

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck 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. CONTINUED ON SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed onthe 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 programservices? ☐ 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 \$ 2,227,000 including grants of \$ 2,227,000) (Revenue \$ 0)

See Additional Data

4b (Code:) (Expenses \$ 500,000 including grants of \$ 500,000) (Revenue \$ 0)

See Additional Data

4c (Code:) (Expenses \$ 56,200 including grants of \$ 56,200) (Revenue \$ 0)

See Additional Data

(Code:) (Expenses \$ 555,239 including grants of \$ 3,250) (Revenue \$ 0)

THE FOUNDATION BRINGS ADDITIONAL PERSPECTIVES AND CONNECTIONS FOR ITS WORK THROUGH ITS COMMUNITY ENGAGEMENT ACTIVITIES. THE JEFFERSON COLLABORATIVE WAS INITIATED IN THE FALL OF 2015 AND HAS CONTINUED TO EVOLVE WITH QUARTERLY MEETINGS WHICH HAVE GROWN TO AVERAGE 90 PARTICIPANTS, ONGOING ACTION TEAMS AND 96 ORGANIZATIONS WHO ARE FORMAL MEMBERS OF THIS NETWORK OF ORGANIZATIONS COMMITTED TO HEALTHY COMMUNITIES IN THE JEFFERSON AREA. A SEVENTEEN-MEMBER VISION COUNCIL MEETS QUARTERLY TO PROVIDE LEADERSHIP TO THE COLLABORATIVE AND HAS REPRESENTATION FROM KEY INSTITUTIONS AND DIVERSE STAKEHOLDERS INCLUDING THE SENIOR EXECUTIVE VICE-PRESIDENT OF JEFFERSON HOSPITAL. THE FOUNDATION AND COLLABORATIVE PUBLISH A JEFFERSON COMMUNITY DIRECTORY UTILIZED BY JEFFERSON HOSPITAL STAFF WHICH IS A RESOURCE GUIDE FOR KEY STAKEHOLDERS IN THE AREA AND IS NOW IN ITS THIRD PRINT EDITION AND AVAILABLE ON OUR WEBSITE. THE FOUNDATION STAFF INCLUDES A FULL-TIME COMMUNITY ENGAGEMENT MANAGER TO SUPPORT THE COLLABORATIVE AND OTHER COMMUNITY ACTIVITIES OF THE FOUNDATION. SIGNIFICANT ACCOMPLISHMENTS OF THE COLLABORATIVE DURING THIS PERIOD INCLUDE:- QUARTERLY MEETINGS PROGRAMS: COMMUNITY DATA/DRIVEN BY DATA PANEL, ACTIVATING CIVIC ENGAGEMENT & CENSUS 2020 TRAINING, SPEED NETWORKING, AND A HEALTH EQUITY PANEL - NEW CAPACITY BUILDING OPPORTUNITIES WERE DEVELOPED INCLUDING THE BURNING FOR LEARNING SERIES WHICH SERVED 160 PROFESSIONALS AND 99 ORGANIZATIONS (TOPICS INCLUDED: MENTORING, TRAUMA-INFORMED CARE, FACILITATION TRAINING, DATA 1010), EXECUTIVE HUDDLES AND FREE EXECUTIVE CONSULTS WITH EXPERTS- INCREASED MEDIA PRESENCE FEATURING THE COLLABORATIVE, CENSUS AND COVID IMPACTS THE COLLABORATIVE'S CURRENT FOCUS INCLUDES TWO KEY PRIORITY AREAS OF CIVIC ENGAGEMENT & COLLECTIVE ACTION: DIVERSITY, EQUITY, & RACIAL JUSTICE. A PARTNERSHIP WITH THE BAYER CENTER FOR NONPROFIT MANAGEMENT OF ROBERT MORRIS UNIVERSITY WILL CONTINUE TO OFFER SEVERAL CUSTOMIZED CAPACITY-BUILDING OPPORTUNITIES, INCLUDING FOR EXECUTIVE LEVEL STAFF. THE COLLABORATIVE ALSO FOCUSES ON THE INCORPORATION OF DATA AND RESEARCH TO INFORM DECISION-MAKING, COLLECTIVE ACTION, AND DEVELOP TARGETED OUTCOMES. JEFFERSON COUNTS 2020 CENSUS OUTREACH:-BEGINNING IN THE SPRING OF 2019, THE JEFFERSON REGIONAL FOUNDATION AND THE JEFFERSON COLLABORATIVE PARTNERED WITH A COUNTY-WIDE EFFORT AND THE CENSUS BUREAU TO BUILD LOCAL PARTICIPATION IN THE 2020 CENSUS AS A MAJOR CIVIC ENGAGEMENT STRATEGY. OUR LOCAL EFFORTS INCLUDED: A THREE-PHASE PLAN IMPLEMENTED BY A DIVERSE LOCAL CENSUS LEADERSHIP ADVISORY TEAM, A FULL-TIME FELLOW TO SUPPORT THE TEAM'S OUTREACH AND TRAINING EFFORTS, THE ENGAGEMENT OF OVER 70 LOCAL ORGANIZATIONS IN CENSUS OUTREACH AND MINI-GRANTS AWARDED TO LOCAL ORGANIZATIONS TO FOCUS CENSUS OUTREACH ON TRADITIONALLY UNDERCOUNTED COMMUNITIES. THIS EFFORT RESULTED IN THE STRONGER ENGAGEMENT OF NEW PARTNERS INCLUDING SCHOOL SUPERINTENDENTS, LOCAL MUNICIPAL OFFICIALS, CLERGY AND LOCAL CHAMBERS. COVID-19 IMPACTS:-LIKE ALL ORGANIZATIONS, THE FOUNDATION'S WORK HAS SHIFTED IN MANY WAYS IN RESPONSE TO THE COVID-19 PANDEMIC AND ITS TREMENDOUS IMPACTS ON OUR COMMUNITIES AND NONPROFITS. - GRANTEES WERE OFFERED FLEXIBILITY IN REPORTING, USE OF GRANT FUNDS AND TECHNICAL ASSISTANCE TO SUPPORT THEIR ADJUSTMENTS TO MEET URGENT AND EMERGING NEEDS WHILE STILL ALIGNING WITH THE FOUNDATION'S MISSION AND PRIORITIES. - OUR 2020 WEEKLONG AROUND THE TABLE CONVERSATIONS WERE SLATED TO LAUNCH ON MARCH 18, 2020 WITH AN ANTICIPATED 1000 LOCAL RESIDENTS MEETING FOR DISCUSSION OVER MEALS. THE EVENT, WHICH WAS REPEATING A VERY SUCCESSFUL 2018 PILOT, WAS CANCELLED. SIXTY HOSTS WERE ALREADY TRAINED IN FACILITATION IN LATE FEBRUARY AND EQUIPPED WITH SUPPLIES, AND THE FOUNDATION WAS PARTNERING WITH LEADERSHIP PITTSBURGH FOR REGIONAL CONVERSATIONS. - OUR 6TH JEFFERSON FORUM, SCHEDULED FOR MAY, WAS ANTICIPATED TO AGAIN ATTRACT A CAPACITY CROWD OF NEARLY 300. AS NOTED BELOW, WE SHIFTED TO A VIRTUAL FORUM WHICH WAS EXTREMELY WELL-RECEIVED AND RATED THE RECORDINGS AND HANDOUTS ARE ON OUR WEBSITE. - THE FOUNDATION HOSTED AN EARLY WEBINAR ON COVID FOR OUR COLLABORATIVE WITH KEY LOCAL EXPERTS AND INITIATED A SERIES OF GROUP AND INDIVIDUAL CONSULTS FOR NONPROFITS EXECUTIVES FACING MYRIAD CHALLENGES. JEFFERSON SPRING VIRTUAL FORUM: (HIGHLIGHTING THE POWER & RESILIENCE OF THE NONPROFIT SECTOR) SINCE THE 6TH ANNUAL JEFFERSON FORUM SCHEDULED FOR MAY 2020 WAS CANCELLED DUE TO COVID-19 RESTRICTIONS, THE FOUNDATION INSTEAD OFFERED A VIRTUAL FORUM WHICH ATTRACTED 155 PARTICIPANTS WHO REPRESENTED 85 ORGANIZATIONS. THE FORUM WAS DELIVERED OVER THREE WEEKS THROUGH FOUR WORKSHOPS WITH GUEST EXPERTS TAILORED TO THE NEEDS OF OUR NONPROFIT ORGANIZATIONS DURING THE PANDEMIC. THESE SESSIONS INCLUDED: SELF-CARE DURING SOCIAL DISTANCING, NEW APPLICATIONS OF TECHNOLOGY, ADVOCACY AND CIVIC ENGAGEMENT AND RESILIENT FUNDRAISING. EARLY IN THE SHUTDOWN, THE FOUNDATION AND COLLABORATIVE ALSO HOSTED A COVID WEBINAR WITH KEY ALLEGHENY COUNTY PARTNERS FROM THE DEPARTMENTS OF HEALTH AND HUMAN SERVICES AND NONPROFIT CONSULTANTS WHICH WAS ATTENDED BY 70+ FOLKS AND RECORDED FOR CONTINUED USE.

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

(Expenses \$ 555,239 including grants of \$ 3,250) (Revenue \$ 0)

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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 6				
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		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		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a		
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? <i>If "No," provide an explanation in Schedule O</i>			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 7220, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

Part VI

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

Check if Schedule O contains a response 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	19	
	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	18	
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		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?		

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-A 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:
CHARLES R MODISPACHER PRESIDENT 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) MARY PHAN-GRUBER CEO/ASST. TREASURER	40.00			X				163,280	0	25,654
(2) CHARLES R MODISPACHER PRESIDENT	20.00	X		X				50,000	0	0
(3) JAMES G GRAHAM CHAIR	2.00	X		X				0	0	0
(4) RICHARD W TALARICO FIRST VICE CHAIR	2.00	X		X				0	0	0
(5) JOHN R ECHEMENT 2ND VICE CHAIR	2.00	X		X				0	0	0
(6) EDWARD R MARASCO SECRETARY	2.00	X		X				0	0	0
(7) J WILLIAM RICHARDSON TREASURER (UNTIL 02/2020)	2.00	X		X				0	0	0
(8) GARY W DESCHAMPS DIRECTOR	1.00	X						0	0	0
(9) GARY L EVANS FINANCE COMMITTEE CHAIR	2.00	X						0	0	0
(10) MATTHEW P VIRGIN DIRECTOR	1.00	X						0	0	0
(11) RICHARD F COLLINS MD DIRECTOR	1.00	X						0	0	0
(12) JOHN J DEMPSTER DIRECTOR	1.00	X						0	0	0
(13) HARRY J SICHU DIRECTOR	1.00	X						0	0	0
(14) KAREN A EVANS DIRECTOR	1.00	X						0	0	0
(15) GREGORY A HARBAUGH DIRECTOR	1.00	X						0	0	0
(16) AARON B BILLGER DIRECTOR	1.00	X						0	0	0
(17) GREGORY M DEVINE DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) EVAN S FRAZIER DIRECTOR	1.00	X						0	0	0
(19) MARK P GANNON MD DIRECTOR	1.00	X						0	0	0
(20) DANIEL A ONORATO DIRECTOR	1.00	X						0	0	0
(21) FRANCES SMITH ROHRICH DIRECTOR	1.00	X						0	0	0
(22) KEVIN D LANGHOLZ DIRECTOR (UNTIL 03/2020)	1.00	X						0	0	0

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	213,280	0	25,654

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII ☐							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	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:\$	1g					
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f. ▶						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,997,700			1,997,700
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties ▶							
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss) ▶							
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss) ▶			4,291,572			4,291,572	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			6,289,272	0	0	6,289,272	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,786,450	2,786,450		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	238,512	182,563	55,949	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	200,738	153,650	47,088	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,004	5,361	1,643	
9 Other employee benefits	45,965	35,182	10,783	
10 Payroll taxes	29,710	22,741	6,969	
11 Fees for services (non-employees):				
a Management				
b Legal	22,960	11,480	11,480	
c Accounting	29,492	14,746	14,746	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	316,211		316,211	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	28,608	14,304	14,304	
12 Advertising and promotion				
13 Office expenses	6,579	4,737	1,842	
14 Information technology	28,114	20,242	7,872	
15 Royalties				
16 Occupancy	30,528	21,980	8,548	
17 Travel	1,830	1,318	512	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,807	9,221	3,586	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,711		19,711	
23 Insurance	7,537	5,427	2,110	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM INITIATIVES	31,512	31,512		
b DUES & MEMBERSHIPS	13,869	9,986	3,883	
c BOARD & STAFF DEVEL.	5,604	4,035	1,569	
d REPAIRS & MAINTENANCE	3,458	2,490	968	
e All other expenses	2,126	1,014	1,112	
25 Total functional expenses. Add lines 1 through 24e	3,869,325	3,338,439	530,886	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	173,352	2	134,037
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,483	9	54,103
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 122,049		
	b Less: accumulated depreciation	10b 88,601	10c 33,448	
	11 Investments—publicly traded securities	95,578,341	11	96,270,186
	12 Investments—other securities. See Part IV, line 11	5,810,353	12	5,244,989
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	101,615,699	16	101,736,763	
Liabilities	17 Accounts payable and accrued expenses	105,735	17	108,084
	18 Grants payable	845,000	18	1,075,000
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	950,735	26	1,183,084
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	100,664,964	27	100,553,679
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	100,664,964	32	100,553,679	
33 Total liabilities and net assets/fund balances	101,615,699	33	101,736,763	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,289,272
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,869,325
3	Revenue less expenses. Subtract line 2 from line 1	3	2,419,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,664,964
5	Net unrealized gains (losses) on investments	5	-2,531,232
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,553,679

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEEDS TO STRENGTHEN VULNERABLE POPULATIONS AND COMMUNITIES, INCREASE HEALTH ACCESS AND PREVENTION, AND IMPROVE CHILD AND FAMILY OUTCOMES, THE JEFFERSON REGIONAL FOUNDATION AWARDED 26 NEW GRANTS WITH AN AVERAGE GRANT AMOUNT OF \$85,600. AN INNOVATIVE NEW TECH PLATFORM OF FOOTBRIDGE FOR FAMILIES (\$60,000) QUICKLY MEETS SHORT-TERM FINANCIAL CRISES OF FAMILIES IDENTIFIED BY HEALTHCARE PROVIDERS, PASTORS, AND OTHER TRUSTED SOURCES WHILE VISION TO LEARN (\$60,000) PROVIDES ONSITE VISION EXAMS AND FREE GLASSES TO SCHOOL STUDENTS. CONTINUED ON SCHEDULE O.THE CLAIRTON CARES PROJECT OF ECONOMIC DEVELOPMENT SOUTH (\$74,000) IS DEVELOPING A SUSTAINABLE LONG-TERM STRUCTURE AS IT HAS BECOME AN ESSENTIAL HUMAN SERVICES INFORMATION AND RESOURCE CENTER FOR A HIGH-NEED COMMUNITY. ASSESSMENT AND EVALUATION PROJECTS WILL DETERMINE THE NEEDS OF THE LATINO COMMUNITY (ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES (\$15,000) AND THE IMPACT OF A SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM (JEFFERSON HOSPITAL \$50,000) AND A VAPING DIVERSION PROGRAM (BREATHE PA \$35,000). A NUMBER OF PROJECTS WILL SUPPORT IMPROVED ECONOMIC AND WORKFORCE OPPORTUNITIES FOR FAMILIES IN OUR AREA INCLUDING RENOVATION OF OUTDATED HEALTH TECHNICIAN TRAINING LABS (COMMUNITY COLLEGE OF ALLEGHENY COUNTY \$200,000), A COMPREHENSIVE WORKFORCE PROGRAM (MON VALLEY INITIATIVE FOR \$85,000), THE EXPANSION OF CAREER PATHWAYS LINKED TO LITERACY PROGRAMS (LITERACY PITTSBURGH AT \$80,000) AND THE DEVELOPMENT OF A WORKFORCE COLLECTIVE IMPACT MODEL FOR THE AREA (JEWISH FAMILY AND COMMUNITY SERVICES OF PITTSBURGH (\$120,000 OVER TWO YEARS). SEVERAL KEY ORGANIZATIONS IN THE AREA ARE BEING SUPPORTED TO IMPROVE FACILITIES WHICH PROVIDE ESSENTIAL SERVICES; \$250,000 TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK TO IMPROVE HEALTHY FOOD DISTRIBUTION, \$200,000 TO SOUTH HILLS INTERFAITH MOVEMENT TO COMPREHENSIVELY ADDRESS SUBURBAN POVERTY, \$250,000 TO THE CARNEGIE LIBRARY OF HOMESTEAD TO IMPROVE ACCESS AND YOUTH PROGRAMS, \$180,000 TO THE BLESSING BOARD FOR DISTRIBUTION OF FURNITURE AND HOME GOODS AND \$55,000 TO SISTERS PLACE FOR RELOCATION OF A SERVICE BASE FOR HOMELESS SINGLE PARENT FAMILIES.

Form 990, Part III, Line 4b:

IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO ADDRESS THE COVID-19 PANDEMIC, THE JEFFERSON REGIONAL FOUNDATION AWARDED \$500,000 IN EMERGENCY RESPONSE GRANTS TO 18 ORGANIZATIONS PROVIDING SERVICES IN THE JEFFERSON AREA DURING APRIL AND MAY OF 2020. THE SIMPLIFIED PROCESS ASSURED FIT TO THE MISSION BUT QUICKLY PROVIDED ACCESS TO AWARDS AVERAGING NEARLY \$28,000 BUT RANGING FROM \$5,500 TO \$35,000. SEVERAL ORGANIZATIONS REQUIRED SUPPORT TO PURCHASE ESSENTIAL PROTECTIVE SAFETY SUPPLIES OR TECHNOLOGY EQUIPMENT, TRAINING AND SOFTWARE TO SHIFT TO VIRTUAL SERVICES SUCH AS TELEHEALTH OR VETERAN OUTREACH. CONTINUED ON SCHEDULE O. OTHER EMERGENCY NEEDS WHICH EMERGED IN THE COMMUNITY ALSO INCLUDED NEW WAYS TO DELIVER FOOD, CRIBS, DIAPERS AND BABY SUPPLIES, FINANCIAL EDUCATION AND MORTGAGE COUNSELING, LIVE YOUTH TUTORING, PROMOTE BLOOD DONATIONS AND ACCESS TO NEIGHBORHOOD GREEN SPACES. ALL THE ORGANIZATIONS WERE ABLE TO PROMPTLY AND CREATIVELY IMPLEMENT THEIR EMERGENCY PLANS AND SERVICES TO MEET SHIFTING COMMUNITY NEEDS.

Form 990, Part III, Line 4c:

IN SUPPORT OF THE RECOGNIZED COMMUNITY HEALTH NEED TO ENCOURAGE FULL PARTICIPATION IN THE 2020 CENSUS FOR FAIR AND ESSENTIAL LOCAL HEALTHCARE, WORKFORCE, EDUCATION AND COMMUNITY RESOURCES FOR THE COMING DECADE, THE JEFFERSON REGIONAL FOUNDATION AWARDED \$56,200 IN MINIGRANTS TO TEN TRUSTED LOCAL ORGANIZATIONS. THE AWARDS AVERAGE \$5,620 AND RANGED IN SIZE FROM \$1200 TO \$10,000. THE AWARD APPLICATIONS WERE VETTED AND RECOMMENDED BY A CENSUS LEADERSHIP ADVISORY COUNCIL OF THE JEFFERSON COLLABORATIVE. THE GRANTEE ORGANIZATIONS DEVELOPED INNOVATIVE APPROACHES TO EDUCATE AND ENGAGE LOCAL RESIDENTS FOR CENSUS 2020 PARTICIPATION FOR COMMUNITIES AND POPULATIONS IDENTIFIED AT HIGH RISK OF UNDERCOUNT. CONTINUED ON SCHEDULE O.EACH OF THE ORGANIZATIONS ALSO DEVELOPED STAFF TRAINING AND PARTICIPATED IN MONTHLY LEARNING EVENTS TO RECEIVE INFORMATION UPDATES FROM THE CENSUS BUREAU AND OTHER PARTNERS, UPDATED LOCAL CENSUS RATE DATA, AND SHARED CREATIVE IDEAS. THE ORGANIZATIONS INCLUDED NEW (SUCH AS LINCOLN BOROUGH) AND EXISTING PARTNERS (SUCH AS JEFFERSON HOSPITAL) AND ALL ADAPTED FROM AN INITIAL FOCUS ON LIVE OUTREACH EVENTS TO CREATIVE ENGAGEMENT STRATEGIES DURING THE PANDEMIC.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL FOUNDATION

Employer identification number
56-2420913

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) JEFFERSON HOSPITAL	251260215	3	Yes		0	0
Total	1				0	0

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
6		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV Supporting Organizations (continued)		
	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		No
b A family member of a person described in (a) above?		No
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.		No
11c		No

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		
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1	Yes	
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	Yes	
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	Yes	

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)	
2 Activities Test. Answer (a) and (b) below.		
	Yes	No
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	Yes	
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	Yes	
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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION D, LINE 3:	THE FOUNDATION'S BOARD INCLUDES FIVE DIRECTORS WHO HAVE BEEN APPOINTED BY THE BOARD OF JEFFERSON HOSPITAL AND THE ALLEGHENY HEALTH NETWORK. THESE JEFFERSON HOSPITAL-APPOINTED DIRECTORS SERVE AS VOTING MEMBERS ON ALL OF THE FOUNDATION'S COMMITTEES, INCLUDING THE EXECUTIVE, GOVERNANCE, GRANTS AND FINANCE COMMITTEES. AS SUCH THESE JEFFERSON HOSPITAL-APPOINTED DIRECTORS EXERCISE A SIGNIFICANT VOICE IN DETERMINING THE FOUNDATION'S INVESTMENT POLICY, GRANTMAKING GUIDELINES AND AWARDS, AND ALSO PROVIDE FINANCIAL OVERSIGHT. IN ADDITION, THE FOUNDATION ENGAGES IN CONTINUAL COMMUNICATION WITH JEFFERSON HOSPITAL MANAGEMENT, INCLUDING THE CEO OF JEFFERSON HOSPITAL WHO IS REGULARLY INVITED TO THE FOUNDATION'S BOARD MEETINGS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 2A:	THE FOUNDATION SUPPORTS THE MISSION OF JEFFERSON HOSPITAL, PART OF THE ALLEGHENY HEALTH NETWORK, WHOSE EXEMPT PURPOSE INCLUDES IMPROVING THE HEALTH AND WELL-BEING OF THE INDIVIDUALS IN ITS SERVICE AREA, AND THIS PURPOSE IS SUBSTANTIALLY LIKE THE FOUNDATION'S MISSION. THE FOUNDATION'S ACTIVITIES DIRECTLY FURTHER JEFFERSON HOSPITAL'S EXEMPT PURPOSE BY FOCUSING ON PROGRAMS THAT SUPPORT IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL, AND BUT FOR THE FOUNDATION'S ACTIONS JEFFERSON HOSPITAL WOULD BE REQUIRED TO PROVIDE THIS SUPPORT TO ADDRESS ITS COMMUNITY HEALTH NEEDS. THE FOUNDATION ENSURES THAT IT IS RESPONSIVE TO JEFFERSON HOSPITAL BY REMAINING IN CONTINUAL COMMUNICATION WITH JEFFERSON HOSPITAL MANAGEMENT, INCLUDING THE CEO OF JEFFERSON HOSPITAL WHO IS REGULARLY INVITED TO THE FOUNDATION'S BOARD MEETING, THROUGH PARTICIPATION IN JEFFERSON HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, AND (AS NOTED IN PART IV, SECTION D) WITH THE GUIDANCE OF BOARD MEMBERS SELECTED BY HIGHMARK/ALLEGHENY HEALTH NETWORK. THE FOUNDATION ENSURES THAT ITS DIRECT FURTHERANCE ACTIVITIES CONSTITUTE SUBSTANTIALLY ALL OF ITS ACTIVITIES BECAUSE EVERY GRANT IT CONSIDERS IS REVIEWED BY A GRANTS COMMITTEE WHOSE INTERNAL GUIDELINES REQUIRE IT TO CONSIDER HOW THE GRANTS CONSIDERED ALIGN WITH BOTH THE HOSPITAL'S AND THE FOUNDATION'S MISSIONS. GRANTS THAT DO NOT MEET THIS ALIGNMENT ARE GENERALLY REJECTED.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 2B:	PURSUANT TO SECTION 501(R) OF THE INTERNAL REVENUE CODE, JEFFERSON HOSPITAL, AS A REQUIREMENT FOR MAINTAINING ITS TAX EXEMPT STATUS, MUST DEMONSTRATE THAT IT IS ADEQUATELY ADDRESSING THE HEALTH NEEDS OF THE LOCAL COMMUNITIES IN ITS SERVICE AREA. AS PART OF THIS REQUIREMENT, JEFFERSON HOSPITAL IS REQUIRED TO ENGAGE IN A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND DEVOTE RESOURCES TO PROJECTS THAT WILL AMELIORATE THE CONCERNS RAISED BY THE CHNA. BY PARTICIPATING IN THE CHNA PROCESS, ENSURING THAT THE FOUNDATION'S PRIORITIES CONTINUE TO ALIGN WITH THOSE OF JEFFERSON HOSPITAL, AND MAINTAINING CONTINUOUS COMMUNICATIONS WITH JEFFERSON HOSPITAL'S MANAGEMENT AND STAKEHOLDERS, THE FOUNDATION ENSURES THAT IT IS WELL VERSED IN THE PRIORITIES JEFFERSON HOSPITAL WISHES TO ADDRESS. THE FOUNDATION CAN THEN LEVERAGE ITS COMMUNITY CONNECTIONS TO HELP IDENTIFY AND PROMOTE ACTIVITIES THAT WILL ADVANCE THE GOALS OF JEFFERSON HOSPITAL AS DOCUMENTED IN THE CHNA, WHILE ALSO PROVIDING THE FINANCIAL RESOURCES THAT JEFFERSON HOSPITAL LACKS TO IMPLEMENT, MONITOR, AND OBJECTIVELY EVALUATE THESE PROGRAMS. JEFFERSON HOSPITAL HAS ACKNOWLEDGED THE FOUNDATION'S EFFORTS BY INCLUDING SEVERAL JEFFERSON REGIONAL FOUNDATION PROJECTS IN ITS IMPLEMENTATION PLAN FOR ITS CHNA. THE MOST RECENT JEFFERSON HOSPITAL/AHN CHNA, WITH IMPLEMENTATION BEGINNING IN 2019, DEMONSTRATES THE CONTINUED ALIGNMENT OF THE FOUNDATION'S MISSION AND PRIORITIES. SEVERAL FOUNDATION GRANTS AND INITIATIVES ARE INCLUDED AS PART OF THE CHNA IMPLEMENTATION PLAN. THESE INCLUDE MENTAL HEALTH OUTREACH, MEDICALLY TAILORED FOOD BOX, AND THE FRONT DOOR INITIATIVE. MANY OTHER INITIATIVES SUPPORT THESE CHNA GOAL AREAS, A FEW ARE ALSO DETAILED BELOW. FOR EXAMPLE, THE JEFFERSON HOSPITAL CHNA INCLUDES BEHAVIORAL HEALTH AS A MAJOR AREA OF FOCUS AND A PARTICULAR STRATEGY TO MEASURE OUTREACH OF THE MENTAL HEALTH FIRST AID (MHFA) PROGRAM IN THE AREA. JEFFERSON HOSPITAL'S COMMITMENT TO EXPAND BEHAVIORAL HEALTH SERVICES TO ADOLESCENTS AND ADULTS HAS BEEN SUPPORTED WITH A MULTI-YEAR FOUNDATION GRANT AWARDED IN DECEMBER 2016 (\$180,000) TO BUILD THE UNIT'S STAFFING CAPACITY FOR COMMUNITY EDUCATION, OUTREACH AND PARTNERSHIPS WHICH WOULD STRENGTHEN PREVENTION AND REFERRALS. THE OUTREACH ROLE INCLUDES COORDINATING AN EVIDENCE-BASED TRAINING PROGRAM CALLED MHFA WHICH HAS SUCCESSFULLY TRAINED NEARLY 1000 COMMUNITY RESIDENTS, AND HOSPITAL AND COMMUNITY-BASED PROFESSIONALS IN THE JEFFERSON AREA OVER SEVERAL YEARS WITH THE TARGETED SUPPORT OF THE FOUNDATION AND ITS NETWORK OF ORGANIZATIONS IN THE JEFFERSON COLLABORATIVE. THE FOUNDATION'S EARLY SUPPORT OF BEHAVIORAL HEALTH EXPANSION HAS MORE RECENTLY LED TO THE DEVELOPMENT AND EXPANSION OF A HIGHLY SUCCESSFUL SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM (CHILL) BASED ON A MINDFULNESS CURRICULUM. THE FOUNDATION HAS ALSO PROVIDED AN ADDITIONAL GRANT FOR PROFESSIONAL EVALUATION OF CHILL TO FURTHER ESTABLISH ITS EFFICACY, VALUE, AND IMPACT. THE JEFFERSON HOSPITAL CHNA HAS A MAJOR FOCUS ON CHRONIC DISEASE

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 2B:	. THE FOUNDATION SUPPORTS A PEER-LED COMMUNITY EDUCATION PROGRAM CALLED BETTER HEALTH, BETTER CHOICES TARGETED TO PEOPLE WITH CHRONIC DISEASES. THIS EVIDENCE-BASED PROGRAM DEVELOPED BY STANFORD UNIVERSITY AND EVALUATED LOCALLY BY THE UNIVERSITY OF PITTSBURGH, IS MANAGED IN THE REGION BY VINTAGE, A SENIOR SERVICES AGENCY. THIS PROGRAM HAS BEEN OFFERED AT CHURCHES, LIBRARIES AND THROUGH THE HOSPITAL AND IS EFFECTIVE IN HELPING PATIENTS MANAGE SYMPTOMS, ENGAGE MORE EFFECTIVELY WITH THEIR HEALTH CAREGIVERS, AND IMPROVE THEIR QUALITY OF LIFE. THE JEFFERSON HOSPITAL CHNA WISELY INCLUDES ACCESS TO CARE. SINCE 2018, THE FOUNDATION'S GRANT AWARD TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK HAS PILOTED THE DISTRIBUTION OF MEDICALLY TAILORED FOOD BOXES TO FOOD INSECURE PATIENTS AT JEFFERSON HOSPITAL HEALTH CENTER AS A NEW TOOL FOR PATIENT RECOVERY AND IMPROVED HEALTH STABILITY. THIS WORK HAS SUPPORTED JEFFERSON/AHN'S PRIORITY AND COMPLEMENTS THE OPENING/ OPERATION OF A HEALTHY FOOD CENTER ON-SITE AT JEFFERSON IN 2020. A MAJOR EXAMPLE IS A GOAL RELATED TO THE COST OF CARE THROUGH ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH. THE FRONT DOOR INITIATIVE IS A \$1 MILLION MULTI-YEAR GRANT, THE LARGEST TO DATE AWARDED TO DATE BY THE FOUNDATION, TO JEFFERSON HOSPITAL OF ALLEGHENY HEALTH NETWORK IN 2018. IT SUPPORTS THE DEVELOPMENT OF A MODEL OF EXCELLENCE IN ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH IN ITS EMERGENCY DEPARTMENT, WHICH HAS BEEN IN THE PROCESS OF AN EXTENSIVE FACILITY EXPANSION. THIS PROJECT IS DESIGNED TO REDUCE READMISSION RATES AND INCREASE COMMUNITY REFERRALS AND QUALITY OF LIFE THROUGH DATA, TRAININGS, AND THE DEVELOPMENT OF PROMISING PROGRAMS AND THE ENGAGEMENT OF COMMUNITY PARTNERS. STAFFING IS IN PLACE, ALONG WITH A SCREENING AND REFERRAL PROGRAM, STAFF TRAINING AND A PEDIATRIC NURSE CERTIFICATION PROGRAM. THE FOUNDATION HAS BEEN A STRONG PARTNER IN THIS PROJECT AND CONTINUES TO BE REPRESENTED ON AN ADVISORY TEAM. IN ADDITION TO ALIGNMENT WITH THE CHNA, THE FOUNDATION'S RELATIONSHIP WITH JEFFERSON HOSPITAL INCLUDES MANY OTHER OPPORTUNITIES FOR EXTENDING OUR JOINT MISSIONS. A RECENT AHN/HIGHMARK HEALTH MAGAZINE ARTICLE DETAILED THE CREATION OF AN EMPLOYEE CAREGIVER SUPPORT GROUP AT JEFFERSON HOSPITAL WHICH EMERGED FROM THE HOSPITAL'S PARTICIPATION IN A COMMUNITY-WIDE CONVERSATION INITIATIVE IN 2018 (THE HOSPITAL WAS AGAIN SLATED TO SERVE AS A "SUPERHOST" IN THE MARCH 2020 VERSION WHICH WAS CANCELLED DUE TO COVID). JEFFERSON HOSPITAL WAS ONE OF THE JEFFERSON COUNTS 2020 CENSUS CHAMPIONS IN AN INITIATIVE HOSTED BY THE JEFFERSON REGIONAL FOUNDATION AND JEFFERSON COLLABORATIVE. THE HOSPITAL ENGAGED ALL OF ITS EMPLOYEES IN CENSUS EDUCATION THROUGH POPULAR DEPARTMENT COMPETITIONS AND RECEIVED EXTENSIVE NEWS COVERAGE FOR ITS PICTURES OF MATERNITY INFANTS WEARING I COUNT ONESIES IN MARCH 2020 AS APRIL 1 CENSUS DAY APPROACHED (SUPPORTED BY A FOUNDATION MINIGRANTS). JEFFERSON HOSPITAL STAFF ATTENDED A FOUNDATION FORUM WORKSHOP ON CULTURAL HUMILITY IN 2

990 Schedule A, Supplemental Information	
Return Reference	Explanation
PART IV, SECTION E, LINE 2B:	019 WHICH SUBSEQUENTLY WAS PILOTED AT THE HOSPITAL AND THEN EXPANDED AS TRAINING FOR THE ENTIRE HOSPITAL NETWORK IN 2020.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493020012051

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL FOUNDATION

Employer identification number
56-2420913

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 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" on 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 on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

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

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) OTHER INVESTMENTS	1,292,887	F
(B) ALTERNATIVE INVESTMENTS	3,952,102	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,244,989	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,441,829
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,531,232
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-316,211
e	Add lines 2a through 2d	2e	-2,847,443
3	Subtract line 2e from line 1	3	6,289,272
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,289,272

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

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

1	Total expenses and losses per audited financial statements	1	3,553,114
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,553,114
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	316,211
c	Add lines 4a and 4b	4c	316,211
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,869,325

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON F/S -316,211.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON F/S 316,211.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

JEFFERSON REGIONAL FOUNDATION

Employer identification number

56-2420913

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 REQUIRED TO INDICATE GOALS AND MEASURABLE OBJECTIVES WHICH WILL BE ACCOMPLISHED IF THEIR PROGRAM OR PROJECT IS FUNDED. THEY ARE ALSO REQUIRED TO PROVIDE A NUMBER OF KEY DOCUMENTS WITH THE PROPOSAL, INCLUDING: BOARD LIST, ORGANIZATION BUDGET, MOST RECENT AUDIT, 990 TAX RETURN, STRATEGIC PLAN AND LETTERS OF SUPPORT. TAX-EXEMPT STATUS IS ALSO CHECKED. WHEN A GRANT IS AWARDED, AN ORGANIZATION IS REQUIRED TO SIGN A LETTER OF AGREEMENT BEFORE THE CHECK AWARD IS ISSUED. THE LETTER LISTS A NUMBER OF JEFFERSON REGIONAL FOUNDATION TERMS AND CONDITIONS, INCLUDING THE NEED TO PROVIDE PROGRESS REPORTS AT SPECIFIC DATES, PRIOR WRITTEN APPROVAL OF ANY SUBSTANTIAL VARIANCES FROM BUDGET OR INTENT, RECORD-KEEPING, AND REQUIRED NOTIFICATIONS. MOST GRANTS REQUIRE A MID-YEAR PROGRESS REPORT AND A YEAR-END PROGRESS REPORT WHICH INDICATE RESULTS ON OBJECTIVES, INFORMATION ABOUT INTENDED AND UNINTENDED RESULTS, CHALLENGES AND A LINE ITEM FINANCIAL REPORT. STAFF REVIEW THE REPORTS AND CONFER WITH THE APPLICANT IF NEEDED. MULTI-YEAR GRANTS REQUIRE REVIEW OF A REPORT FOR EACH GRANT PERIOD BEFORE BOARD RELEASE OF FUNDING FOR THE NEXT PERIOD. SUMMARIES OF THESE REPORTS ARE PROVIDED TO THE GRANT COMMITTEE FOR DISCUSSION OF THE RESULTS AND ANY RECOMMENDED ACTION. THE COMMITTEE SHARES THE RESULTS AND RECOMMENDATIONS WITH THE BOARD FOR ANY ACTION. IN ADDITION, STAFF BUILD ONGOING RELATIONSHIPS AND MONITOR THROUGHOUT THE GRANT PERIOD THROUGH SITE VISITS, GROUP GRANTEE ORIENTATION SESSION AND TECHNICAL ASSISTANCE. EMERGENCY GRANTS ISSUED TO RESPOND TO COVID-19 IMPACTS AND MINI-GRANTS FOR VARIOUS INITIATIVES HAVE UTILIZED SIMPLIFIED APPLICATION FORMS BUT ALSO COMPLETE THE SAME LETTERS OF AGREEMENT WHICH REQUIRE PROGRESS REPORTS ON BOTH OBJECTIVES AND FINANCIAL STATUS AND ARE REGULARLY MONITORED WITH REPORTS TO THE GRANTS COMMITTEE AND THE BOARD.

Additional Data

Software ID:
Software Version:
EIN: 56-2420913
Name: JEFFERSON REGIONAL 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 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
412 FOOD RESCUE INC 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
ALLEGHENY COUNTY THROUGH ITS DEPARTMENT OF HUMAN SERVICES 1 SMITHFIELD STREET PITTSBURGH, PA 15222	25-6001017		15,000	0	N/A	N/A	DEVELOP AND IMPLEMENT A COMMUNITY NEEDS ASSESSMENT TO PROMOTE EFFECTIVE, COORDINATED EFFORTS ACROSS THE LOCAL LATINO COMMUNITY, LEVERAGE NEW PARTNERS, AND BUILD ON THE STRENGTHS OF LATINO RESIDENTS.

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 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
ALLEGHENY HEALTH NETWORK FIFTH AVENUE PLACE PITTSBURGH, PA 15222	45-3674924	501(C)(3)	50,000	0	N/A	N/A	IMPROVE LONG-TERM AND SUSTAINABLE BEHAVIORAL HEALTH OUTCOMES OF JEFFERSON YOUTH BY OFFERING A LOCALIZED, INTEGRATED PROGRAM IN PARTNERSHIP WITH BALDWIN-WHITEHALL SCHOOL DISTRICT AND WEST JEFFERSON HILLS SCHOOL DISTRICT AND SUPPORT AN OUTSIDE EVALUATOR TO BUILD A BASE FOR BROADER PROJECT QUALITY, IMPACT, AND REPLICATION.
ALLEGHENY HEALTH NETWORK FIFTH AVENUE PLACE PITTSBURGH, PA 15222	45-3674924	501(C)(3)	1,200	0	N/A	N/A	CENSUS 2020 OUTREACH

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 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
ALLEGHENY HEALTH NETWORK FIFTH AVENUE PLACE PITTSBURGH, PA 15222	45-3674924	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
ALLEGHENY INTERMEDIATE UNIT 475 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120	25-6007669	501(C)(3)	7,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE HUNTINGDON, PA 15642	45-4248006	501(C)(3)	25,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE HUNTINGDON, PA 15642	45-4248006	501(C)(3)	30,000	0	N/A	N/A	PROVIDE SUPPORT TO LOW-INCOME WOMEN AND PARENTS/CAREGIVERS DURING PREGNANCY AND THROUGH BABYS FIRST YEAR BY OFFERING FREE COMMUNITY BABY SHOWERS, NEWBORN CARE PACKAGES, AND A NEW, PILOT PROGRAM, THE BABY FORMULA AND INFANT CARE CRISIS SUPPLY BANK, WHICH WILL SERVE 100 FAMILIES IN PARTNERSHIP WITH THE DUQUESNE AND MCKEESPORT FAMILY SUPPORT CENTERS.

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 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
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH 3000 BROWNSVILLE ROAD SUITE C PITTSBURGH, PA 15227	30-0742370	501(C)(3)	60,000	0	N/A	N/A	STRENGTHEN HEALTHY OPPORTUNITIES AND OPTIONS FOR MEMBERS OF THE LOCAL BHUTANESE COMMUNITY, INCLUDING YOUTH & FAMILIES, WOMEN AND SENIORS, BY BUILDING ORGANIZATIONAL AND PROGRAM CAPACITY AND PARTNERSHIPS.
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH 3000 BROWNSVILLE ROAD SUITE C PITTSBURGH, PA 15227	30-0742370	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 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
BLOOD SCIENCE FOUNDATION 875 GREENTREE ROAD PARKWAY CENTER BUILDING 5 PITTSBURGH, PA 15220	25-1562715	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
BOROUGH OF LINCOLN 45 ABES WAY ELIZABETH, PA 15037			7,000	0	N/A	N/A	CENSUS 2020 OUTREACH

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 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
BREATHE PENNSYLVANIA 201 SMITH DRIVE TWP, PA 16066	25-0965587	501(C)(3)	35,000	0	N/A	N/A	MEET THE GROWING DEMAND FOR VAPING EDUCATION OF YOUTH BY OFFERING TRAINING TO JEFFERSON SCHOOL ADMINISTRATORS AND STAFF AND ACCESS TO A DAYLONG STUDENT DIVERSIONARY EDUCATION AND CESSATION PROGRAM CALLED SMOKELESS SATURDAYS.
CARNEGIE LIBRARY OF HOMESTEAD 510 EAST 10TH AVENUE MUNHALL, PA 15120	25-0969452	501(C)(3)	250,000	0	N/A	N/A	SUPPORT AFTERSCHOOL PROGRAM EXPANSION AND LIBRARY SERVICES TO THE COMMUNITY OF WEST MIFFLIN AND PROVIDE CAPITAL SUPPORT TO IMPROVE THE ATHLETIC CLUB AND MUSIC HALL FACILITIES TO BE WELCOMING AND USABLE FOR ALL JEFFERSON RESIDENTS.

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 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
CARNEGIE LIBRARY OF HOMESTEAD 510 EAST 10TH AVENUE MUNHALL, PA 15120	25-0969452	501(C)(3)	10,000	0	N/A	N/A	CENSUS 2020 OUTREACH
CCAC EDUCATIONAL FOUNDATION 808 RIDGE AVENUE PITTSBURGH, PA 15212	25-1384469	501(C)(3)	200,000	0	N/A	N/A	RENOVATE OUTDATED CCAC SOUTH LABS TO MEET PROFESSIONAL STANDARDS FOR INSTRUCTION IN MEDICAL ASSISTANT AND MEDICAL LABORATORY TECHNICIAN COURSES AND PILOT A HEALTH CAREERS SUMMER PROGRAM FOR JEFFERSON AREA HIGH SCHOOL STUDENTS.

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 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
COMMUNITIES IN SCHOOLS PITTSBURGH ALLEGHENY COUNTY 3856 SOUTH WATER STREET PITTSBURGH, PA 15203	25-1728521	501(C)(3)	40,000	0	N/A	N/A	SUPPORT THE STUDENTS AND FAMILIES OF DUQUESNE CITY SCHOOLS AS THEY TRANSITION TO WEST MIFFLIN SCHOOL DISTRICT THROUGH THE USE OF COMMUNITY ENGAGEMENT AND COLLABORATION STRATEGIES WHICH RESULT IN STUDENT SUCCESS, INCREASED PARENT ENGAGEMENT, AND IMPROVED PARTICIPATION AND PERCEPTIONS.
CRIBS FOR KIDS INC 5450 SECOND AVENUE PITTSBURGH, PA 15207	25-1442806	501(C)(3)	24,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 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
DRESS FOR SUCCESS PITTSBURGH THE DESIGN CENTER5001 BAUM BLVD SUITE 550 PITTSBURGH, PA 15203	20-2388089	501(C)(3)	1,500	0	N/A	N/A	CENSUS 2020 OUTREACH
DUQUESNE CITY SCHOOL DISTRICT 300 KENNEDY AVENUE DUQUESNE, PA 15110			8,000	0	N/A	N/A	CENSUS 2020 OUTREACH

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 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
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	60,000	0	N/A	N/A	INCREASE THE HEALTH AND SCHOOL ENGAGEMENT OF ELEMENTARY CHILDREN IN THE MON VALLEY THROUGH PARTNERSHIPS WITH SCHOOL DISTRICTS (SOUTH ALLEGHENY, CLAIRTON, AND ONE TO BE DETERMINED) BY OFFERING ASTHMA SCREENINGS, COMMUNITY EDUCATION, SCHOOL-BASED ASTHMA CLINICS, COMMUNITY HEALTH WORKERS, AND CONTINUE TO DEVELOP OPTIONS FOR LONG-TERM SUSTAINABILITY.
ECONOMIC DEVELOPMENT SOUTH 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	74,000	0	N/A	N/A	DEVELOP A STRUCTURE TO CONTINUE TO EXPAND HUMAN SERVICES INFORMATION AND RESOURCES FOR CLAIRTON RESIDENTS AND ORGANIZATIONS BY STRENGTHENING THE CAPACITY OF CLAIRTON CARES TO COORDINATE AND DELIVER SERVICES AND LEVERAGE ITS KEY ROLE AS A SUBCONTRACTOR IN IMPLEMENTING THE NEIGHBORHOOD PARTNERSHIP PROGRAM.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC DEVELOPMENT SOUTH 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	25,000	0	N/A	N/A	STRENGTHEN OPPORTUNITIES FOR JEFFERSON RESIDENTS AND ORGANIZATIONS BY INCREASING OPERATIONAL CAPACITY FOR COMMUNITY DEVELOPMENT EXPERTISE WHICH ADVANCES FOUNDATION AND JEFFERSON COMMUNITY COLLABORATIVE PRIORITIES.
ECONOMIC DEVELOPMENT SOUTH 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	110,000	0	N/A	N/A	IMPROVE ACCESS TO HEALTH AND HUMAN SERVICES FOR JEFFERSON AREA RESIDENTS BY PILOTING A NONTRADITIONAL, TRANSPORTATION ACCESS PROGRAM, RUBY RIDE, IN PARTNERSHIP WITH JEFFERSON HOSPITAL, SQUIRREL HILL HEALTH CENTER, AND CCAC SOUTH AND LOCAL COMMUNITIES WHILE BUILDING A FINANCIAL MODEL AND METRICS TO MEASURE SDOH IMPACTS.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC DEVELOPMENT SOUTH 4232 BROWNSVILLE ROAD PITTSBURGH, PA 15227	25-1780107	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
FOOTBRIDGE FOR FAMILIES INC 541 GLEN ARDEN DRIVE PITTSBURGH, PA 15208	84-2077025	501(C)(3)	60,000	0	N/A	N/A	ASSIST 100 JEFFERSON RESIDENTS DURING TIMES OF SHORT-TERM FINANCIAL CRISIS AND PROVIDE CONNECTIONS TO ADDITIONAL SUPPORTS THROUGH AN INNOVATIVE NEW TECH PLATFORM WHICH FACILITATES RAPID FINANCIAL RESPONSE BASED ON REFERRALS FROM TRUSTED FRONTLINE SOURCES SUCH AS PHYSICIANS, PASTORS, AND JEFFERSON COLLABORATIVE ORGANIZATIONS WITH DIRECT PAYMENT TO THIRD-PARTY VENDORS AND ALSO FACILITATES DONOR SUPPORT.

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 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
GREATER PITTSBURGH COMMUNITY FOOD BANK 1 NORTH LINDEN ST DUQUESNE, PA 15110	25-1420599	501(C)(3)	250,000	0	N/A	N/A	PROVIDE CAPITAL SUPPORT TO RENOVATE AND EXPAND THE EXISTING FACILITY IN DUQUESNE TO MEET THE INCREASED DEMAND FOR FRESH PRODUCE, TO SERVE 200 FAMILIES/MONTH THROUGH A NEW MODEL FOOD PANTRY AND OFFER A TEST KITCHEN AND CLASSROOM FOR COOKING CLASSES, AND TO STREAMLINE WAREHOUSE OPERATIONS.
GREATER PITTSBURGH COMMUNITY FOOD BANK 1 NORTH LINDEN ST DUQUESNE, PA 15110	25-1420599	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 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
GROUNDED STRATEGIES 6587 HAMILTON AVE 1W PITTSBURGH, PA 15206	35-2309836	501(C)(3)	5,500	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
GWEN'S GIRLS INCORPORATED 711 WEST COMMONS PITTSBURGH, PA 15212	75-3114136	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY AND COMMUNITY SERVICES 5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	8,000	0	N/A	N/A	CENSUS 2020 OUTREACH
JEWISH FAMILY AND COMMUNITY SERVICES 5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	120,000	0	N/A	N/A	INCREASE CAREER DEVELOPMENT SERVICES FOR UNEMPLOYED AND UNDEREMPLOYED LOCAL RESIDENTS BY CONVENING KEY PARTNERS TO DEVELOP A LOCAL WORKFORCE CENTER AND A RELEVANT COLLECTIVE IMPACT MODEL.

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 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
LIFESPAN INC 314 E 8TH AVENUE HOMESTEAD, PA 15120	23-7319621	501(C)(3)	5,000	0	N/A	N/A	CENSUS 2020 OUTREACH
LITERACY PITTSBURGH 411 SEVENTH AVENUE PITTSBURGH, PA 15219	25-1392652	501(C)(3)	80,000	0	N/A	N/A	ENABLE JEFFERSON ADULT LEARNERS TO BE READY AND RELEVANT IN THE WORKFORCE BY DEVELOPING CAREER PATHWAYS IN HOSPITALITY, ENVIRONMENTAL SERVICES, CONSTRUCTION, AND EARLY CHILDHOOD EDUCATION, EXPANDING FAMILY LITERACY PROGRAMMING TO SERVE 100 STUDENTS AND 45 FAMILIES, AND EXPLORING THE POSSIBILITY OF EXPANSION TO A SECOND SOUTH HILLS FAMILY LITERACY SITE (SITE CURRENTLY IN BALDWIN).

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 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
NEIGHBORHOOD HOUSING SERVICES INC 710 FIFTH AVENUE PITTSBURGH, PA 15219	25-1195085	501(C)(3)	15,000	0	N/A	N/A	CENSUS 2020 OUTREACH
NURTURE PA INC 903 SHERIFFS COURT MCMURRAY, PA 15317	46-5279750	501(C)(3)	60,000	0	N/A	N/A	ENHANCE THE SUSTAINABILITY AND EXPANSION OF AN INNOVATIVE, 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 DEVELOPED SOFTWARE TOOL AND EVIDENCE-BASED KNOWLEDGE BANK.

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 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
PURE BALLROOM INC 710 FIFTH AVENUE PITTSBURGH, PA 15219	45-4434145	501(C)(3)	13,000	0	N/A	N/A	PROMOTE PHYSICAL, MENTAL AND SOCIAL-EMOTIONAL WELL-BEING IN FOURTH AND FIFTH GRADERS AT WEST MIFFLIN MIDDLE SCHOOL THROUGH A CURRICULUM THAT USES EDUCATION, MOTION, AND THE ARTS TO ENCOURAGE PHYSICAL ACTIVITY, BREAK DOWN SOCIAL BARRIERS, AND IMPROVE SELF-CONFIDENCE FOR OVER 350 STUDENTS IN WEST MIFFLIN MIDDLE SCHOOL.
ROBERT MORRIS UNIVERSITY BAYER CENTER 339 SIXTH AVENUE SUITE 750 PITTSBURGH, PA 15222	25-1120678	501(C)(3)	40,000	0	N/A	N/A	INCREASE THE KNOWLEDGE AND CAPACITY OF JEFFERSON AREA NONPROFIT AND COMMUNITY ORGANIZATIONS BY PROVIDING FIVE CUSTOMIZED EDUCATIONAL WORKSHOPS, AN IN-DEPTH CONSULTING COHORT FOR FIVE JEFFERSON ORGANIZATION FOCUSED ON HUMAN RESOURCE PRACTICES AND MANAGEMENT, AND A CUSTOMIZABLE PROGRAM FOR TEN JEFFERSON ORGANIZATIONS ON BOARD MANAGEMENT AND COLLABORATION.

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 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
SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE PITTSBURGH, PA 15102	25-1213332	501(C)(3)	200,000	0	N/A	N/A	PROVIDE SUPPORT TO SHIMS DO MORE GOOD CAMPAIGN TO BUILD LONG-TERM SUSTAINABILITY AND A COMPREHENSIVE SERVICE DELIVERY MODEL NEEDED TO SUPPORT THE 7,500 SOUTH HILLS INDIVIDUALS FACING SUBURBAN POVERTY BY MEETING BASIC NEEDS, BUILDING COMMUNITY, AND ACHIEVING SELF-SUFFICIENCY.
SISTERS PLACE INC 418 MITCHELL AVENUE CLAIRTON, PA 15025	25-1728330	501(C)(3)	55,000	0	N/A	N/A	ASSIST HOMELESS SINGLE PARENT FAMILIES THROUGH HOLISTIC SUPPORTIVE SERVICES INCLUDING TRANSPORTATION, OUT OF SCHOOL PROGRAMS, AND BASIC RESOURCES AND BUILD ORGANIZATIONAL CAPACITY THROUGH ASSISTING WITH A RELOCATION AND THE CREATION OF A DEVELOPMENT/FUNDRAISING PLAN.

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 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
SISTERS PLACE INC 418 MITCHELL AVENUE CLAIRTON, PA 15025	25-1728330	501(C)(3)	28,500	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
SQUIRREL HILL HEALTH CENTER 5301 PARK AVENUE PITTSBURGH, PA 15102	20-1163755	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRONG WOMEN STRONG GIRLS 1620 MURRAY AVENUE 3RD FLOOR PITTSBURGH, PA 15217	20-2321377	501(C)(3)	1,500	0	N/A	N/A	CENSUS 2020 OUTREACH
TCV COMMUNITY SERVICES 723 BRADDOCK AVENUE BRADDOCK, PA 15104	25-1250510	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 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 BLESSING BOARD 140 PENNSYLVANIA AVENUE OAKMONT, PA 15139	27-2775566	501(C)(3)	180,000	0	N/A	N/A	INCREASE THE QUALITY OF LIFE AND OVERALL HEALTH AND WELLNESS FOR LOW-INCOME MCKEESPORT FAMILIES AND INDIVIDUALS BY SUPPORTING THE EXPANSION AND SUSTAINABILITY OF A MCKEESPORT FACILITY DEDICATED TO COLLECTING AND PROVIDING FURNITURE AND HOME GOODS.
THE BLESSING BOARD 140 PENNSYLVANIA AVENUE OAKMONT, PA 15139	27-2775566	501(C)(3)	35,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 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 DRAGON'S DEN 1008 AMITY STREET HOMESTEAD, PA 15120	30-0954832	501(C)(3)	50,000	0	N/A	N/A	BUILD SELF-CONFIDENCE, TRUST, AND SOCIABILITY OF SCHOOL-AGE YOUTH FROM PROPEL SCHOOLS IN HAZELWOOD AND HOMESTEAD, STEEL VALLEY SCHOOL DISTRICT, YOUTHCASE IN MCKEESPORT, AND SACRED HEART ELEMENTARY SCHOOL THROUGH A PILOT PROGRAM AT THE NEWLY CONSTRUCTED THERAPEUTIC AND EDUCATIONAL CHALLENGE COURSE AND ZIP LINE IN THE HISTORIC ST. MARY MAGDALENE CHURCH IN HOMESTEAD.
THE GRANTMAKERS OF WESTERN PENNSYLVANIA 650 SMITHFIELD STREET PITTSBURGH, PA 15222	25-1496312	501(C)(3)	25,000	0	N/A	N/A	SUPPORT THE CREATION OF A FLEXIBLE, FOUNDATION-SUPPORTED FUND TO STRENGTHEN ALLEGHENY COUNTYS 2020 EDUCATION AND OUTREACH AS A RESOURCE FOR THE FOUNDATIONS JEFFERSON COUNTYS CENSUS CAMPAIGN.

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 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 MON VALLEY INITIATIVE 303-305 EAST 8TH AVENUE HOMESTEAD, PA 15120	25-1591350	501(C)(3)	85,000	0	N/A	N/A	HELP UNEMPLOYED AND UNDER-EMPLOYED JEFFERSON RESIDENTS ACHIEVE FINANCIAL SELF- SUFFICIENCY THROUGH OFFERING A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM AND ASSIST THE ORGANIZATION IN THE CLAIRTON INN REAL ESTATE PROJECT TO ADDRESS BLIGHT AND CREATE NEW AFFORDABLE HOUSING.
THE THOMAS MERTON CENTER 5119 PENN AVENUE PITTSBURGH, PA 15224	25-1232192	501(C)(3)	20,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND

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 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
VETERANS BREAKFAST CLUB 200 MAGNOLIA PLACE PITTSBURGH, PA 15228	26-4633657	501(C)(3)	12,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
VISION TO LEARN 11611 SAN VICENTE BOULEVARD ANGELES, CA 90049	45-3457853	501(C)(3)	60,000	0	N/A	N/A	INCREASE THE HEALTH AND SCHOOL ENGAGEMENT OF SCHOOLCHILDREN IN JEFFERSON COMMUNITIES IN PARTNERSHIP WITH SCHOOL DISTRICTS (MCKEESPORT, STEEL VALLEY, WEST MIFFLIN, AND BRENTWOOD) BY OFFERING VISION EXAMS TO 600 STUDENTS AND GLASSES ONSITE TO 480 STUDENTS.

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 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
WOMEN FOR A HEALTHY ENVIRONMENT 5877 COMMERCE STREET SUITE 1 PITTSBURGH, PA 15206	47-2651553	501(C)(3)	20,000	0	N/A	N/A	JEFFERSON COVID-19 EMERGENCY RESPONSE FUND
YOUTH OPPORTUNITIES DEVELOPMENT 4045 VINCETON STREET 3RD FLOOR PITTSBURGH, PA 15214	45-5429765	501(C)(3)	7,000	0	N/A	N/A	CENSUS 2020 OUTREACH

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization JEFFERSON REGIONAL FOUNDATION		Employer identification number 56-2420913

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493020012051	
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for the latest information.				OMB No. 1545-0047 2019
					Open to Public Inspection
	Name of the organization JEFFERSON REGIONAL FOUNDATION				Employer identification number 56-2420913

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION CONTINUED:	THE FOUNDATION WILL SERVE THE COMMUNITY WITH INTEGRITY AND TRANSPARENCY. ITS MAJOR PRIORITIES INCLUDE: INCREASING HEALTH ACCESS AND PREVENTION, IMPROVING CHILD AND FAMILY OUTCOMES AND STRENGTHENING VULNERABLE POPULATIONS AND COMMUNITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBER GARY L. EVANS IS THE SPOUSE OF BOARD MEMBER KAREN A. EVANS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, ARE THE DESIGNATED ADMINISTRATORS FOR INTERPRETATION AND IMPLEMENTATION OF THIS POLICY AND ALL PROCEDURES RELATING TO IT. FAILURE TO COMPLY WITH THIS POLICY MAY INCLUDE A DETERMINATION FOR THE POTENTIALLY INTERESTED PARTY TO SEVER ALL TIES WITH JEFFERSON REGIONAL FOUNDATION. THE GOVERNANCE COMMITTEE IS IN PLACE AND IN ITS COMMITTEE CHARTER HAS ADDITIONAL OVERSIGHT TO DEVELOP AND UPDATE CONFLICT OF INTEREST AND ETHICAL GUIDELINES FOR THE BOARD, PROVIDE BOARD EDUCATION ON THESE MATTERS, AND MAKE RECOMMENDATIONS REGARDING UPDATES OR IMPLEMENTATION.

990 Schedule O, Supplemental Information

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 CEO AND DIRECTOR OF GRANTMAKING AND STRATEGY (FORMERLY THE PROGRAM OFFICER) TWO PRIMARY SOURCES CONTINUE TO BE CONSULTED TO DEVELOP AND UPDATE BENCHMARK INFORMATION: A GRANTMAKERS SALARY AND BENEFIT SURVEY COMPILED BY THE COUNCIL ON FOUNDATIONS AND A REGIONAL NONPROFIT SURVEY PUBLISHED A LOCAL UNIVERSITY'S NONPROFIT MANAGEMENT PROGRAM. THIS INFORMATION PROVIDES DETAIL ON SALARY RANGES RELATIVE TO THE ASSET SIZE OF SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWS ALL OF THIS INFORMATION IN DETERMINING COMPENSATION AND FULLY REPORTED ITS DELIBERATIONS AND ACTIONS DIRECTLY TO THE BOARD. THE REVIEW AND APPROVAL PROCESS FOR THE DETERMINATION OF COMPENSATION IS DOCUMENTED IN MEMOS AND VIA BOARD AND COMMITTEE MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 IS POSTED ON THE FOUNDATION'S WEBSITE. THE FOUNDATION ALSO PRODUCES AN ANNUAL REPORT OF GRANT AWARD INFORMATION WHICH IS DISTRIBUTED IN PRINT FORM AND IS AVAILABLE ON THE FOUNDATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY CAN BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JEFFERSON REGIONAL FOUNDATION

Employer identification number
56-2420913

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)JEFFERSON HOSPITAL P O BOX 18119 COAL VALLEY RD PITTSBURGH, PA 152360119 25-1260215	HOSPITAL	PA	501(C)(3)	LINE 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

No

1p

Yes

1q

No

1r

No

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation