

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A For the 2019 calendar year, or tax year beginning and ending

Form header section containing: B Check if applicable (Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending); C Name of organization (THE FOUNDATION FOR ENHANCING COMMUNITIES); D Employer identification number (01-0564355); E Telephone number (717-236-5040); F Name and address of principal officer (JANICE BLACK); G Gross receipts (\$19,676,540); H(a) Is this a group return for subordinates? (No); H(b) Are all subordinates included? (No); I Tax-exempt status (501(c)(3)); J Website (WWW.TFEC.ORG); K Form of organization (Corporation); L Year of formation (1920); M State of legal domicile (PA).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a/b (Activities & Governance), 8-12 (Revenue), 13-19 (Expenses), 20-22 (Net Assets or Fund Balances).

Part II Signature Block

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

Signature of officer: JANICE BLACK, PRESIDENT & CEO. Date: 4/1/2020.

Paid Preparer information: LISA RITTER, MAHER DUESSEL, CPA'S. Date: 3/30/20. Firm's EIN: 25-1622758. Phone no: 717-232-1230.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,747,913. including grants of \$ 7,293,357.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,907,829. including grants of \$ 550,433.) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 506,319.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,655,742.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. CAROLYN DUMARESQ CHAIRMAN	1.00	X		X				0.	0.	0.
(2) ROBERT E. CAPLAN, CFA VICE CHAIRMAN/TREASURER	1.00	X		X				0.	0.	0.
(3) NEAL S. WEST, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(4) TITA EBERLY ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(5) DOLLY M. LALVANI ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(6) SUSAN SIMMS MARSH BOARD MEMBER	1.00	X						0.	0.	0.
(7) DOUGLAS NEIDICH BOARD MEMBER	1.00	X						0.	0.	0.
(8) DAVID G. FORNEY BOARD MEMBER	1.00	X						0.	0.	0.
(9) ROBERT J. DOLAN ASA BOARD MEMBER	1.00	X						0.	0.	0.
(10) GLENN P. HEISEY BOARD MEMBER	1.00	X						0.	0.	0.
(11) DEVIN Q. LANGAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) L. RENEE LIEUX BOARD MEMBER	1.00	X						0.	0.	0.
(13) DAVID F. SPRANG BOARD MEMBER	1.00	X						0.	0.	0.
(14) RICHARD D. SPIEGELMAN BOARD MEMBER	1.00	X						0.	0.	0.
(15) ESMERALDA Y. HETRICK BOARD MEMBER	1.00	X						0.	0.	0.
(16) GREGG D. KLOPP BOARD MEMBER	1.00	X						0.	0.	0.
(17) JANICE R. BLACK PRESIDENT & CEO	37.50			X				195,075.	0.	15,570.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIRK DEMYAN VP & CFO	37.50			X				138,990.	0.	40,385.
(19) JENNIFER DOYLE VP OF PHILANTHROPY & COMMUNITY INVES	37.50			X				119,645.	0.	11,693.
1b Subtotal								453,710.	0.	67,648.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								453,710.	0.	67,648.

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 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	81,259.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,259,445.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 930,748.					
	h Total. Add lines 1a-1f							8,340,704.
Program Service Revenue	2 a MANAGEMENT FEES	Business Code						
		541900		506,319.	506,319.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f				506,319.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,152,303.			2,152,303.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			8,603,390.					
	b Less: cost or other basis and sales expenses	7b	6,484,813.					
	c Gain or (loss)	7c	2,118,577.					
	d Net gain or (loss)				2,118,577.			2,118,577.
8 a Gross income from fundraising events (not including \$ 81,259. of contributions reported on line 1c). See Part IV, line 18	8a	73,824.						
		78,912.						
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events				-5,088.			-5,088.	
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				13,112,815.	506,319.	0.	4,265,792.	

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 ...	7,029,776.	7,029,776.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	814,014.	814,014.		
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	521,358.	47,546.	373,389.	100,423.
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	688,270.	419,893.	247,042.	21,335.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,747.	4,153.	5,512.	1,082.
9 Other employee benefits	145,776.	56,333.	74,770.	14,673.
10 Payroll taxes	89,790.	34,698.	46,054.	9,038.
11 Fees for services (nonemployees):				
a Management				
b Legal	61,605.	23,806.	31,598.	6,201.
c Accounting	20,530.	7,934.	10,530.	2,066.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	59,314.	22,921.	30,423.	5,970.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	22,042.	8,518.	11,306.	2,218.
12 Advertising and promotion	94,845.	36,651.	48,647.	9,547.
13 Office expenses	46,421.	17,939.	23,810.	4,672.
14 Information technology	103,441.	39,973.	53,056.	10,412.
15 Royalties				
16 Occupancy	116,487.	45,014.	59,747.	11,726.
17 Travel	14,086.	5,443.	7,225.	1,418.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,246.	11,302.	15,001.	2,943.
23 Insurance	28,393.	10,972.	14,563.	2,858.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSORSHIPS	1,962,432.	1,962,432.		
b STAFF AND DIRECTOR DEVE	73,139.	28,263.	37,514.	7,362.
c OTHER	51,876.	20,047.	26,608.	5,221.
d DUES AND FEES	20,996.	8,114.	10,769.	2,113.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	12,004,584.	10,655,742.	1,127,564.	221,278.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,740,174.	2	2,308,345.
	3 Pledges and grants receivable, net	675,836.	3	1,170,083.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,324.	9	30,811.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 345,535.		
	b Less: accumulated depreciation	10b 310,895.	51,140.	10c 34,640.
	11 Investments - publicly traded securities	77,159,333.	11	94,574,604.
	12 Investments - other securities. See Part IV, line 11	723,311.	12	676,887.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	81,381,118.	16	98,795,370.	
Liabilities	17 Accounts payable and accrued expenses	14,812.	17	9,651.
	18 Grants payable	1,334,932.	18	773,183.
	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	5,155,913.	25	6,285,421.
	26 Total liabilities. Add lines 17 through 25	6,505,657.	26	7,068,255.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	73,310,598.	27	89,960,603.
	28 Net assets with donor restrictions	1,564,863.	28	1,766,512.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	74,875,461.	32	91,727,115.
33 Total liabilities and net assets/fund balances	81,381,118.	33	98,795,370.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,112,815.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,004,584.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,108,231.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,875,461.
5	Net unrealized gains (losses) on investments	5	13,640,325.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,103,098.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	91,727,115.

Part XII Financial Statements and Reporting

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

- 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
- 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
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,837,577.	7,013,971.	10,139,674.	8,596,947.	8,340,704.	40,928,873.
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	6,837,577.	7,013,971.	10,139,674.	8,596,947.	8,340,704.	40,928,873.
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)						5,431,671.
6 Public support. Subtract line 5 from line 4.						35,497,202.

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	6,837,577.	7,013,971.	10,139,674.	8,596,947.	8,340,704.	40,928,873.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,496,790.	1,663,166.	1,898,135.	2,020,594.	2,152,303.	9,230,988.
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						50,159,861.
12 Gross receipts from related activities, etc. (see instructions)					12	2,787,783.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	70.77 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	69.49 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 316,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,209,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 283,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 246,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 453,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 900,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 247,595.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 350,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 574,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	STOCK _____ _____ _____	\$ 247,595.	_____
10	STOCK _____ _____ _____	\$ 300,345.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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 THE FOUNDATION FOR ENHANCING COMMUNITIES Employer identification number 01-0564355

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and Yes/No questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding art and historical treasures, including instructions for reporting revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|------------|
| c Beginning balance | 3,816,191. |
| d Additions during the year | 3,753. |
| e Distributions during the year | 807,460. |
| f Ending balance | 3,012,484. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,961,000.	61,980,000.	61,522,000.	54,829,000.	55,125,000.
b Contributions	4,795,000.	5,235,000.	9,249,000.	5,664,000.	5,452,000.
c Net investment earnings, gains, and losses	15,179,000.	-4,805,000.	11,614,000.	6,455,000.	-433,000.
d Grants or scholarships	0.	1,017,000.	3,636,000.	3,005,000.	3,389,000.
e Other expenditures for facilities and programs	3,000,000.	1,248,240.	2,242,831.	2,137,501.	1,691,413.
f Administrative expenses	305,000.	183,760.	295,169.	283,499.	234,587.
g End of year balance	76,630,000.	59,961,000.	76,211,000.	61,522,000.	54,829,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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				
d Equipment		345,535.	310,895.	34,640.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,640.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIAB TO RES PROVIDER - AGENCY FUNDS	6,285,421.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,285,421.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	28,158,731.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,640,325.
b	Donated services and use of facilities	2b	27,288.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,378,303.
e	Add lines 2a through 2d	2e	15,045,916.
3	Subtract line 2e from line 1	3	13,112,815.
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	13,112,815.

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	12,110,784.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	27,288.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	78,912.
e	Add lines 2a through 2d	2e	106,200.
3	Subtract line 2e from line 1	3	12,004,584.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,004,584.

Part XIII Supplemental Information.

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

PART IV, LINE 1B:

FOUNDATION AND GHF, INC. ARE THE TRUSTEES FOR SEVERAL CHARITABLE REMAINDER

TRUSTS AND CHARITABLE ANNUITY TRUSTS. THE CHARITABLE REMAINDER TRUSTS

REQUIRE ANNUAL DISTRIBUTIONS TO THE DONORS OR THE DONOR DESIGNATED

BENEFICIARY AND THE REMAINDER IS DISTRIBUTED TO THE FOUNDATION OR OTHER

DESIGNATED 501(C)(3) ORGANIZATION(S) AT TERMINATION OF THE TRUST.

PART V, LINE 4:

TFEC UTILIZES THE BOARD-DESIGNATED ENDOWMENT FUNDS TO PROVIDE A

PREDICTABLE STREAM OF FUNDING TO SUPPORT ITS PROGRAMS AND MISSION AS WELL

AS TO MEET CASH NEEDS FOR GENERAL EXPENDITURES.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES 78,912.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,295,638.

SPLIT INTEREST AGREEMENT CONTRIBUTIONS 3,753.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,378,303.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES 78,912.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		A NIGHT AT THE RACES	POWER OF THE PURSE	3	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	38,870.	47,451.	57,321.	143,642.
	2 Less: Contributions	15,052.	36,518.	27,663.	79,233.
	3 Gross income (line 1 minus line 2)	23,818.	10,933.	29,658.	64,409.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,319.	8,600.	4,798.	14,717.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,052.	16,213.	27,904.	59,169.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				73,886.
11 Net income summary. Subtract line 10 from line 3, column (d)				-9,477.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE FOUNDATION FOR ENHANCING COMMUNITIES** Employer identification number **01-0564355**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACA CAMPER SCHOLARSHIP FUND CAMP WAWENOCK - 33 WAWENOCK ROAD - RAYMOND, ME 04071	35-0962419	501(3)	15,000.	0.			EDUCATIONAL
ADVENT LUTHERAN CHURCH 1775 EAST MARKET STREET YORK, PA 17402	23-1445637	501(3)	30,000.	0.			RELIGION
AIR HILL BRETHERN IN CHRIST CHURCH 7041 CUMBERLAND HIGHWAY CHAMBERSBURG, PA 17202	25-1142759	501(3)	27,806.	0.			RELIGION
ALEXANDER HAMILTON MEMORIAL FREE LIBRARY - 45 EAST MAIN STREET - WAYNESBORO, PA 17268	23-1352316	501(3)	5,251.	0.			EDUCATIONAL
AMERICAN HEART ASSOCIATION - CAPITAL REGION - 4250 CRUMS MILL ROAD - HARRISBURG, PA 17112	13-5613797	501(3)	5,300.	0.			HEALTH
AMERICANS FOR THE ARTS 1000 VERMONT AVE NW 6TH FLOOR WASHINGTON, DC 20005	52-1996467	501(3)	5,000.	0.			ARTS, HUMANITIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 207.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTLE BUDDY SERVICE DOGS PO BOX 794 PECULIAR, MO 64078	47-5029335	501(3)	5,000.	0.			HUMAN SERVICE
BEN LIPPEN SCHOOL 7401 MONTICELLO ROAD COLUMBIA, SC 29203	57-0352247	501(3)	8,000.	0.			EDUCATIONAL
BENEVOLENT FUND FOR CANCER RESEARCH AND PATIENT CARE - 200 N 3RD ST - HARRISBURG, PA 17101	01-0564355	501(3)	11,298.	0.			HEALTH
BETHESDA MISSION OF HARRISBURG PO BOX 3041 HARRISBURG, PA 17105	23-1389397	501(3)	42,941.	0.			COMMUNITY DEVELOPMENT
BEVERLEE BALCH LEHR & BILL LEHR TRINITY COLLEGE SCHOLARSHIP FUND - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501(3)	50,000.	0.			EDUCATIONAL
BEVERLEE BALCH LEHR FUND FOR THE UNITARIAN CHURCH OF HARRISBURG - 200 N. 3RD STREET - HARRISBURG, PA 17101	01-0564355	501(3)	25,000.	0.			RELIGION
BILL AND BEVERLEE LEHR LEBANON VALLEY SCHOLARSHIP FUND - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501(3)	100,000.	0.			EDUCATIONAL
BILL AND BEVERLEE LEHR SCHOLARSHIP FOR GONZAGA COLLEGE HS - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501(3)	100,000.	0.			EDUCATIONAL
BISHOP MCDEVITT HIGH SCHOOL 1 CRUSADER WAY HARRISBURG, PA 17111	27-1391639	501(3)	10,000.	0.			EDUCATIONAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSLER MEMORIAL LIBRARY 158 WEST HIGH STREET CARLISLE, PA 17013	23-1381007	501(3)	5,000.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF HARRISBURG INC. - 1227 BERRYHILL ST - HARRISBURG, PA 17104	23-1352043	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
BRAKE FAMILY CHURCH FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501(3)	6,483.	0.			RELIGION
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG, PA 17104	25-1636220	501(3)	10,000.	0.			HUMAN SERVICE
BRIDGE OF HOPE HARRISBURG AREA P.O. BOX 15212 HARRISBURG, PA 17105	51-0646249	501(3)	6,837.	0.			HUMAN SERVICE
BRITTANY'S HOPE 1160 NORTH MARKET STREET ELIZABETHTOWN, PA 17022-2298	25-1879417	501(3)	20,000.	0.			HEALTH
CAMP DUDLEY, YMCA 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(3)	12,845.	0.			COMMUNITY DEVELOPMENT
CAMP HEBRON INC 957 CAMP HEBRON ROAD HALIFAX, PA 17032	23-6050517	501(3)	10,000.	0.			EDUCATIONAL
CAMP JOY EL 3741 JOY EL DRIVE GREENCASTLE, PA 17225	25-1247946	501(3)	40,908.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA COALITION ON HOMELESSNESS - MLK CITY GOVERNMENT CENTER - HARRISBURG, PA 17101	35-2306736	501(3)	7,535.	0.			HUMAN SERVICE
CAPITOL THEATRE CENTER FOUNDATION 159 SOUTH MAIN STREET CHAMBERSBURG, PA 17201	94-2722927	501(3)	9,320.	0.			ARTS, HUMANITIES
CASA CHARTER SCHOOL FOUNDATION 200 N. 3RD STREET HARRISBURG, PA 17108-0678	46-0965714	501(3)	5,000.	0.			EDUCATIONAL
CASTAWAY CRITTERS THE JAMES A HUEHOLT MEMORIAL FOUNDATION FOR ANIMALS - PO BOX 1421 - HARRISBURG, PA 17105	25-1894514	501(3)	6,580.	0.			COMMUNITY DEVELOPMENT
CATHEDRAL OF SAINT PATRICK 212 STATE STREET HARRISBURG, PA 17101	23-1494791	501(3)	10,000.	0.			RELIGION
CENTER FOR CHAMPIONS OF PA INC 251 VERBEKE STREET HARRISBURG, PA 17102	25-1805286	501(3)	5,300.	0.			EDUCATIONAL
CENTER FOR EMPLOYMENT OPPORTUNITIES - 100 NORTH CAMERON STREET - HARRISBURG, PA 17101	13-3843322	501(3)	10,000.	0.			HUMAN SERVICE
CENTER FOR ETHICS AND RELIGIOUS VALUES IN BUSINESS - C/O UNIVERSITY OF NOTRE DAME - NOTRE DAME, IN 46556-5602	35-0868188	501(3)	7,500.	0.			EDUCATIONAL
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(3)	17,845.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PENNSYLVANIA FRIENDS OF JAZZ, INC. - 5721 JONESTOWN ROAD - HARRISBURG, PA 17112	23-2137529	501(3)	6,000.	0.			ARTS, HUMANITIES
CENTRAL PENNSYLVANIA YOUTH BALLET 5 NORTH ORANGE STREET CARLISLE, PA 17013-2727	23-1971982	501(3)	40,000.	0.			ARTS, HUMANITIES
CHAUTAUQUA FOUNDATION, INC PO BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501(3)	5,500.	0.			ENVIRONMENTAL
CHILDREN AID SOCIETY - SOUTHERN PENNSYLVANIA DISTRICT CHURCH OF THE BRETHREN - 343 LINCOLN WAY WEST - NEW OXFORD, PA 17350	23-1429838	501(3)	8,022.	0.			HUMAN SERVICE
CHILDREN'S HOSPITAL OF PHILADELPHIA - CHOP FOUNDATION - PHILADELPHIA, PA 19104-4399	23-2237932	501(3)	277,819.	0.			HEALTH
COMMUNITY ACTION PARTNERSHIP OF LANCASTER COUNTY INC - 601 SOUTH QUEEN STREET - LANCASTER, PA 17603	23-1667311	501(3)	10,022.	0.			HUMAN SERVICE
COMMUNITY CHECK UP CENTER OF SOUTH HARRISBURG INC - 38 C HALL MANOR - HARRISBURG, PA 17104	25-1724315	501(3)	5,000.	0.			HEALTH
COMMUNITY FOUNDATION OF THE LOWCOUNTRY - PO BOX 23019 - HILTON HEAD ISLAND, SC 29925	57-0756987	501(3)	21,591.	0.			COMMUNITY DEVELOPMENT
COYLE FREE LIBRARY 102 N MAIN STREET CHAMBERSBURG, PA 17201	23-1457996	501(3)	8,423.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL ENRICHMENT FUND 200 N. 3RD STREET HARRISBURG, PA 17101	23-2327546	501(3)	12,845.	0.			ARTS, HUMANITIES
CUMBERLAND COUNTY LIBRARY SYSTEM FOUNDATION - 400 BENT CREEK BLCS - MECHANICSBURG, PA 17050	20-8077580	501(3)	5,500.	0.			EDUCATIONAL
CUMBERLAND VALLEY ANIMAL SHELTER INC - 5051 LETTERKENNY RD WEST - CHAMBERSBURG, PA 17201	25-1753115	501(3)	8,423.	0.			HUMAN SERVICE
CUMBERLAND VALLEY BREAST CARE ALLIANCE INC - 344 LEEDY WAY EAST - CHAMBERSBURG, PA 17202	23-2943334	501(3)	7,406.	0.			HEALTH
CUMBERLAND VALLEY SCHOOL OF MUSIC 1015 PHILADELPHIA AVE CHAMBERSBURG, PA 17201	25-1629280	501(3)	10,000.	0.			ARTS, HUMANITIES
DESERT FOOTHILLS LIBRARY ASSOC. 38443 N. SCHOOLHOUSE RD. CAVE CREEK, AZ 85331	51-0153556	501(3)	25,000.	0.			COMMUNITY DEVELOPMENT
DIAKON CHILD FAMILY & COMMUNITY MINISTRIES - 1022 NORTH UNION STREET - MIDDLETOWN, PA 17057	46-5390969	501(3)	7,000.	0.			HUMAN SERVICE
DIAPER DEPOT AT CENTRAL 40 LINCOLN WAY WEST CHAMBERSBURG, PA 17201	23-1413661	501(3)	5,500.	0.			HEALTH
DOMESTIC VIOLENCE SERVICES OF CUMBERLAND & PERRY COUNTIES - P.O. BOX 1039 - CARLISLE, PA 17013	25-1629910	501(3)	5,727.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN DAILY BREAD 310 NORTH THIRD STREET HARRISBURG, PA 17101	23-1433867	501(3)	10,000.	0.			HUMAN SERVICE
EMERGING PHILANTHROPIST FUND 200 N. 3RD STREET HARRISBURG, PA 17101	01-0564355	501(3)	6,328.	0.			COMMUNITY DEVELOPMENT
EMPLOYMENT SKILLS CENTER 29 SOUTH HANOVER STREET CARLISLE, PA 17013	23-1995705	501(3)	20,000.	0.			EDUCATIONAL
FARM OF HOPE INC. 201 TRAIL ROAD HERSHEY, PA 17033	46-4985753	501(3)	8,722.	0.			HUMAN SERVICE
FEEDING PENNSYLVANIA 939 EAST PARK DRIVE HARRISBURG, PA 17111	45-4793238	501(3)	60,775.	0.			HUMAN SERVICE
FEEL YOUR BOOBIES FOUNDATION 4801 LINDLE ROAD HARRISBURG, PA 17111	20-2938710	501(3)	5,000.	0.			HEALTH
FELLOWSHIP OF CHRISTIAN ATHLETES 85 S OCOEE STREET CLEVELAND, TN 37311	44-0610626	501(3)	5,000.	0.			RELIGION
FIRST UNITED METHODIST CHURCH 135 W SIMPSON ST. MECHANICSBURG, PA 17055	23-1405614	501(3)	20,098.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - CHAMBERSBURG - 225 S SECOND STREET - CHAMBERSBURG, PA 17201	23-1510103	501(3)	21,613.	0.			RELIGION

Schedule I (Form 990)

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

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FIRST UNITED METHODIST CHURCH - MILLERSBURG - 356 UNION STREET - MILLERSBURG, PA 17061	23-1510103	501(3)	15,275.	0.			RELIGION
FOURSQUARE YORK SPRINGS 400 MAIN STREET YORK SPRINGS, PA 17372	81-3744090	501(3)	26,400.	0.			RELIGION
FRANCES LEITER CENTER 539 LINCOLN WAY EAST CHAMBERSBURG, PA 17201	23-1429838	501(3)	12,740.	0.			HEALTH
FRANKLIN COUNTY HISTORICAL SOCIETY- KITTOCHTINNY - 175 EAST KING STREET - CHAMBERSBURG, PA 17201	25-6065079	501(3)	6,989.	0.			ARTS, HUMANITIES
FRIENDS OF ROBERT KENNEDY MEMORIAL PRESBYTERIAN CHURCH - 11143 WELSH RUN RD - GREENCASTLE, PA 17225	32-0131488	501(3)	5,210.	0.			RELIGION
FRIENDS OF THE MONTEREY PASS BATTLEFIELD, INC. - PO BOX 652 - BLUE RIDGE SUMMIT, PA 17214	45-2746434	501(3)	5,000.	0.			EDUCATIONAL
FUND FOR THE FUTURE 200 N. 3RD ST. HARRISBURG, PA 17101	01-0564355	501(3)	15,256.	0.			COMMUNITY DEVELOPMENT
GETTYSBURG FOURSQUARE GOSPEL CHURCH - 328 W MIDDLE ST - GETTYSBURG, PA 17325	23-1914533	501(3)	20,000.	0.			RELIGION
GFWC PENNSYLVANIA 4076 MARKET STREET CAMP HILL, PA 17011-4200	23-1119120	501(3)	6,195.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

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GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVE - HARRISBURG, PA 17104	24-0795960	501(3)	5,000.	0.			EDUCATIONAL
GIRLS ON THE RUN CAPITAL AREA 525 NORTH 12TH STREET LEMOYNE, PA 17043	27-5095044	501(3)	13,064.	0.			EDUCATIONAL
GONZAGA COLLEGE HIGH SCHOOL 19 I STREET NORTHWEST WASHINGTON, DC 20001	53-0204703	501(3)	6,423.	0.			EDUCATIONAL
GOODWILL KEYSTONE AREA 1150 GOODWILL DRIVE HARRISBURG, PA 17101	23-1365338	501(3)	5,885.	0.			COMMUNITY DEVELOPMENT
GREATER HARRISBURG COMMUNITY FOUNDATION DISCRETIONARY GRANTMAKING - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501(3)	11,419.	0.			COMMUNITY DEVELOPMENT
GREENCASTLE-ANTRIM EDUCATION FOUNDATION - PO BOX 623 - GREENCASTLE, PA 17225	36-4491930	501(3)	6,800.	0.			EDUCATIONAL
GREYSTONE MANOR THERAPEUTIC RIDING CLUB - PO BOX 10724 - LANCASTER, PA 17605-0724	23-3059649	501(3)	35,000.	0.			EDUCATIONAL
HABITAT FOR HUMANITY OF THE GREATER HARRISBURG AREA - 900 SOUTH ARLINGTON AVE - HARRISBURG, PA 17109	58-1735541	501(3)	13,845.	0.			COMMUNITY DEVELOPMENT
HALIFAX AREA SCHOOL DISTRICT 3940 PETTERS MOUNTAIN ROAD HALIFAX, PA 17032		501(3)	8,512.	0.			EDUCATIONAL

Schedule I (Form 990)

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HAMPDEN TOWNSHIP VETERANS RECOGNITION COMMITTEE - 4900 CARLISLE PIKE - MECHANICSBURG, PA 17050	46-0748011	501(3)	6,582.	0.			COMMUNITY DEVELOPMENT
HARRISBURG AREA YMCA 805 NORTH FRONT STREET HARRISBURG, PA 17102	23-1665437	501(3)	5,000.	0.			HUMAN SERVICE
HARRISBURG CITY TREASURER 10 N 2ND ST HARRISBURG, PA 17101-1679	23-6002010	501(3)	14,692.	0.			COMMUNITY DEVELOPMENT
HARRISBURG OPERA ASSOCIATION 105 N FRONT ST HARRISBURG, PA 17101-2205	23-7173902	501(3)	5,000.	0.			ARTS, HUMANITIES
HARRISBURG RIVER RESCUE, INC. 725 S 22ND STREET HARRISBURG, PA 17104-2710	25-1801023	501(3)	45,000.	0.			COMMUNITY DEVELOPMENT
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501(3)	29,746.	0.			ARTS, HUMANITIES
HARRISBURG SYMPHONY ORCHESTRA 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501(3)	20,000.	0.			ARTS, HUMANITIES
HARRISBURG UNIVERSITY OF SCIENCE AND TECHNOLOGY - 326 MARKET STREET - HARRISBURG, PA 17101	25-1900793	501(3)	17,000.	0.			EDUCATIONAL
HEARTHSTONE RETIREMENT HOME 102 SOUTH POTOMAC STREET WAYNESBORO, PA 17268	23-1585605	501(3)	5,506.	0.			HUMAN SERVICE

Schedule I (Form 990)

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HELEN OPPERMAN KRAUSE ANIMAL FOUNDATION, INC. FUND - 200 N. 3RD STREET - HARRISBURG, PA 17108	23-2214917	501(3)	7,418.	0.			COMMUNITY DEVELOPMENT
HISTORICAL SOCIETY OF DAUPHIN COUNTY - 219 S FRONT STREET - HARRISBURG, PA 17104	23-1396832	501(3)	15,695.	0.			ARTS, HUMANITIES
HOFFMAN HOMES INC 815 ORPHANAGE ROAD LITTLESTOWN, PA 17340	23-2732296	501(3)	6,022.	0.			HUMAN SERVICE
HOMELAND HOSPICE 2300 VARTAN WAY HARRISBURG, PA 17110	23-1365148	501(3)	12,637.	0.			HEALTH
HOPE WITHIN MINISTRIES INC 4748 EAST HARRISBURG PIKE ELIZABETHTOWN, PA 17022	16-1643004	501(3)	10,000.	0.			HEALTH
HOSPICE OF CENTRAL PENNSYLVANIA 1320 LINGLESTOWN ROAD HARRISBURG, PA 17110	23-2106895	501(3)	7,637.	0.			HEALTH
HUMANE SOCIETY OF THE HARRISBURG AREA, INC. - 7790 GRAYSON ROAD - HARRISBURG, PA 17111	23-1365361	501(3)	8,000.	0.			ENVIRONMENTAL
JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC. - 3333 NORTH FRONT STREET - HARRISBURG, PA 17110	23-2894802	501(3)	9,469.	0.			RELIGION
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(3)	30,416.	0.			RELIGION

Schedule I (Form 990)

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

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JEWISH FOUNDATION OF GREATER HARRISBURG - 3301 N FRONT STREET - HARRISBURG, PA 17110	25-1869889	501(3)	8,200.	0.			RELIGION
JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT ST MECHANICSBURG, PA 17055	23-1652343	501(3)	10,655.	0.			EDUCATIONAL
JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PENNSYLVANIA - 610 S GEORGE STREET - YORK, PA 17401	23-1598129	501(3)	6,000.	0.			EDUCATIONAL
KEYSTONE HUMAN SERVICES 124 PINE STREET HARRISBURG, PA 17101	25-1847902	501(3)	33,000.	0.			HUMAN SERVICE
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(3)	77,704.	0.			EDUCATIONAL
KW SHARES - JUSTIN OBERHOLTZER FUND - 530 N. LOC KWILLOW AVE - HARRISBURG, PA 17112	46-3844019	501(3)	5,000.	0.			HEALTH
LEAF PROJECT INC. 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
LEBANON RESCUE MISSION INC PO BOX 5 LEBANON, PA 17042	23-1472518	501(3)	5,000.	0.			HUMAN SERVICE
LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVE ANNVILLE, PA 17078	23-1352354	501(3)	25,872.	0.			EDUCATIONAL

Schedule I (Form 990)

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

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LEBANON VALLEY CONSERVANCY 752 WILLOW STREET LEBANON, PA 17046	25-1866023	501(3)	5,000.	0.			ENVIRONMENTAL
LEBANON VALLEY VOLUNTEERS IN MEDICINE CLINIC - 711 SOUTH 8TH STREET - LEBANON, PA 17042	26-3915958	501(3)	10,000.	0.			HEALTH
LEG UP FARM INC 4880 NORTH SHERMAN STREET MT. WOLF, PA 17347	23-2931834	501(3)	6,022.	0.			HEALTH
LEHIGH UNIVERSITY 125 GOODMAN DRIVE BETHLEHEM, PA 18015	24-0795445	501(3)	25,691.	0.			EDUCATIONAL
LITTLE THEATRE OF MECHANICSBURG PO BOX 325 MECHANICSBURG, PA 17055	23-7360571	501(3)	10,000.	0.			ARTS, HUMANITIES
MANADA CONSERVANCY PO BOX 25 HUMMELSTOWN, PA 17036	25-1784517	501(3)	5,000.	0.			ENVIRONMENTAL
MECHANICSBURG AREA MEALS ON WHEELS PO BOX 1093 MECHANICSBURG, PA 17055	23-7043841	501(3)	5,518.	0.			HUMAN SERVICE
MECHANICSBURG PRESBYTERIAN CHURCH 300 E SIMPSON STREET MECHANICSBURG, PA 17055-6509	23-1489818	501(3)	5,810.	0.			RELIGION
MENNO HAVEN, INC. 2011 SCOTLAND AVENUE CHAMBERSBURG, PA 17201	23-6276101	501(3)	8,423.	0.			HEALTH

Schedule I (Form 990)

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MILLERSBURG BOROUGH 101 WEST STREET MILLERSBURG, PA 17061	23-6002897	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MILLERSBURG FERRY BOAT ASSOC PO BOX 93 MILLERSBURG, PA 17061	25-1624056	501(3)	5,747.	0.			ARTS, HUMANITIES
MOUNT GRETNA SCHOOL OF ART 833 E ORANGE STREET LANCASTER, PA 17602	46-1055307	501(3)	20,000.	0.			ARTS, HUMANITIES
MR. NICHOLAS FOSTER 3987 VINE SWAMP ROAD KINSTON, PA 28502		501(3)	10,965.	0.			HUMAN SERVICE
NACER, USA PO BOX 266 BLUFFTON, OH 45817	32-0254688	501(3)	24,000.	0.			HUMAN SERVICE
NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVENUE NW - WASHINGTON, DC 20037	53-0210807	501(3)	12,845.	0.			COMMUNITY DEVELOPMENT
NATIONAL WILDLIFE FEDERATION PO BOX 1637 MERRIFIELD, VA 22116	53-0204616	501(3)	25,000.	0.			ENVIRONMENTAL
NED SMITH CENTER FOR NATURE AND ART - 176 WATER COMPANY ROAD - MILLERSBURG, PA 17061-8056	25-1735097	501(3)	5,000.	0.			ARTS, HUMANITIES
NEW GUILFORD BRETHREN CHURCH 1575 MONT ALTO ROAD CHAMBERSBURG, PA 17202	25-1777403	501(3)	9,222.	0.			RELIGION

Schedule I (Form 990)

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NEW HOPE MINISTRIES INC 99 WEST CHURCH STREET DILLSBURG, PA 17019	23-2223120	501(3)	17,500.	0.			HUMAN SERVICE
NEW YORK STUDIO SCHOOL OF DRAWING, PAINTING AND SCULPTURE - 8 W 8TH STREET - NEW YORK, NY 10011	13-6167281	501(3)	10,000.	0.			ARTS, HUMANITIES
OLEWINE NATURE CENTER--FRIENDS OF WILDWOOD - 100 WILDWOOD WAY - HARRISBURG, PA 17110	25-1676210	501(3)	21,081.	0.			ENVIRONMENTAL
OPEN STAGE OF HARRISBURG 25 NORTH COURT STREET HARRISBURG, PA 17101	23-2290559	501(3)	40,000.	0.			ARTS, HUMANITIES
ORTHONATIONS 1007 FRANKLIN LAKES ROAD FRANKLIN LAKES, NJ 07417	81-3465559	501(3)	5,000.	0.			HUMAN SERVICE
ORYOKI ZENDO, INTEGRATIVE MINDFULNESS THERAPIES - 300 BRIDGE STREET - NEW CUMBERLAND, PA 17070	47-4364741	501(3)	6,000.	0.			HUMAN SERVICE
OUR LADY HELP OF CHRISTIANS 732 MAIN STREET LYKENS, PA 17048		501(3)	15,275.	0.			RELIGION
PA ASSOCIATION OF REGIONAL FOOD BANKS DBA HUNGER-FREE PA - 4050 WASHINGTON RD - MCMURRAY, PA 15317	23-2303821	501(3)	10,775.	0.			HUMAN SERVICE
PA CASA PO BOX 44 BETHLEHEM, PA 18018	23-2954302	501(3)	8,905.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

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

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PENN STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER - DEVELOPMENT & ALUMNI RELATIONS, MC HS20 - HERSHEY, PA 17033-0852	25-1854772	501(3)	500,000.	0.			HEALTH
PENN STATE MILTON S. HERSHEY MEDICAL CENTER - MAIL CODE HS20 - HERSHEY, PA 17033-0852	24-6000376	501(3)	5,000.	0.			EDUCATIONAL
PENNCARES 788 CHERRY TREE COURT HANOVER, PA 17331	23-1878861	501(3)	10,000.	0.			HUMAN SERVICE
PENNSYLVANIA COLLEGE OF ART AND DESIGN - 204 N. PRINCE STREET - LANCASTER, PA 17608	23-2215278	501(3)	10,000.	0.			EDUCATIONAL
PENNSYLVANIA FUTURE FARMERS OF AMERICA FOUNDATION - PO BOX 157 - EAST BERLIN, PA 17316	22-2801643	501(3)	5,000.	0.			COMMUNITY DEVELOPMENT
PENNSYLVANIA STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER - UNIVERSITY DEVELOPMENT - HERSHEY, PA 17033	25-1854772	501(3)	22,676.	0.			HEALTH
PENNSYLVANIA STATE SHOTGUNNING ASSOC. - PO BOX 24 - PALMYRA, PA 17078	47-4822594	501(3)	50,000.	0.			COMMUNITY DEVELOPMENT
PENNSYLVANIA STATE UNIVERSITY 101 BORLAND BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(3)	30,000.	0.			EDUCATIONAL
PERRY COUNTY COUNCIL OF THE ARTS 67 NORTH FOURTH STREET NEWPORT, PA 17074	22-2646866	501(3)	78,773.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

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

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PERRY COUNTY LITERACY COUNCIL 133 SOUTH FIFTH STREET NEWPORT, PA 17074	23-2450099	501(3)	5,000.	0.			EDUCATIONAL
PERRY HUMAN SERVICES 8391 SPRING ROAD NEW BLOOMFIELD, PA 17068	23-1953159	501(3)	20,000.	0.			HUMAN SERVICE
PILLARS WITH PURPOSE 200 NORTH 3RD STREET HARRISBURG, PA 17101	01-0564355	501(3)	5,000.	0.			COMMUNITY DEVELOPMENT
PIVOTAL MOMENTS 19800 ROTHSCHILD CT. ASHBURN, VA 20147	46-5682496	501(3)	10,000.	0.			HUMAN SERVICE
PLANNED PARENTHOOD KEYSTONE PO BOX 813 TREXLERTOWN, PA 18087	23-2450112	501(3)	5,000.	0.			HEALTH
PLEASE LIVE, INC. PO BOX 1281 MECHANICSBURG, PA 17055	45-5640458	501(3)	5,375.	0.			EDUCATIONAL
POINT HONDURAS 7980 N. BROTHER BLVD. MEMPHIS, TN 38133	13-4148824	501(3)	5,000.	0.			HUMAN SERVICE
PRESBYTERIAN HOMES, INC. 1 TRINITY DRIVE EAST DILLSBURG, PA 17019	23-2941518	501(3)	8,450.	0.			HUMAN SERVICE
QUEEN OF PEACE ROMAN CATHOLIC CHURCH OF MILLERSBURG - 202 ZIMMERMAN ROAD - MILLERSBURG, PA 17061	23-2193730	501(3)	15,275.	0.			RELIGION

Schedule I (Form 990)

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

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RETIRED SENIOR VOLUNTEER PROGRAM OF THE CAPITAL REGION INC - 50 UTLEY DRIVE - CAMP HILL, PA 17011	23-7242872	501(3)	8,678.	0.			HUMAN SERVICE
RISE AGAINST HUNGER 3733 NATIONAL DRIVE, SUITE 200 RALEIGH, NC 27612	16-1541024	501(3)	62,139.	0.			HUMAN SERVICE
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL PA - 745 WEST GOVERNOR ROAD - HERSHEY, PA 17033	23-2204761	501(3)	6,569.	0.			HUMAN SERVICE
SECOND ANONYMOUS IN AND OUT FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501(3)	32,289.	0.			COMMUNITY DEVELOPMENT
SHALOM CHRISTIAN ACADEMY 126 SOCIAL ISLAND ROAD CHAMBERSBURG, PA 17202	23-7440190	501(3)	38,679.	0.			RELIGION
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DRIVE SHIPPENSBURG, PA 17257	23-2046093	501(3)	25,000.	0.			EDUCATIONAL
SIXERS YOUTH FOUNDATION 3 BANNER WAY CAMDEN, NJ 08103	46-1683699	501(3)	10,000.	0.			HUMAN SERVICE
SKI ROUNDTOP RACING CLUB 1211 BROOKWAY DR. YORK, PA 17403	23-2127196	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013-7012	53-0206027	501(3)	12,845.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

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SOMEONE TO TELL IT TO INC 216 STATE ST. HARRISBURG, PA 17101	45-4216827	501(3)	22,500.	0.			HUMAN SERVICE
SPAY/NEUTER ASSISTANCE PROGRAM, INC. (SNAP) - PO BOX 126702 - HARRISBURG, PA 17112-6702	23-2172084	501(3)	13,037.	0.			HEALTH
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(3)	8,423.	0.			HUMAN SERVICE
ST. BARNABAS CENTER FOR MINISTRY 248 SENECA ST HARRISBURG, PA 17110	25-1710291	501(3)	6,000.	0.			EDUCATIONAL
ST. JOHN'S UNITED CHURCH OF CHRIST 1811 LINCOLN WAY EAST CHAMBERSBURG, PA 17202	23-6307200	501(3)	5,058.	0.			RELIGION
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH - 324 NORTH STREET - MILLERSBURG, PA 17061	23-2251963	501(3)	13,650.	0.			RELIGION
ST. PAUL'S LUTHERAN CHURCH PO BOX 53 NEWPORT, PA 17074-0053	23-2132361	501(3)	9,334.	0.			RELIGION
ST. STEPHEN'S EPISCOPAL CATHEDRAL 221 NORTH FRONT STREET HARRISBURG, PA 17101	23-2107935	501(3)	5,000.	0.			RELIGION
ST. THOMAS CEMETARY ASSOCIATION 197 PIONEER DRIVE ST. THOMAS, PA 17252	25-1253251	501(3)	5,690.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. THOMAS LUTHERAN CHURCH 7601 LINCOLN WAY WEST ST. THOMAS, PA 17252	25-1253251	501(3)	36,740.	0.			RELIGION
ST. THOMAS TWP VOLUNTEER FIRE COMPANY - PO BOX 46 - ST. THOMAS, PA 17252	25-1297197	501(3)	5,689.	0.			COMMUNITY DEVELOPMENT
SURVIVOR FITNESS FOUNDATION PO BOX 41434 NASHVILLE, TN 37204	46-1934408	501(3)	12,298.	0.			HEALTH
SUSQUEHANNA ART MUSEUM 1401 NORTH THIRD STREET HARRISBURG, PA 17102	25-1601081	501(3)	85,000.	0.			ARTS, HUMANITIES
TFEC ADMINISTRATIVE FUND 200 N 3RD ST HARRISBURG, PA 17101	01-0564355	501(3)	19,735.	0.			COMMUNITY DEVELOPMENT
TFEC EARLY EDUCATION SCHOLARSHIP FUND - 200 N. 3RD STREET - HARRISBURG, PA 17108	01-0564355	501(3)	10,000.	0.			EDUCATIONAL
THE BOYS AND GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG INC - 440 WEST WASHINGTON STREET - CHAMBERSBURG, PA 17201	27-1658752	501(3)	5,000.	0.			HUMAN SERVICE
THE BURG FOUNDATION 2601 NORTH FRONT STREET HARRISBURG, PA 17110	46-2742447	501(3)	17,000.	0.			ARTS, HUMANITIES
THE CENTER AT WEST PARK 165 WEST 86TH ST. NEW YORK, NY 10024	42-0864360	501(3)	5,000.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FRIENDS OF THE STATE MUSEUM 300 NORTH STREET HARRISBURG, PA 17120-0024	23-2191360	501(3)	6,672.	0.			ARTS, HUMANITIES
THE FUND FOR WOMEN AND GIRLS 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501(3)	5,645.	0.			COMMUNITY DEVELOPMENT
THE NATURE CONSERVANCY 821 SE 14TH AVE. PORTLAND, OR 97212	53-0242652	501(3)	100,000.	0.			ENVIRONMENTAL
THE SALVATION ARMY HARRISBURG CAPITAL CITY REGION - 506 S. 29TH STREET - HARRISBURG, PA 17104	13-5562351	501(3)	27,845.	0.			HUMAN SERVICE
THE SEXUAL ASSAULT RESOURCE & COUNSELING CENTER OF LEBANON & SCHUYLKILL COUNTIES - 615 CUMBERLAND ST - LEBANON, PA 17042	23-2335091	501(3)	12,122.	0.			HUMAN SERVICE
THEATRE HARRISBURG 513 HURLOCK ST HARRISBURG, PA 17110	23-1465635	501(3)	21,008.	0.			ARTS, HUMANITIES
TOUR DE BBQ 6000 W. 101ST PLACE OVERLAND PARK, KS 66207	27-2402738	501(3)	6,927.	0.			HEALTH
TRINITY WASHINGTON UNIVERSITY TRINITY OFFICE OF DEVELOPMENT WASHINGTON, DC 20017	53-0196640	501(3)	6,802.	0.			EDUCATIONAL
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3535 MARKET STREET - PHILADELPHIA, PA 19104-3309	23-1352685	501(3)	5,000.	0.			EDUCATIONAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TSM/SOURCE OF LIFE MINISTRIES PO BOX 96 HANOVER, PA 17331	30-0213425	501(3)	28,800.	0.			HUMAN SERVICE
UNITED CHURCH OF CHRIST HOMES, INC. - 30 N 31ST STREET - CAMP HILL, PA 17011	23-1615155	501(3)	10,000.	0.			RELIGION
UNITED WAY FOUNDATION OF THE CAPITAL REGION - 2235 MILLENNIUM WAY - ENOLA, PA 17025	25-1733405	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(3)	112,430.	0.			COMMUNITY DEVELOPMENT
UPMC PINNACLEHEALTH FOUNDATION PO BOX 8700 HARRISBURG, PA 17105-8700	25-1778644	501(3)	16,453.	0.			HEALTH
UPPER DAUPHIN HUMAN SERVICES CENTER INC - 517 MAIN STREET - LYKENS, PA 17048	23-2058911	501(3)	8,000.	0.			HUMAN SERVICE
UPSTREAM'S BENEVOLENT EMPLOYEE HARDSHIP FUND - 200 N. 3RD ST. - HARRISBURG, PA 17101	01-0564355	501(3)	10,000.	0.			HUMAN SERVICE
VANGUARD CHARITABLE ENDOWMENT PROGRAM - 100 VANGUARD BOULEVARD - MALVERN, PA 17355	23-2888152	501(3)	3,000,000.	0.			HUMAN SERVICE
VICKIE'S ANGEL WALK, INC. 511 BRIDGE STREET NEW CUMBERLAND, PA 17070	20-8755452	501(3)	15,000.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATER MISSIONS INTERNATIONAL PO BOX 31258 CHARLESTON, SC 29417	57-1116978	501(3)	40,000.	0.			HUMAN SERVICE
WAYNESBORO COMMUNITY & HUMAN SERVICES INC - 123 WALNUT STREET - WAYNESBORO, PA 17268	25-1366504	501(3)	17,406.	0.			HUMAN SERVICE
WAYNESBORO COMMUNITY CONCERT ASSOCIATION FUND - 200 N. 3RD ST. - HARRISBURG, PA 17101	25-1429191	501(3)	5,483.	0.			ARTS, HUMANITIES
WELLSPAN CHAMBERSBURG HOSPITAL DEVELOPMENT OFFICE CHAMBERSBURG, PA 17201	23-0465970	501(3)	30,036.	0.			HEALTH
WEST VIRGINIA UNIVERSITY HOSPITALS PO BOX 1127 MORGANTOWN, WV 26507-1127	55-0643304	501(3)	8,000.	0.			HEALTH
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 225 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(3)	45,539.	0.			EDUCATIONAL
WILDHEART MINISTRIES INTERNATIONAL 333 S. 13TH ST. HARRISBURG, PA 17104	81-2194708	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
WILMER EYE INSTITUTE DEVELOPMENT OFFICE - 600 N. WOLFE ST. - BALTIMORE, MD 21287	52-0595110	501(3)	20,000.	0.			HUMAN SERVICE
WITF, INC. 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(3)	7,730.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(3)	10,000.	0.			ARTS, HUMANITIES
YWCA CARLISLE 301 G STREET CARLISLE, PA 17013	23-1311005	501(3)	5,727.	0.			COMMUNITY DEVELOPMENT
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(3)	15,924.	0.			COMMUNITY DEVELOPMENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	300	422,398.	0.		

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

PART I, LINE 2:

NONPROFIT ORGANIZATIONS RECEIVING GRANT FUNDS MUST SIGN A GRANT CONTRACT

BEFORE THE FUNDS ARE DISBURSED. THE GRANTEE SIGNS AN ACKNOWLEDGEMENT LETTER

WHEN THE FUNDS ARE RECEIVED. THE GRANTEE MUST ALSO COMPLETE A SIX MONTH AND

ONE YEAR EVALUATION AFTER THE GRANT IS PAID.

SCHOLARSHIP FUNDS ARE MONITORED THROUGH EVALUATION OF STUDENTS TUITION

BILLS, BEFORE DISBURSEMENTS ARE MADE. SCHOLARSHIP MONIES ARE ONLY PAID IF

THE STUDENT OWES AT LEAST THE AMOUNT OF THE AWARD. SCHOLARSHIP MONEY IS NOT

Part IV Supplemental Information

PAID IF THERE IS A CREDIT ON THE ACCOUNT OR A ZERO BALANCE. SCHOLARSHIP

MONEY IS RELEASED PAYABLE TO BOTH THE STUDENT AND THE COLLEGE, AND MAILED

DIRECTLY TO THE COLLEGE. THE ONLY INSTANCE THAT THE SCHOLARSHIP MONEY IS

RELEASED DIRECTLY TO THE STUDENT IS FOR BOOK REIMBURSEMENT, AFTER BOOK

RECEIPTS ARE RECEIVED AND REVIEWED. RECEIPTS ARE GENERATED AND ACCOMPANY

EACH CHECK. THE BURSAR'S OFFICE (TUITION PAYMENTS) OR THE STUDENT (BOOK

PAYMENTS) ARE ASKED TO RETURN A FORM, IDENTIFYING THE RECEIPT OF AND

APPROPRIATE USE OF THE FUNDS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2019

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANICE R. BLACK PRESIDENT & CEO	(i)	175,173.	19,902.	0.	0.	15,570.	210,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIRK DEMYAN VP & CFO	(i)	132,990.	6,000.	0.	0.	40,385.	179,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE FOUNDATION FOR ENHANCING COMMUNITIES** Employer identification number **01-0564355**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	843,453.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

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

INSPIRING GIVING BY PARTNERING WITH DONORS TO ACHIEVE THEIR CHARITABLE
GOALS, AND STRENGTHENING OUR LOCAL COMMUNITIES BY INVESTING IN THEM NOW
AND FOR FUTURE GENERATIONS.

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

INSPIRING GIVING BY PARTNERING WITH DONORS TO ACHIEVE THEIR CHARITABLE
GOALS, AND STRENGTHENING OUR LOCAL COMMUNITIES BY INVESTING IN THEM NOW
AND FOR FUTURE GENERATIONS.

FORM 990, PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE FOUNDATION FOR ENHANCING FOUNDATION (TFEC) IS A COMMUNITY
FOUNDATION THAT HAS 906 FUNDS AND SERVES A GEOGRAPHICAL AREA OF FIVE
COUNTIES INCLUDING, CUMBERLAND, DAUPHIN, FRANKLIN, LEBANON, PERRY AND
NORTHERN YORK IN THE DILLSBURG AREA, WHERE ALL THE NONPROFITS IN THOSE
COUNTIES ARE ELIGIBLE TO APPLY FOR DISCRETIONARY FUNDING EACH YEAR.
OUR DONORS LIVE ACROSS THE UNITED STATES. TFEC HAS FIVE REGIONAL
FOUNDATIONS. EACH HAS AN ADVISORY COMMITTEE OF LOCAL LEADERS FROM THE
REGIONAL AREA REPRESENTED, WHO KNOW THEIR COMMUNITY. THEY ARE
RESPONSIBLE FOR THE ESTABLISHMENT OF NEW FUNDS, MARKETING AND EDUCATING
PROFESSIONAL ADVISORS AND POTENTIAL DONORS OF ALL TYPES ABOUT THE
BENEFITS OF INVESTING IN THEIR REGIONAL FOUNDATION THROUGH THEIR
CONTACTS AND LEADERSHIP. THEY INCLUDE:

DILLSBURG AREA COMMUNITY FOUNDATION SERVES DILLSBURG AREA
MECHANICSBURG AREA COMMUNITY FOUNDATION SERVES MECHANICSBURG AREA ZIP
CODES 17055 AND 17050

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

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

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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GREATER HARRISBURG COMMUNITY FOUNDATION SERVES CUMBERLAND, DAUPHIN,

FRANKLIN, LEBANON, PERRY AND DILLSBURG AREA

FRANKLIN COUNTY COMMUNITY FOUNDATION SERVES FRANKLIN COUNTY

PERRY COUNTY COMMUNITY FOUNDATION SERVES PERRY COUNTY

FORM 990, PART III, LINE 4B, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TFEC SERVES AS THE FISCAL SPONSOR FOR 75 PROJECTS. AS A FISCAL SPONSOR,

TFEC PERFORMS MANY INTERNAL FUNCTIONS FOR ORGANIZATIONS OR INDIVIDUALS

WHO HAVE A CHARITABLE PURPOSE AND WISH TO OPERATE AS A NONPROFIT

ORGANIZATION. USING A FISCAL SPONSORSHIP AGREEMENT, TFEC BECOMES THE

FISCAL SPONSOR AND, FOR A FEE, SPREADS THE UMBRELLA OF ITS 501 (C) (

3) OVER THE ACTIVITIES OF THE PROJECT. TWO EXAMPLES OF OUR PROJECTS

INCLUDE:

PROJECTS:

EMERGING PHILANTHROPIST PROGRAM (EPP)

EPP IS A PARTNERSHIP BETWEEN HARRISBURG YOUNG PROFESSIONALS AND TFEC.

IT SEEKS TO ENGAGE HARRISBURG'S EMERGING BUSINESS AND COMMUNITY LEADERS

WITH THE GREAT POSSIBILITIES THAT LIE WITHIN PHILANTHROPIC ENDEAVORS IN

OUR REGION. EPP PROVIDES RESOURCES AND EDUCATIONAL OPPORTUNITIES FOR

HARRISBURG'S DEVELOPING LEADERS WHO WISH TO BE ACTIVELY ENGAGED IN

GIVING BACK TO THE COMMUNITY.

FLAGGER FORCE

BECOMING A PROJECT IN 2012, FLAGGER FORCE IS ABOUT MAKING A DIFFERENCE

IN THE COMMUNITIES THEY CALL HOME. THE PURPOSE OF THIS PROJECT IS TO

RAISE MONEY FOR CHARITIES CHOSEN BY THE EMPLOYEES OF FLAGGER FORCE AND

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
--	--

PROVIDE VOLUNTEER OPPORTUNITIES FOR FLAGGER FORCE EMPLOYEES WITH LOCAL ORGANIZATIONS.

THE PROJECT ALSO PROVIDES FINANCIAL AID TO FLAGGER FORCE EMPLOYEES PAST AND PRESENT WHO ARE EXPERIENCING A DISASTER OR HARDSHIP THAT HAS CAUSED PROVEN FINANCIAL DISTRESS TO THE EMPLOYEE AND/OR THEIR FAMILIES THROUGH A COMMITTEE ADVISED EMPLOYEE HARDSHIP FUND.

STUDENT AUTHOR

ESTABLISHED IN 2019, THE PURPOSE OF THIS PROJECT WILL BE TO USE RECOGNIZED AUTHORS OF CHILDREN'S BOOKS TO TEACH VARIOUS TECHNIQUES OF WRITING, ILLUSTRATION AND PUBLISHING TO INSPIRE NEW, YOUNG WRITERS, WHILE ENHANCING LITERACY TO IMPROVE AND DEVELOP HIS OR HER CAPABILITIES.

THE PROJECT'S FOCUS IS TO DEVELOP ENHANCED READING AND WRITING SKILLS FOR MIDDLE SCHOOLS' STUDENTS AT TITLE 1 SCHOOLS BY HAVING THEM PARTICIPATE IN INTERACTIVE WORKSHOPS. TITLE 1 SCHOOLS ARE SCHOOLS THAT HAVE SIGNIFICANT ACHIEVEMENT GAPS IN READING, WRITING, AND MATH COMPARED TO THE AVERAGE SCHOOLS. THE WORKSHOPS ARE HANDS-ON AND ULTIMATELY THESE STUDENTS WILL SUBMIT DRAFTS OF POTENTIAL CHILDREN'S BOOK, WITH AT LEAST ONE STUDENT'S BOOK PUBLISHED AT NO COST TO THE STUDENT'S FAMILY.

HERSHEY COMMUNITY GARDEN

A SINGLE IDEA, ROOTED IN 2012, FROM A SINGLE HERSHEY COMPANY EMPLOYEE, HAS GROWN INTO A COLLABORATION OF ENTITIES ALSO KNOWN AS THE HERSHEY IMPACT GROUP. THEY HAVE COME TOGETHER TO PROVIDE COMMUNITY RESIDENTS

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
--	--

WITH A PLACE TO CULTIVATE BOTH GARDENS AND FRIENDSHIPS. THIS 2 ACRES

GARDEN (INCLUDING RAISED BEDS HAVE BEEN SET ASIDE FOR WHEELCHAIR

GARDENERS AND THOSE WITH LIMITED MOBILITY) DONATE THEIR PRODUCE TO THE

HERSHEY FOOD BANK, NEARBY FARMER'S MARKET, COCOA PACKS, AND FOR THOSE

IN NEED.

THE HERSHEY COMMUNITY GARDEN OFFERS THE COMMUNITY THE FOLLOWING HEALTH

AND COMMUNITY BENEFITS:

- IMPROVE NUTRITION THROUGH BETTER ACCESS TO FRESH VEGETABLES AND

FRUITS;

- SUPPORT THE LOCAL FOOD MOVEMENT;

- PROVIDE AN OPPORTUNITY FOR STRESS-RELIEVING PHYSICAL ACTIVITY;

- OFFER A PLACE FOR COMMUNICATION ACROSS CULTURES USING FOOD AS A

SHARED EXPERIENCE; AND

- PROMOTE OF THE ROLE OF PUBLIC HEALTH IN IMPROVING THE QUALITY OF

LIFE IN HERSHEY.

ALPACA FIBER DESIGNS

SINCE 2014, ALPACA FIBER DESIGN'S MISSION IS TO PROVIDE AN INTEGRATED

CUSTOMIZED EMPLOYMENT SETTING TO ENHANCE LIVES OF PERSONS WITH

DISABILITIES, EMPOWER INDIVIDUALS TO ACHIEVE VOCATIONAL INDEPENDENCE

AND BE CONTRIBUTING MEMBERS OF THEIR COMMUNITIES. ALPACA FIBER DESIGN

CREATES HIGH QUALITY GREEN PRODUCTS AND SERVE AS A BUSINESS MODEL

NATION-WIDE FOR PERSONS WITH DISABILITIES NATION-WIDE.

FORM 990, PART III, LINE 4C, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MANAGEMENT SERVICE AGREEMENTS:

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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MANAGEMENT SERVICE AGREEMENTS PROVIDE TFEC THE ABILITY TO PERFORM MANY INTERNAL FUNCTIONS FOR INDEPENDENT NONPROFIT ORGANIZATIONS AND FOUNDATIONS. THE ORGANIZATION REMAINS THE LEGAL OWNER OF ITS FINANCIAL ASSETS AND MAINTAINS ITS OWN GOVERNING BODY, AND TFEC PROVIDES A SELECTION OF SERVICES FOR A FEE, ACCORDING TO A MANAGEMENT SERVICES AGREEMENT. TFEC CURRENTLY PROVIDES MANAGEMENT SERVICES TO 15 INDEPENDENT NONPROFIT ORGANIZATIONS AND FOUNDATIONS.

THE TRANSACTIONAL SERVICES PROVIDED IN THIS TYPE OF AN AGREEMENT

INCLUDE:

TRANSACTIONAL SERVICES

- ESTABLISH BANK ACCOUNTS
- ESTABLISH A GENERAL LEDGER
- INPUT INITIAL FUND BALANCES
- ESTABLISH AN INVESTMENT ACCOUNT(S)
- TRANSFER ASSETS INTO PROPER INVESTMENT ACCOUNTS
- ACCEPT ALL DONATIONS ON BEHALF OF THE ORGANIZATION, INCLUDING

CASH, CHECKS, CREDIT CARDS, (CLIENT IS RESPONSIBLE FOR HAVING THEIR OWN

CREDIT CARD PROCESSING PROVIDER), PUBLICLY - TRADED AND CLOSELY HELD

SECURITIES, REAL ESTATE, INSURANCE POLICIES, AND OTHER NONTRADITIONAL

ASSETS

- ACKNOWLEDGE ALL GIFTS TO DONORS AND PROVIDE TAX DEDUCTION LETTERS
- PREPARE AND RECORD ALL INVESTMENT POOL ALLOCATIONS
- CALCULATE FEES ON ALL FUNDS
- PROCESS ALL GRANTS AND SCHOLARSHIPS
- PROCESS ALL VENDOR PAYMENTS

FINANCIAL REPORTING

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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CREATE AND ISSUE FINANCIAL REPORTS TO THE TEAM, BOARD OF DIRECTORS

AND OTHER DESIGNEES

AVAILABLE REPORTS INCLUDE:

- STATEMENTS OF FINANCIAL POSITION
- STATEMENTS OF ACTIVITY (ACTUAL VS BUDGET)
- CASH FLOW FORECAST
- GRANTS PAID AND PAYABLE
- PLEDGES RECEIVED AND RECEIVABLE
- GIFTS RECEIVED
- RETURN EARNED ON THE INVESTMENT
- LIST OF ALL GIFTS WITH FUND BALANCES
- STATEMENT OF FINANCIAL POSITION FOR EACH FUND
- SCHEDULE OF ACCOUNTS PAYABLE
- WORKING PAPERS FOR ANNUAL TAX RETURN (ACTUAL RETURN PREPARED BY

ORGANIZATION'S CPA FIRM)

AUDIT

WORK CLOSELY WITH THE ORGANIZATION'S AUDITOR TO PROVIDE ALL INFORMATION NECESSARY TO COMPLETE THE ANNUAL AUDIT

BUDGET PREPARATION

WORK CLOSELY WITH THE STAFF IN ORDER TO ASSEMBLE THE ORGANIZATION'S ANNUAL BUDGET

PAYROLL

PREPARE PAYROLL JOURNAL ENTRIES, GOVERNMENTAL REPORTS, AND EMPLOYEE DEDUCTIONS FOR TAXES, BENEFITS AND SAVINGS PLANS (CLIENT IS RESPONSIBLE

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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FOR HAVING OWN PAYROLL PROVIDER.)

INVESTMENTS

- ESTABLISH RELATIONSHIPS WITH FINANCIAL INSTITUTIONS WHERE FUNDS

ARE INVESTED

- ENSURE THAT ALL FUNDS ARE INVESTED PROPERLY, ACCORDING TO

INVESTMENT POLICY GUIDELINES

- ENSURE THAT ALL FEES CHARGED BY INVESTMENT FIRMS ARE APPROPRIATE

- REBALANCE INVESTMENT PORTFOLIO ON A MONTHLY BASIS

- PROVIDE MONTHLY INVESTMENT REPORTS

- REVIEW ALL INVESTMENTS QUARTERLY USING THE EXPERTISE OF TFEC'S

INVESTMENT ADVISORY COMMITTEE

PLANNED GIVING SERVICES

PLANNED GIVING SERVICES ARE OFFERED FOR AN ADDITIONAL

FEE-INFORMATION AVAILABLE ON SERVICES PROVIDED

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

INITIATIVES:

EARLY EDUCATION INITIATIVE

TFEC'S EARLY CHILDHOOD EDUCATION INITIATIVE BROADENS COMMUNITY

RESOURCES BY GIVING CHILDREN AND THEIR FAMILIES THE TOOLS THEY NEED TO

BE SUCCESSFUL, AND BUILDS STRONG PARTNERSHIPS BETWEEN THE COMMUNITY,

EARLY LEARNING PROVIDERS, AND THE SCHOOLS. IN 2017, THE INITIATIVE

FORMED AN EARLY CHILDHOOD ADVISORY COMMITTEE AS PART OF A MULTI-YEAR

COMMITMENT MADE BY THE TFEC BOARD OF DIRECTORS TO IMPROVE KINDERGARTEN

READINESS AND ACCESS TO EARLY EDUCATION SERVICES. TO BE EFFECTIVE AND

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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RELEVANT, THE COMMITTEE INCLUDES REPRESENTATIVES FROM BUSINESS AND
INDUSTRY, COMMUNITY LEADERS, SCHOOL REPRESENTATIVES, AND EARLY LEARNING
PROVIDERS WITHIN TFEC'S FOOTPRINT SERVICE AREA. THE COMMITTEE EXPLORES
THE SYSTEMS, PARTNERSHIPS, AND LEADERSHIP ROLES THAT BEST ENHANCE AND
STRENGTHEN CONNECTIONS FOCUSING ON SERVICE TO CHILDREN FROM PRENATAL TO
FIVE YEARS OF AGE, WHICH IS CRITICAL DUE TO THE LACK OF COHESIVENESS IN
THE EARLY EDUCATION SECTOR. THE THREE OVERARCHING GOALS FOR 2019 IN
ALIGNMENT WITH TFEC'S STRATEGIC PLAN INCLUDE A MORE EDUCATED AND
ENGAGED LOCAL BUSINESS COMMUNITY AROUND EARLY EDUCATION, TO RAISE
AWARENESS OF THE IMPACT OF SUCCESSFUL TRANSITIONS THROUGH AN EXPANSION
OF OUR FULL DAY TRANSITION CONFERENCE, AND TO HELP DEVELOP A TRAUMA
INFORMED COMMUNITY THROUGH RESILIENCY PRACTICES.

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

THE FOUNDATION'S INTERNAL REVENUE SERVICE (IRS) FORM 990 IS SENT TO THE
DIRECTORS AND OFFICERS ELECTRONICALLY PRIOR TO SENDING IT TO THE IRS. THE
FOUNDATION'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT COMMITTEE THE
RESPONSIBILITY TO REVIEW, IN DETAIL, THE FOUNDATION'S IRS FORM 990 EITHER
BEFORE OR AFTER FILING WITH THE IRS.

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

ALL DIRECTORS, OFFICERS, EMPLOYEES AND STANDING COMMITTEE MEMBERS,
INCLUDING REGIONAL FOUNDATION DIRECTORS, ARE REQUIRED TO FILE ANNUAL
DISCLOSURE STATEMENTS. THOSE DIRECTORS HAVING AFFILIATIONS WITH GRANTEE
ORGANIZATIONS AS SHOWN ON THE CURRENT LIST OF CONFLICTS DEVELOPED FROM THE
DISCLOSURE STATEMENTS ARE NOTED AS ABSTAINING FROM VOTES ON GRANTS TO THOSE
ORGANIZATIONS. THE FOUNDATION MAINTAINS A CHART THAT INCLUDES ALL
AFFILIATIONS TO PROVIDE EASY ACCESS TO THE INFORMATION WHEN NEEDED.

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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FORM 990, PART VI, SECTION B, LINE 15:

A CONSULTANT PREPARES A COMPENSATION REPORT FOR THE PERSONNEL COMMITTEE.

THE EXECUTIVE COMMITTEE PREPARES AN OVERVIEW OF THE PROFESSIONAL GOALS FOR

THE YEAR. ANNUAL COMPENSATION IS GIVEN BASED ON INFORMATION IN THE

COMPENSATION REPORT AND PROFESSIONAL GOAL REPORT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

PA,AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC

ND,OH,OK,OR,RI,SC,TN,UT,VA,WA,WV,WI

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

THE CONFLICT OF INTEREST POLICY IS IN THE FOUNDATION'S BY-LAWS AT ARTICLE

XIII, IN THE RELATIONSHIP WITH APPLICANTS SECTION OF THE EMPLOYEE HANDBOOK,

AND IN POLICY STATEMENTS ADOPTED BY THE BOARD OF DIRECTORS. THE

FOUNDATION'S GOVERNING DOCUMENT, BY-LAWS, ARTICLES OF INCORPORATION, AND

POLICY STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S

PRESIDENT. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT WHICH CONTAINS

FINANCIAL INFORMATION, AND ITS FINANCIAL STATEMENTS TO DONORS, FUNDHOLDERS

AND INTERESTED PERSONS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CASH AND INVESTMENT TRANSFER DUE TO TERMINATION OF SPLIT

INTEREST AGREEMENT 2,103,098.

PAGE 1, SECTION C, DOING BUSINESS AS

DILLSBURG AREA COMMUNITY FOUNDATION

FRANKLIN COUNTY COMMUNITY FOUNDATION

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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GREATER HARRISBURG COMMUNITY FOUNDATION

MECHANICSBURG AREA COMMUNITY FOUNDATION

PERRY COUNTY COMMUNITY FOUNDATION

THE FOUNDATION FOR ENHANCING COMMUNITIES #01-0564355

IN ACCORDANCE WITH REG. 1.170A-9(E)(11) OF THE INTERNAL REVENUE CODE,

THE FOUNDATION FOR ENHANCING COMMUNITIES (FORMERLY KNOWN AS THE GREATER

HARRISBURG FOUNDATION) (EIN 01-0564355) AND GHF, INC. (EIN 22-2436382)

HAVE HEREIN BEEN REPORTED AS A SINGLE ENTITY. FORMERLY, GHF, INC.,

ALTHOUGH A COMPONENT PART OF THE FOUNDATION FOR ENHANCING COMMUNITIES,

HAD FILED SEPARATELY UNDER ITS OWN EIN. EFFECTIVE WITH THE FILING OF

THE INFORMATION RETURN FOR THE YEAR ENDED DECEMBER 31, 2000, A SINGLE

FILING IS MADE.

TFEC PROPERTIES, INC. HAS NO INCOME AND NO ASSETS.

**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 **THE FOUNDATION FOR ENHANCING COMMUNITIES** Employer identification number **01-0564355**

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
GHF, INC - 22-2436382 200 NORTH THIRD STREET, 8TH FLOOR HARRISBURG, PA 17108	HOLDING TRUST FUNDS	PENNSYLVANIA	501(C)(3)	LINE 8	N/A		X
TFEC PROPERTIES, INC - 20-8561997 200 NORTH THIRD STREET, 8TH FLOOR HARRISBURG, PA 17108	HOLDING REAL ESTATE FOR TFEC	PENNSYLVANIA	501(C)(2)	N/A	N/A		X

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE FOUNDATION FOR ENHANCING COMMUNITIES	Taxpayer identification number (TIN) 01-0564355
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 200 NORTH 3RD STREET, 8TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARRISBURG, PA 17108-0678	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

FOUNDATION OFFICERS

- The books are in the care of ▶ **200 NORTH 3RD STREET - HARRISBURG, PA 17108-0678**
Telephone No. ▶ **717-236-5040** Fax No. ▶ **717-231-4463**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2019 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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