROGRESS REPORTS. (2) AS A SUPPORTING OR GANIZATION OF JEFFERSON HOSPITAL, THE JEFFERSON REGIONAL FOUNDATION MAINTAINS A STRONG REL ATIONSHIP WITH THE HOSPITAL THROUGH ACTIVITIES AND GRANTMAKING. DURING THIS FISCAL YEAR, T HE FOUNDATION APPROVED A NEW GRANT FOR A WHEELCHAIR VAN ($50,000), RELEASED SECOND YEAR FU NDING FOR A MULTI-YEAR GRANT AWARDED IN 2014 WHICH SUPPORTS A COMMUNITY HEALTH COACHING PA RTNERSHIP WITH COLLEGE STUDENTS (COMMUNITY CARE NETWORK), AND SERVED AS A PRESENTING SPONS OR FOR TWO JEFFERSON HOSPITAL-ALLEGHENY HEALTH NETWORK EVENTS, THE ANNUAL GALA ($50,000) A ND GOLF OUTING ($25,000). THE FOUNDATION HAS ARTICULATED A SET OF GUIDELINES FOR ITS RELAT IONSHIP WITH THE HOSPITAL, INCLUDING GRANTMAKING, WHICH HAS BEEN REVIEWED WITH THE HOSPITA L'S LEADERSHIP TEAM. THE JEFFERSON REGIONAL FOUNDATION ALSO ENGAGES WITH THE HOSPITAL IN M ANY NON-GRANT ACTIVITIES AND PROVIDES DOCUMENTATION IN A COMPREHENSIVE ANNUAL REPORT. IN N OVEMBER 2014, THE FOUNDATION ORGANIZED A GATHERING OF 16 LOCAL AGENCIES FOR A MEETING WITH THE LEADERSHIP TEAM OF THE HOSPITAL'S NEW WOMEN AND INFANTS CENTER AND TO ATTEND THE CENT ER'S OPEN HOUSE. DURING THE SPRING OF 2015, THE HOSPITAL'S DIRECTOR OF COMMUNITY OUTREACH SERVED ON THE FOUNDATION'S FORUM PLANNING COMMITTEE, AND ITS CHIEF MEDICAL OFFICER SERVED ON A PANEL OF KEY COMMUNITY LEADERS AT THE JEFFERSON FORUM (DESCRIBED BELOW) IN JUNE. THE FOUNDATION LEADERSHIP MEETS REGULARLY WITH HOSPITAL LEADERSHIP AND REVIEWS GRANT AND COMMU NITY ACTIVITIES AND OPPORTUNITIES FOR JOINT PROJECTS AND PRIORITIES. 3) IN JUNE 2015, THE JEFFERSON REGIONAL FOUNDATION HOSTED A DAY LONG NETWORKING AND LEARNING EVENT FOR THE JEFFE RSON COMMUNITY, WHICH ATTRACTED 240 PARTICIPANTS. THE JEFFERSON FORUM: COLLABORATING FOR A CHANGING COMMUNITY WAS HIGHLY RATED BY ALL PARTICIPANTS WHO REPRESENTED 130 DIFFERENT ORG ANIZATIONS, INCLUDING NONPROFIT PROVIDERS, LIBRARIES, CHURCHES, UNIVERSITIES, OTHER FOUNDA TIONS, GOVERNMENT AGENCIES AND EIGHT MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS. THE EVA LUATIONS INDICATED THAT THE FOUNDATION SHOULD CONTINUE TO HOST AN ANNUAL EVENT, AND ON AN ONGOING BASIS SERVE AS AN ACTIVE CONVENER AND CONNECTOR, AS WELL AS AN INFORMATION BANK OF LOCAL RESOURCES AND DATA. THE LOCAL HEALTH DEPARTMENT DIRECTOR SERVED AS THE KEYNOTE SPEA KER, AND THERE WAS A WEALTH OF INFORMATION AND INSIGHTS OFFERED BY OTHER SPEAKERS AND KEY LEADERS SERVING AS PANELISTS DISCUSSING LOCAL ISSUES SUCH AS SUBURBAN POVERTY, THE GROWING REFUGEE & IMMIGRANT COMMUNITY, AND OPPORTUNITIES FOR COLLABORATION. THE FORUM ALSO PROVID ED NETWORKING OPPORTUNITIES AS WELL AS STATIONS AT WHICH EACH PARTICIPANT POSTED THEIR VIS ION FOR THE COMMUNITY ALONG WITH IDENTIFY ING COMMUNITY ASSETS, ISSUES AND OPPORTUNITIES. T HE FOUNDATION BOARD SUPPORTS AN ANNUAL JEFFERSON FORUM AND CURRENT EFFORTS TO FOLLOW-UP WI TH ACTION TEAM FOCUSED ON HEALTHY CITIZENS, STRONG FAMILIES, AND THRIVING COMMUNITIES. 4) IN JANUARY 2015, THE FOUNDATION LAUNCHED ITS WEBSITE, WWW JEFFERSONRF ORG, WHICH IT USES A S A PRIMARY COMMUNICATION TOOL WITH POTENTIAL GRANTEES, COMMUNITY PARTNERS AS WELL AS THE BROADER PUBLIC. THE WEBSITE INCLUDES GRANT PRIORITIES, GUIDELINES, A MAP OF THE JEFFERSON SERVICE AREA AND A LINK TO THE PORTAL FOR POTENTIAL GRANTEES TO COMPLETE AN ONLINE LETTER OF INTENT. THE SITE INCLUDES A HISTORY OF THE FOUNDATION, LISTS AND PICTURES OF ITS BOARD OF DIRECTORS AND STAFF, FISCAL INFORMATION (MOST RECENT 990), AND ALL OF ITS GRANT AWARDS TO DATE. A RESOURCES AND NEWS SECTION INCLUDES GRANTSEEKING RESOURCES, LOCAL PARTNERS, COM MUNITY REPORTS, DATA, PRESENTATIONS FROM EVENTS SUCH AS THE JEFFERSON FORUM AND RELEVANT N EWS ARTICLES. CONTACT INFORMATION FOR ALL STAFF IS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4	ALSO AVAILABLE ON THE WEBSITE. 5) IN THE FALL OF 2015, THE FOUNDATION ALSO PRODUCED ITS F IRST REPORT TO THE COMMUNITY, TITLED OUR HEALTH BEGINS HERE. IT COVERS THE PERIOD FROM MAR CH 2013, WHEN THE FOUNDATION WAS CHARTERED TO BEGIN ITS COMMUNITY GRANTMAKING, THROUGH JUN E 30, 2015. THE 20 PAGE REPORT INCLUDES A DESCRIPTION OF OUR GRANT PRIORITIES, ACCOMPLISHM ENTS, AND GRANT AWARDS DURING THAT PERIOD. IT ALSO INCLUDES QUICK VIEWS OF COMMUNITY DATA THROUGHOUT THE REPORT. THE RESULTS OF THE JEFFERSON FORUM ARE ALSO REVEALED, WITH ASSETS A ND OPPORTUNITIES RELATED TO HEALTHY CITIZENS, STRONG FAMILIES AND THRIVING COMMUNITIES LIS TED. THE THEME OF THE REPORT IS "YOUR ZIP CODE MAY BE AS IMPORTANT AS YOUR GENETIC CODE AN D IT INCLUDES A MAP OF OUR TARGET COMMUNITIES. A PRINT VERSION OF THE REPORT WAS DISTRIBUT ED TO OVER 1500 COMMUNITY MEMBERS TO DATE, AND WILL CONTINUE TO SERVE AS AN IMPORTANT DOCU MENT TO HIGHLIGHT THE FOUNDATION'S MISSION AND WORK

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DIRECTORS AARON BILLGER, GREGORY DEVINE, EVAN FRAZIER, AND DANIEL ONORATO HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS OF THE ORGANIZATION WERE MOST RECENTLY AMENDED BY THE BOARD OF DIRECTORS AT ITS MEETING ON JUNE 16, 2015 THE PURPOSE OF THE AMENDMENTS WAS TO CREATE CONSISTENCY WITH OTHER CHANGES THE BOARD APPROVED, PRIMARILY THE ADOPTION OF A NEW CONFLICT OF INTEREST POLICY WHICH REFLECTS THE ORGANIZATION'S PRIMARY ROLE IN GRANTMAKING IN ADDITION, IN THE PURPOSE STATEMENT OF THE BYLAWS, THE WORD "WELL-BEING" WAS SUBSTITUTED FOR THE WORD "WELFARE", TO REFLECT AN EARLIER CHANGE TO THE ORGANIZATION'S MISSION STATEMENT CHANGES WERE MADE IN THE CONFLICT OF INTEREST SECTION TO MATCH THE DEFINITIONS IN A NEWLY ADOPTED CONFLICT OF INTEREST POLICY THESE CHANGES ADDED COMMITTEE MEMBERS TO THOSE COVERED BY THE POLICY, CLARIFIED THE DEFINITION OF RELATED PARTY, AND NOTED CONFLICT EXISTS WHEN THERE IS A SPECIFIC INTEREST OR RELATIONSHIP WITH ANOTHER HEALTH CARE PROVIDER OR INSURER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINAL VERSION OF THE 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW INFORMATION AND ITEMS CAN BE CLARIFIED AND CONFIRMED WITH EXECUTIVE MANAGEMENT AND OTHER MEMBERS OF THE BOARD CORRECTIONS AND CLARIFICATIONS ARE SUBMITTED OR SUGGESTED PRIOR TO THE FILING OF THE RETURN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PERIODIC REVIEWS ARE CONDUCTED AND MAY INCLUDE ASSISTANCE FROM OUTSIDE ADVISORS TO ENSURE JEFFERSON REGIONAL FOUNDATION IS OPERATING IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX EXEMPT STATUS A DISCLOSURE PROCEDURE OUTLINED IN THE CONFLICT OF INTEREST POLICY INCLUDES SUBMISSION OF THE ANNUAL DISCLOSURE STATEMENT AS WELL AS LETTERS, MEMOS OR OTHER DISCLOSURES TO THE BOARD THIS PROCEDURE IS MONITORED BY OTHER MEMBERS OF THE BOARD AS WELL AS LEGAL COUNSEL THE SCOPE OF COVERAGE FOR THE CONFLICT OF INTEREST POLICY IS DIRECTED TOWARDS "POTENTIALLY INTERESTED PARTIES" INCLUDING, BUT NOT LIMITED TO DIRECTORS, OFFICERS, KEY EMPLOYEES, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS, PERSONS WHO HAVE AUTHORITY TO ENTER INTO CONTRACTS OR AGREEMENTS, PERSONS WITH ACCESS TO RESTRICTED, SENSITIVE OR CONFIDENTIAL INFORMATION WHICH COULD BE VALUABLE TO NON-JEFFERSON REGIONAL FOUNDATION ENTITIES, AND PERSONS WITH A SIGNIFICANT FINANCIAL INTEREST OR INFLUENTIAL INTEREST JEFFERSON REGIONAL FOUNDATION PRESIDENT AND CHIEF OPERATING OFFICER, BY AUTHORITY OF THE BOARD, IS THE DESIGNATED ADMINISTRATOR FOR INTERPRETATION AND IMPLEMENTATION OF THIS POLICY AND ALL PROCEDURES RELATING TO IT FAILURE TO COMPLY WITH THIS POLICY MAY INCLUDE A DETERMINATION FOR THE POTENTIALLY INTERESTED PARTY TO SEVER ALL TIES WITH JEFFERSON REGIONAL FOUNDATION THE GOVERNANCE COMMITTEE IS IN PLACE AND IN ITS COMMITTEE CHARTER HAS ADDITIONAL OVERSIGHT TO DEVELOP AND UPDATE CONFLICT OF INTEREST AND ETHICAL GUIDELINES FOR THE BOARD, PROVIDE BOARD EDUCATION ON THESE MATTERS AND MAKE RECOMMENDATIONS REGARDING UPDATES OR IMPLEMENTATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD PROVIDES OVERSIGHT OF THE COMPENSATION PROCESS AS IT IS DESIGNATED TO SERVE AS PERSONNEL COMMITTEE. THE COMMITTEE IS LED IN PERSONNEL FUNCTIONS BY THE PRESIDENT OF THE FOUNDATION. AS PART OF ITS ENGAGEMENT WITH THE FOUNDATION, AN OUTSIDE CONSULTING FIRM, WHICH SPECIALIZES IN NONPROFIT TALENT MANAGEMENT, PROVIDED COMPARABLE COMPENSATION INFORMATION FOR THE FOUNDATION'S KEY COMPENSATED POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR AND PROGRAM OFFICER. TWO PRIMARY SOURCES WERE USED TO DEVELOP BENCHMARK INFORMATION. A GRANTMAKERS SALARY AND BENEFIT SURVEY COMPILED BY THE COUNCIL ON FOUNDATIONS AND A REGIONAL NONPROFIT SURVEY PUBLISHED BY THE UNITED WAY IN COLLABORATION WITH A LOCAL UNIVERSITY'S NONPROFIT MANAGEMENT PROGRAM. THIS INFORMATION PROVIDED DETAIL ON SALARY RANGES RELATIVE TO THE ASSET SIZE OF SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWED ALL OF THIS INFORMATION IN DETERMINING COMPENSATION, MADE ITS DETERMINATIONS AND FULLY REPORTED DIRECTLY ITS DELIBERATIONS AND ACTIONS TO THE BOARD. THE REVIEW AND APPROVAL PROCESS FOR THE DETERMINATION OF COMPENSATION IS DOCUMENTED VIA BOARD AND COMMITTEE MINUTES

Return Reference	Explanation
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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL MEDICAL CENTER FOUNDATION

Employer identification number
56-2420913

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) JEFFERSON REGIONAL MEDICAL CENTER P O BOX 18119 COAL VALLEY RD PITTSBURGH, PA 152360119 25-1260215	HOSPITAL	PA	501(C)(3)	3	ALLEGHENY HEALTH NETWORK		No

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation