PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

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

Doing business as SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
200 NORTH 3RD STREET, 8TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
HARRISBURG, PA 17108-0678

F Name and address of principal officer: JANICE BLACK
SAME AS C ABOVE

D Employer identification number
01-0564355

E Telephone number
717-236-5040

G Gross receipts $ 30,235,445.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.TFEC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1920

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	235
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,139,674.	8,596,947.
9	Program service revenue (Part VIII, line 2g)	602,681.	540,980.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,261,340.	6,325,837.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-56,920.	-57,384.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,946,775.	15,406,380.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000,085.	3,392,183.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,230,022.	1,309,780.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 344,448.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,656,922.	2,577,214.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,887,029.	7,279,177.
19	Revenue less expenses. Subtract line 18 from line 12	5,059,746.	8,127,203.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	85,950,104.	81,381,118.
21	Total liabilities (Part X, line 26)	7,112,998.	6,505,657.
22	Net assets or fund balances. Subtract line 21 from line 20	78,837,106.	74,875,461.

Part II Signature Block

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

Sign Here

▶ Janice R Black President & CEO — Signature of officer — Date 3/28/19

▶ JANICE BLACK, PRESIDENT & CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LISA RITTER		3/25/19		P00168809

Firm's name ▶ MAHER DUESSEL, CPA'S — Firm's EIN ▶ 25-1622758

Firm's address ▶ 3003 NORTH FRONT STREET, SUITE 101, HARRISBURG, PA 17110 — Phone no. 717-232-1230

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III 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 ☒ No

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

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

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

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

4a (Code:) (Expenses $ 4,402,338. including grants of $ 2,881,280.) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 1,609,146. including grants of $ 510,903.) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ including grants of $) (Revenue $ 540,980.)

SEE SCHEDULE O

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

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

4e Total program service expenses ▶ 6,011,484.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	99		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15			X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			X
	If "Yes," complete Form 4720, Schedule O.				

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 in 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			x
6	Did the organization have members or stockholders?	6			x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		x	
b	Each committee with authority to act on behalf of the governing body?	8b		x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			x

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	x	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA, 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. Indicate how you made these available. Check all that apply.

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

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

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

FOUNDATION OFFICERS - 717-236-5040

200 NORTH 3RD STREET, HARRISBURG, PA 17108-0678

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) L. JEFFREY MATTERN CHAIRMAN	1.00	X		X				0.	0.	0.
(2) DR. CAROLYN DUMARESQ VICE CHAIRMAN	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) ROBERT E. CAPLAN, CFA TREASURER	1.00	X		X				0.	0.	0.
(6) CHANDRA M. LALVANI ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(7) ROBERT J. DOLAN, ASA BOARD MEMBER	1.00	X						0.	0.	0.
(8) GLENN P. HEISEY BOARD MEMBER	1.00	X						0.	0.	0.
(9) DEVIN Q. LANGAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) L. RENEE LIEUX BOARD MEMBER	1.00	X						0.	0.	0.
(11) GREGORY ROYER BOARD MEMBER	1.00	X						0.	0.	0.
(12) KIMBERLY K. SCHALLER 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) JANICE BLACK PRESIDENT & CEO	37.50			X				181,054.	0.	14,398.
(16) KIRK DEMYAN VP & CFO	37.50			X				126,747.	0.	28,295.
(17) JENNIFER DOYLE VP OF DEVELOPMENT & COMMUNITY INVEST	37.50			X				116,476.	0.	9,032.

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			
1b Sub-total ▶								424,277.	0.	51,725.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								424,277.	0.	51,725.

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, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	54,277.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,542,670.				
	g Noncash contributions included in lines 1a-1f: $ 1,882,182.						
	h Total. Add lines 1a-1f			8,596,947.			
Program Service Revenue		Business Code					
	2a MANAGEMENT FEES	541900		540,980.	540,980.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			540,980.			
	3 Investment income (including dividends, interest, and other similar amounts)			2,020,594.			2,020,594.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	19,050,513.					
	b Less: cost or other basis and sales expenses	14,745,270.					
	c Gain or (loss)	4,305,243.					
	d Net gain or (loss)			4,305,243.			4,305,243.
Other Revenue	8a Gross income from fundraising events (not including $ 54,277. of contributions reported on line 1c). See Part IV, line 18	a	26,411.				
	b Less: direct expenses	b	83,795.				
	c Net income or (loss) from fundraising events			-57,384.			-57,384.
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			15,406,380.	540,980.	0.	6,268,453.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,656,879.	2,656,879.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	735,304.	735,304.		
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	476,002.	53,622.	308,520.	113,860.
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	610,255.	363,380.	178,889.	67,986.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,624.	3,311.	3,869.	1,444.
9 Other employee benefits	132,230.	50,762.	59,332.	22,136.
10 Payroll taxes	82,669.	31,736.	37,094.	13,839.
11 Fees for services (non-employees):				
a Management				
b Legal	29,626.	11,373.	13,293.	4,960.
c Accounting	20,225.	7,764.	9,075.	3,386.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	91,779.	35,233.	41,182.	15,364.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	19,310.	7,413.	8,665.	3,232.
12 Advertising and promotion	134,824.	51,758.	60,496.	22,570.
13 Office expenses	65,842.	25,277.	29,544.	11,021.
14 Information technology	112,842.	43,319.	50,633.	18,890.
15 Royalties				
16 Occupancy	123,231.	47,307.	55,294.	20,630.
17 Travel	20,937.	8,038.	9,395.	3,504.
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	28,877.	11,086.	12,957.	4,834.
23 Insurance	25,986.	9,976.	11,660.	4,350.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSORSHIPS	1,829,416.	1,829,416.		
b STAFF AND DIRECTOR DEVE	53,481.	20,531.	23,997.	8,953.
c DUES AND FEES	20,838.	7,999.	9,350.	3,489.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	7,279,177.	6,011,484.	923,245.	344,448.
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	2,703,497.	2	2,740,174.
	3	Pledges and grants receivable, net	1,686,017.	3	675,836.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	28,629.	9	31,324.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 332,789.			
	b	Less: accumulated depreciation — 10b: 281,649.	50,918.	10c	51,140.
	11	Investments - publicly traded securities	80,733,817.	11	77,159,333.
	12	Investments - other securities. See Part IV, line 11	747,226.	12	723,311.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	85,950,104.	16	81,381,118.
Liabilities	17	Accounts payable and accrued expenses	8,265.	17	14,812.
	18	Grants payable	1,283,831.	18	1,334,932.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,820,902.	25	5,155,913.
	26	**Total liabilities.** Add lines 17 through 25	7,112,998.	26	6,505,657.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [x] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	76,283,357.	27	73,310,598.
	28	Temporarily restricted net assets	2,553,749.	28	1,564,863.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	78,837,106.	33	74,875,461.
	34	Total liabilities and net assets/fund balances	85,950,104.	34	81,381,118.

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	15,406,380.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,279,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,127,203.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,837,106.
5	Net unrealized gains (losses) on investments	5	-12,088,848.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,875,461.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations .....

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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,788,268.	6,837,577.	7,013,971.	10,139,674.	8,596,947.	37,376,437.
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	4,788,268.	6,837,577.	7,013,971.	10,139,674.	8,596,947.	37,376,437.
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)						5,444,355.
6 **Public support.** Subtract line 5 from line 4.						31,932,082.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4,788,268.	6,837,577.	7,013,971.	10,139,674.	8,596,947.	37,376,437.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,499,708.	1,496,790.	1,663,166.	1,898,135.	2,020,594.	8,578,393.
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						45,954,830.

12 Gross receipts from related activities, etc. (see instructions)	12	2,768,690.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	69.49 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	69.99 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

** PUBLIC DISCLOSURE COPY **

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

2018

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[x] 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

[x] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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		$ 385,000.	Person [x] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,469,872.	Person [x] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 590,489.	Person [x] Payroll [ ] Noncash [x] (Complete Part II for noncash contributions.)
4		$ 526,433.	Person [x] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 452,443.	Person [x] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 293,669.	Person [x] Payroll [ ] Noncash [x] (Complete Part II for noncash contributions.)

Name of organization: THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number: 01-0564355

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		$ 766,494.	Person [x] Payroll [ ] Noncash [x] (Complete Part II for noncash contributions.)
8		$ 392,587.	Person [x] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 300,000.	Person [x] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 257,000.	Person [x] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number: 01-0564355

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
3	STOCK	$ 561,799.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	STOCK	$ 293,669.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCK	$ 766,494.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

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

(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

(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

(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

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

2018

Open to Public Inspection

Name of the organization	Employer identification number
THE FOUNDATION FOR ENHANCING COMMUNITIES	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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	136	
2	Aggregate value of contributions to (during year)	1,769,349.	
3	Aggregate value of grants from (during year)	1,886,214.	
4	Aggregate value at end of year	17,166,017.	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

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

		Amount
c Beginning balance	1c	5,076,950.
d Additions during the year	1d	65,470.
e Distributions during the year	1e	1,326,229.
f Ending balance	1f	3,816,191.

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	61,980,000.	61,522,000.	54,829,000.	55,125,000.	54,170,000.
b Contributions	5,235,000.	9,249,000.	5,664,000.	5,452,000.	3,263,000.
c Net investment earnings, gains, and losses	-4,805,000.	11,614,000.	6,455,000.	-433,000.	3,885,000.
d Grants or scholarships	1,017,000.	3,636,000.	3,005,000.	3,389,000.	3,945,000.
e Other expenditures for facilities and programs	1,248,240.	2,242,831.	2,137,501.	1,691,413.	2,016,456.
f Administrative expenses	183,760.	295,169.	283,499.	234,587.	231,544.
g End of year balance	59,961,000.	76,211,000.	61,522,000.	54,829,000.	55,125,000.

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 Temporarily restricted endowment ▶ _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		332,789.	281,649.	51,140.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				51,140.

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	5,155,913.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	5,155,913.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,207,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-12,088,848.		
b	Donated services and use of facilities	2b	67,425.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-1,176,964.		
e	Add lines 2a through 2d			2e	-13,198,387.
3	Subtract line 2e from line 1			3	15,406,380.
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	15,406,380.

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	7,430,397.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	67,425.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	83,795.		
e	Add lines 2a through 2d			2e	151,220.
3	Subtract line 2e from line 1			3	7,279,177.
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	7,279,177.

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	83,795.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-1,326,229.
SPLIT INTEREST AGREEMENT CONTRIBUTIONS	65,470.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,176,964.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	83,795.

PART V, LINE 1A - BEGINNING OF YEAR BALANCE

WITH THE ADOPTION OF ASU 2016-14 "NOT-FOR-PROFIT ENTITIES (TOPIC 958): PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES", THE BEGINNING OF THE YEAR BALANCE OF BOARD-DESIGNATED ENDOWMENT FUNDS WAS ADJUSTED BY $14,231,000 TO REMOVE THE NON-PERMANENT FUNDS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 GOLF TOURNAMENT (event type)	(b) Event #2 POWER OF THE PURSE (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	10,973.	47,223.	22,492.	80,688.
	2 Less: Contributions	2,415.	36,624.	15,238.	54,277.
	3 Gross income (line 1 minus line 2)	8,558.	10,599.	7,254.	26,411.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		35,328.	21,981.	57,309.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,080.	11,895.	511.	26,486.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				83,795.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-57,384.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

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

2018

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? ..... [x] 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(C)(3)	20,000.	0.			EDUCATIONAL
AIR HILL BRETHREN IN CHRIST CHURCH 7041 CUMBERLAND HIGHWAY CHAMBERSBURG, PA 17202	25-1142759	501(C)(3)	12,000.	0.			RELIGION
ALEXANDER HAMILTON MEMORIAL FREE LIBRARY - 45 EAST MAIN STREET - WAYNESBORO, PA 17268	23-1352316	501(C)(3)	5,440.	0.			EDUCATIONAL
AMANDA STROUS FLY HIGH 22 FOUNDATION FUND - PO BOX 678 - HARRISBURG, PA 17108	01-0564355	501(C)(3)	40,000.	0.			COMMUNITY DEVELOPMENT
BEACON CLINIC FOR HEALTH AND HOPE 248 SENECA STREET HARRISBURG, PA 17110	46-3507570	501(C)(3)	10,000.	0.			HEALTH
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741-5000	23-7147797	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 136.

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

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
BETHESDA MISSION OF HARRISBURG PO BOX 3041 HARRISBURG, PA 17105	23-1389397	501(C)(3)	37,638.	0.			COMMUNITY DEVELOPMENT
BIG BROTHERS-BIG SISTERS OF THE CAPITAL REGION INC - 1500 NORTH SECOND STREET - HARRISBURG, PA 17102	23-2260248	501(C)(3)	12,722.	0.			HUMAN SERVICE
BISHOP MCDEVITT HIGH SCHOOL 1 CRUSADER WAY HARRISBURG, PA 17111	27-1391639	501(C)(3)	12,500.	0.			EDUCATIONAL
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG, PA 17104	25-1636220	501(C)(3)	10,738.	0.			HUMAN SERVICE
BRIDGE OF HOPE HARRISBURG AREA P.O. BOX 15212 HARRISBURG, PA 17105	51-0646249	501(C)(3)	10,000.	0.			HUMAN SERVICE
CAMP CURTIN COMMUNITY PRESCHOOL P.O. BOX 5541 HARRISBURG, PA 17110	26-4049341	501(C)(3)	10,000.	0.			EDUCATIONAL
CAMP DUDLEY, YMCA 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	10,613.	0.			COMMUNITY DEVELOPMENT
CAMP HEBRON INC 957 CAMP HEBRON ROAD HALIFAX, PA 17032	23-6050517	501(C)(3)	10,000.	0.			ENVIRONMENTAL
CAMP HILL PRESBYTERIAN CHURCH 101 N 23RD STREET CAMP HILL, PA 17011	23-2019267	501(C)(3)	6,000.	0.			RELIGION

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
CAMP JOY EL 3741 JOY EL DRIVE GREENCASTLE, PA 17225	25-1247946	501(C)(3)	7,000.	0.			RELIGION
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	10,000.	0.			HUMAN SERVICE
CAPITAL AREA GIRLS ON THE RUN 525 NORTH 12TH STREET LEMOYNE, PA 17043	27-5095044	501(C)(3)	6,000.	0.			EDUCATIONAL
CARLISLE ARTS LEARNING CENTER INC 38 WEST POMFRET STREET CARLISLE, PA 17013	25-1717457	501(C)(3)	7,500.	0.			ARTS, HUMANITIES
CASTAWAY CRITTERS THE JAMES A HUEHOLT MEMORIAL FOUNDATION FOR ANIMALS - PO BOX 1421 - HARRISBURG, PA 17105	25-1894514	501(C)(3)	6,008.	0.			COMMUNITY DEVELOPMENT
CATHEDRAL PARISH OF SAINT PATRICK 212 STATE STREET HARRISBURG, PA 17101-1190	23-1494791	501(C)(3)	10,000.	0.			RELIGION
CENTER FOR ETHICS AND RELIGIOUS VALUES IN BUSINESS - C/O UNIVERSITY OF NOTRE DAME - NOTRE DAME, IN 46556-5602	35-0868188	501(C)(3)	7,500.	0.			EDUCATIONAL
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	10,613.	0.			HUMAN SERVICE
CENTRAL PENNSYLVANIA FRIENDS OF JAZZ, INC. - 5721 JONESTOWN ROAD - HARRISBURG, PA 17112	23-2137529	501(C)(3)	7,500.	0.			ARTS, HUMANITIES

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
CHAMBERSBURG HISPANIC AMERICAN CENTER - 252 SOUTH MAIN STREET - CHAMBERSBURG, PA 17201	25-1824369	501(C)(3)	5,350.	0.			HUMAN SERVICE
CHAMBERSBURG HOSPITAL DEVELOPMENT OFFICE CHAMBERSBURG, PA 17201	23-0465970	501(C)(3)	31,810.	0.			HEALTH
CHAUTAUQUA FOUNDATION, INC PO BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501(C)(3)	5,350.	0.			ENVIRONMENTAL
CHILDREN AID SOCIETY - SOUTHERN PENNSYLVANIA DISTRICT CHURCH OF THE BRETHRE - 343 LINCOLN WAY WEST - NEW OXFORD, PA 17350	23-1429838	501(C)(3)	12,580.	0.			HUMAN SERVICE
CHILDREN'S HOSPITAL OF PHILADELPHIA - CHOP FOUNDATION - PHILADELPHIA, PA 19104-4399	23-2237932	501(C)(3)	12,000.	0.			HEALTH
COMMUNITY ACTION PARTNERSHIP OF LANCASTER COUNTY INC - 601 SOUTH QUEEN STREET - LANCASTER, PA 17603	23-1667311	501(C)(3)	7,580.	0.			HUMAN SERVICE
COYLE FREE LIBRARY 102 N MAIN STREET CHAMBERSBURG, PA 17201	23-1457996	501(C)(3)	8,392.	0.			COMMUNITY DEVELOPMENT
CRAIGHEAD HOUSE 318 E OLD YORK ROAD CARLISLE, PA 17015	45-5441745	501(C)(3)	23,069.	0.			ARTS, HUMANITIES
CULTURAL ENRICHMENT FUND PO BOX 12084 HARRISBURG, PA 17108	23-2327546	501(C)(3)	26,282.	0.			ARTS, HUMANITIES

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
CUMBERLAND VALLEY ANIMAL SHELTER INC - 5051 LETTERKENNY RD WEST - CHAMBERSBURG, PA 17201	25-1753115	501(C)(3)	8,392.	0.			HUMAN SERVICE
DANA HALL SCHOOL PO BOX 9010 WELLESLEY, MA 02482-9010	04-2103562	501(C)(3)	337,850.	0.			EDUCATIONAL
DIAPER DEPOT AT CENTRAL 40 LINCOLN WAY WEST CHAMBERSBURG, PA 17201	23-1413661	501(C)(3)	17,000.	0.			HEALTH
DOWNTOWN DAILY BREAD 310 NORTH THIRD STREET HARRISBURG, PA 17101	23-1433867	501(C)(3)	10,000.	0.			HUMAN SERVICE
EMPLOYMENT SKILLS CENTER 29 SOUTH HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	10,000.	0.			EDUCATIONAL
FEEL YOUR BOOBIES FOUNDATION 4801 LINDLE ROAD HARRISBURG, PA 17111	20-2938710	501(C)(3)	6,588.	0.			HEALTH
FIRST UNITED METHODIST CHURCH 135 W SIMPSON ST. MECHANICSBURG, PA 17055	23-1405614	501(C)(3)	19,707.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - CHAMBERSBURG - 225 S SECOND STREET - CHAMBERSBURG, PA 17201	23-1510103	501(C)(3)	23,418.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - MILLERSBURG - 356 UNION STREET - MILLERSBURG, PA 17061	23-1510103	501(C)(3)	6,721.	0.			RELIGION

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
FOURSQUARE YORK SPRINGS 400 MAIN STREET YORK SPRINGS, PA 17372	81-3744090	501(C)(3)	20,350.	0.			RELIGION
FRANCES LEITER CENTER 539 LINCOLN WAY EAST CHAMBERSBURG, PA 17201	23-1429838	501(C)(3)	21,542.	0.			HEALTH
FRANKLIN COUNTY LEGAL SERVICES 336 LINCOLN WAY EAST CHAMBERSBURG, PA 17201	37-1416631	501(C)(3)	7,629.	0.			HUMAN SERVICE
GEISINGER HEALTH FOUNDATION 100 N ACADEMY DRIVE DANVILLE, PA 17822-2576	23-1995911	501(C)(3)	7,500.	0.			HEALTH
GFWC PENNSYLVANIA 4076 MARKET STREET CAMP HILL, PA 17011-4200	23-1119120	501(C)(3)	6,815.	0.			COMMUNITY DEVELOPMENT
GRANDPARENTS INVOLVED FROM THE START INC - P.O.BOX 4966 - HARRISBURG, PA 17111	46-3309649	501(C)(3)	5,500.	0.			HUMAN SERVICE
GRANTHAM CHURCH 421 GRANTHAM ROAD MECHANICSBURG, PA 17055	25-1789166	501(C)(3)	8,000.	0.			RELIGION
GREYSTONE MANOR THERAPEUTIC RIDING CLUB - PO BOX 10724 - LANCASTER, PA 17605-0724	23-3059649	501(C)(3)	35,000.	0.			EDUCATIONAL
HABITAT FOR HUMANITY OF THE GREATER HARRISBURG AREA - 900 SOUTH ARLINGTON AVE - HARRISBURG, PA 17109	58-1735541	501(C)(3)	10,613.	0.			COMMUNITY DEVELOPMENT

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
HAMPDEN TOWNSHIP VETERANS RECOGNITION COMMITTEE - 4900 CARLISLE PIKE - MECHANICSBURG, PA 17050	46-0748011	501(C)(3)	8,707.	0.			COMMUNITY DEVELOPMENT
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501(C)(3)	48,233.	0.			ARTS, HUMANITIES
HEALTHY STEPS DIAPER BANK 6400 COLCHESTER AVENUE HARRISBURG, PA 17111	61-1714375	501(C)(3)	7,500.	0.			HUMAN SERVICE
HOMELAND HOSPICE 2300 VARTAN WAY HARRISBURG, PA 17110	23-1365148	501(C)(3)	12,000.	0.			HEALTH
HOPE WITHIN MINISTRIES INC 4748 EAST HARRISBURG PIKE ELIZABETHTOWN, PA 17022	16-1643004	501(C)(3)	10,000.	0.			HEALTH
HOSPICE OF CENTRAL PENNSYLVANIA 1320 LINGLESTOWN ROAD HARRISBURG, PA 17110	23-2106895	501(C)(3)	12,000.	0.			HEALTH
JEWISH COMMUNITY FOUNDATION OF CENTRAL PENNSYLVANIA - 3211 N FRONT STREET - HARRISBURG, PA 17110	23-1352587	501(C)(3)	20,000.	0.			RELIGION
JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC. - 3333 NORTH FRONT STREET - HARRISBURG, PA 17110	23-2894802	501(C)(3)	15,658.	0.			RELIGION
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(C)(3)	5,815.	0.			RELIGION

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
JOIN HANDS MINISTRY 51 SOUTH CHURCH STREET NEW BLOOMFIELD, PA 17801	81-5393646	501(C)(3)	8,000.	0.			HUMAN SERVICE
JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT ST MECHANICSBURG, PA 17055	23-1652343	501(C)(3)	9,501.	0.			EDUCATIONAL
JOSHUA GROUP 1442 MARKET STREET HARRISBURG, PA 17103	31-1672530	501(C)(3)	11,000.	0.			EDUCATIONAL
KEYSTONE HUMAN SERVICES 124 PINE STREET HARRISBURG, PA 17101	25-1847902	501(C)(3)	6,000.	0.			HUMAN SERVICE
KICK IN FOR KIDS, INC. 109 SALEM CHURCH RD. MECHANICSBURG, PA 17050	20-4095116	501(C)(3)	7,500.	0.			HUMAN SERVICE
LEAF PROJECT INC. 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(C)(3)	10,000.	0.			EDUCATIONAL
LGBT COMMUNITY CENTER COALITION OF CENTRAL PA - 1306 NORTH 3RD STREET - HARRISBURG, PA 17102	25-1897350	501(C)(3)	9,925.	0.			HUMAN SERVICE
MECHANICSBURG AREA MEALS ON WHEELS PO BOX 1093 MECHANICSBURG, PA 17055	23-7043841	501(C)(3)	6,067.	0.			HUMAN SERVICE
MECHANICSBURG PRESBYTERIAN CHURCH 300 E SIMPSON STREET MECHANICSBURG, PA 17055-6509	23-1489818	501(C)(3)	6,357.	0.			RELIGION

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
MEDARDS HOUSE 1120 DREXEL HILLS BLVD NEW CUMBERLAND, PA 17070	47-4386986	501(C)(3)	10,000.	0.			HUMAN SERVICE
MENNO HAVEN, INC. 2011 SCOTLAND AVENUE CHAMBERSBURG, PA 17201	23-6276101	501(C)(3)	8,392.	0.			HEALTH
NACER, USA PO BOX 266 BLUFFTON, OH 45817	32-0254688	501(C)(3)	22,000.	0.			HUMAN SERVICE
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 30 SOUTH 17TH STREET - PHILADELPHIA, PA 19103	13-2835721	501(C)(3)	7,500.	0.			HEALTH
NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVENUE NW - WASHINGTON, DC 20037	53-0210807	501(C)(3)	10,613.	0.			COMMUNITY DEVELOPMENT
NATIONAL WILDLIFE FEDERATION PO BOX 1637 MERRIFIELD, VA 22116	53-0204616	501(C)(3)	20,000.	0.			ENVIRONMENTAL
NEW GUILFORD BRETHREN CHURCH 1575 MONT ALTO ROAD CHAMBERSBURG, PA 17202	25-1777403	501(C)(3)	9,562.	0.			RELIGION
NEW HOPE MINISTRIES INC 99 WEST CHURCH STREET DILLSBURG, PA 17019	23-2223120	501(C)(3)	10,000.	0.			RELIGION
NEW YORK STUDIO SCHOOL OF DRAWING, PAINTING AND SCULPTURE - 8 W 8TH STREET - NEW YORK, NY 10011	13-6167281	501(C)(3)	10,000.	0.			ARTS, HUMANITIES

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
OLEWINE NATURE CENTER--FRIENDS OF WILDWOOD - 100 WILDWOOD WAY - HARRISBURG, PA 17110	25-1676210	501(C)(3)	20,992.	0.			ENVIRONMENTAL
ORYOKI ZENDO, INTEGRATIVE MINDFULNESS THERAPIES - 300 BRIDGE STREET - NEW CUMBERLAND, PA 17070	47-4364741	501(C)(3)	10,000.	0.			HUMAN SERVICE
OUR LADY HELP OF CHRISTIANS 732 MAIN ST. LYKENS, PA 17048		501(C)(3)	6,721.	0.			RELIGION
PAXTON MINISTRIES 2001 PAXTON STREET HARRISBURG, PA 17111	23-2179648	501(C)(3)	8,300.	0.			HUMAN SERVICE
PAXTONIA ATHLETIC ASSOCIATION PO BOX 126211 HARRISBURG, PA 17112	31-1612182	501(C)(3)	5,500.	0.			COMMUNITY DEVELOPMENT
PENNCARES SUPPORT SERVICES 788 CHERRY TREE COURT HANOVER, PA 17331	23-1878861	501(C)(3)	6,830.	0.			HUMAN SERVICE
PENNSYLVANIA COUNCIL OF FEEDING AMERICA FOOD BANKS - 939 EAST PARK DR. - HARRISBURG, PA 17111	45-4793283	501(C)(3)	40,000.	0.			HUMAN SERVICE
PENNSYLVANIA IMIGRANT AND REFUGEE WOMENS NETWORK - 2101 NORTH FRONT STREET - HARRISBURG, PA 17110	03-4291460	501(C)(3)	8,000.	0.			COMMUNITY DEVELOPMENT
PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE - HERSHEY, PA 17033	24-6000376	501(C)(3)	22,000.	0.			HEALTH

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
PERRY COUNTY COUNCIL OF THE ARTS 67 NORTH FOURTH STREET NEWPORT, PA 17074	22-2646866	501(C)(3)	80,781.	0.			ARTS, HUMANITIES
POWER PACKS PROJECT 1006 NEW HOLLAND AVE. LANCASTER, PA 17601	26-3009024	501(C)(3)	8,500.	0.			HUMAN SERVICE
PRESBYTERIAN HOMES, INC. 1 TRINITY DRIVE EAST DILLSBURG, PA 17019	23-2941518	501(C)(3)	9,046.	0.			HUMAN SERVICE
PROMISE FOR HAITI PO BOX 50495 NASHVILLE, TN 37205	71-0552025	501(C)(3)	15,000.	0.			HUMAN SERVICE
QUEEN OF PEACE ROMAN CATHOLIC CHURCH OF MILLERSBURG - 202 ZIMMERMAN RD. - MILLERSBURG, PA 17061	23-2193730	501(C)(3)	6,721.	0.			RELIGION
RETIRED SENIOR VOLUNTEER PROGRAM OF THE CAPITAL REGION INC - 50 UTLEY DRIVE - CAMP HILL, PA 17011	23-7242872	501(C)(3)	8,000.	0.			HUMAN SERVICE
RISE AGAINST HUNGER 3733 NATIONAL DRIVE, SUITE 200 RALEIGH, NC 27612	16-1541024	501(C)(3)	34,044.	0.			HUMAN SERVICE
RIVERSIDE UNITED METHODIST CHURCH 3200 NORTH THIRD STREET HARRISBURG, PA 17110	45-3479460	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
ROTARY CLUB OF WAYNESBORO FOUNDATION - P.O. BOX 523 - WAYNESBORO, PA 17268	25-1692970	501(C)(3)	15,203.	0.			COMMUNITY DEVELOPMENT

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
SENIORLAW CENTER 1500 JFK BOULEVARD PHILADELPHIA, PA 19102	232169936	501(C)(3)	8,000.	0.			HUMAN SERVICE
SHE'S SOMEBODYS DAUGHTER 701D BOSLER AVE. LEMOYNE, PA 17043	46-4766274	501(C)(3)	9,900.	0.			EDUCATIONAL
SIXERS YOUTH FOUNDATION 3 BANNER WAY CAMDEN, NJ 08103	46-1683699	501(C)(3)	10,000.	0.			HUMAN SERVICE
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013-7012	53-0206027	501(C)(3)	10,613.	0.			COMMUNITY DEVELOPMENT
SOMEONE TO TELL IT TO INC 216 STATE ST. HARRISBURG, PA 17101	45-4216827	501(C)(3)	20,625.	0.			HUMAN SERVICE
SPAY/NEUTER ASSISTANCE PROGRAM, INC. (SNAP) - PO BOX 126702 - HARRISBURG, PA 17112-6702	23-2172084	501(C)(3)	14,235.	0.			HEALTH
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	8,392.	0.			HUMAN SERVICE
SPROCKET MURAL WORKS 21 SOUTH THIRD STREET HARRISBURG, PA 17101	46-2742447	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
ST. JOHN'S UNITED CHURCH OF CHRIST 1811 LINCOLN WAY EAST CHAMBERSBURG, PA 17202	23-6307200	501(C)(3)	5,539.	0.			RELIGION

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. PAUL'S LUTHERAN CHURCH PO BOX 53 NEWPORT, PA 17074-0053	23-2132361	501(C)(3)	9,756.	0.			RELIGION
ST. THOMAS CEMETERY ASSOCIATION 197 PIONEER DRIVE ST. THOMAS, PA 17252	25-1253251	501(C)(3)	6,046.	0.			COMMUNITY DEVELOPMENT
ST. THOMAS LUTHERAN CHURCH 7601 LINCOLN WAY WEST ST. THOMAS, PA 17252	25-1253251	501(C)(3)	36,360.	0.			RELIGION
ST. THOMAS TWP VOLUNTEER FIRE COMPANY - PO BOX 46 - ST. THOMAS, PA 17252	25-1297197	501(C)(3)	6,046.	0.			COMMUNITY DEVELOPMENT
SUSQUEHANNA ART MUSEUM 1401 NORTH THIRD STREET HARRISBURG, PA 17102	25-1601081	501(C)(3)	80,500.	0.			ARTS, HUMANITIES
THE BOYS AND GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG INC - 440 WEST WASHINGTON STREET - CHAMBERSBURG, PA 17201	27-1658752	501(C)(3)	17,629.	0.			HUMAN SERVICE
THE FOUR DIAMONDS FUND PENN STATE HERSHEY MEDICAL CENTER HERSHEY, PA 17033	24-6000376	501(C)(3)	49,856.	0.			COMMUNITY DEVELOPMENT
THE FRIENDS OF THE STATE MUSEUM 300 NORTH STREET HARRISBURG, PA 17120-0024	23-2191360	501(C)(3)	7,276.	0.			ARTS, HUMANITIES
THE LENFEST INSTITUTE FOR JOURNALISM - 801 MARKET STREET - PHILADELPHIA, PA 19107	04-3731829	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

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 NATIVITY SCHOOL OF HARRISBURG 2135 N 6TH ST HARRISBURG, PA 17110	25-1886666	501(C)(3)	20,000.	0.			EDUCATIONAL
THE NATURE CONSERVANCY 15 E RIDGE PIKE CONSHOHOCKEN, PA 19428	53-0242652	501(C)(3)	100,000.	0.			ENVIRONMENTAL
THE SALVATION ARMY 50 E. KING ST. YORK, PA 17401	13-5562351	501(C)(3)	5,100.	0.			HUMAN SERVICE
THE SALVATION ARMY CARLISLE CORPS 20 EAST POMFRET STREET CARLISLE, PA 17013	13-5562351	501(C)(3)	6,000.	0.			HUMAN SERVICE
THE SALVATION ARMY HARRISBURG CAPITAL CITY REGION - PO BOX 61798 - HARRISBURG, PA 17106	13-5562351	501(C)(3)	27,065.	0.			HUMAN SERVICE
THE WILDCAT FOUNDATION 1225 SOUTH MARKET STREET MECHANICSBURG, PA 17055	23-2975211	501(C)(3)	210,000.	0.			COMMUNITY DEVELOPMENT
THEATRE HARRISBURG 513 HURLOCK ST HARRISBURG, PA 17110	23-1465635	501(C)(3)	11,715.	0.			ARTS, HUMANITIES
TRI COUNTY OPPORTUNITIES INDUSTRIALIZATION CENTER INC - 500 MACLAY STREET - HARRISBURG, PA 17110	23-1667266	501(C)(3)	7,700.	0.			EDUCATIONAL
TRINITY EVANGELICAL LUTHERAN CHURCH - 2000 CHESTNUT STREET - CAMP HILL, PA 17011	23-1390629	501(C)(3)	15,000.	0.			RELIGION

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(C)(3)	22,000.	0.			HUMAN SERVICE
UNITED CHURCH OF CHRIST HOMES, INC. - 30 N 31ST STREET - CAMP HILL, PA 17011	23-1615155	501(C)(3)	8,000.	0.			RELIGION
UNITED METHODIST HOME FOR CHILDREN, INC - 5120 SIMPSON FERRY ROAD - MECHANICSBURG, PA 17050-3627	23-2939369	501(C)(3)	10,000.	0.			HUMAN SERVICE
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	90,000.	0.			COMMUNITY DEVELOPMENT
VISION RESOURCES OF CENTRAL PENNSYLVANIA - 1130 SOUTH 19TH STREET - HARRISBURG, PA 17104-2912	23-1352259	501(C)(3)	10,000.	0.			HUMAN SERVICE
WAYNESBORO COMMUNITY & HUMAN SERVICES INC - 123 WALNUT STREET - WAYNESBORO, PA 17268	25-1366504	501(C)(3)	7,000.	0.			HUMAN SERVICE
WEST VIRGINIA UNIVERSITY HOSPITALS PO BOX 1127 MORGANTOWN, WV 26507-1127	55-0643304	501(C)(3)	10,000.	0.			HEALTH
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(C)(3)	50,168.	0.			EDUCATIONAL
WILMER EYE INSTITUTE DEVELOPMENT OFFICE - 600 N. WOLFE ST. - BALTIMORE, MD 21287	52-0595110	501(C)(3)	10,000.	0.			HUMAN SERVICE

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, INC. 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(C)(3)	33,360.	0.			ARTS, HUMANITIES
YOUNG WOMEN'S EMPOWERMENT ACADEMY INC - 5271 WINDING WAY - HARRISBURG, PA 17109	82-5077457	501(C)(3)	7,500.	0.			HUMAN SERVICE
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(C)(3)	24,050.	0.			COMMUNITY DEVELOPMENT
YWCA OF YORK 320 E. MARKET STREET YORK, PA 17403	23-1360889	501(C)(3)	5,200.	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	329	735,304.	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, INDENTIFYING THE RECEIPT OF AND APPROPRIATE USE OF THE FUNDS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported 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 BLACK	(i)	168,054.	13,000.	0.	6,125.	8,273.	195,452.	0.
PRESIDENT & CEO	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ 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.

OMB No. 1545-0047

2018

Open to Public Inspection

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	21	1,869,776.	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?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

2018

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 FOUNDATION SERVES DILLSBURG AREA

MECHANICSBURG AREA FOUNDATION SERVES MECHANICSBURG AREA ZIP CODES 17055 AND 17050

Name of the organization: THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number: 01-0564355

GREATER HARRISBURG FOUNDATION SERVES CUMBERLAND, DAUPHIN, FRANKLIN, LEBANON, PERRY AND DILLSBURG AREA

FRANKLIN COUNTY 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 65 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:

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.

ROTARY VETERANS INITIATIVE (RVI):

RVI HELPS VETERANS SUCCEED BY SUPPORTING THEIR EDUCATION, TRAINING, AND JOB SEARCH OPPORTUNITIES. RVI HAS BEEN VERY ACTIVE IN THE COMMUNITY AND HAS MADE SEVERAL LARGE GRANTS TO LOCAL EDUCATIONAL INSTITUTIONS TO IMPLEMENT OR SUPPORT PROGRAMS THAT HELP VETERANS SUCCEED IN THEIR CAREER ENDEAVORS.

BEAUTY AFTER BRUISES:

Name of the organization: THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number: 01-0564355

BEAUTY AFTER BRUISES IS DEDICATED TO BRIDGING THE FINANCIAL AND EMOTIONAL GAPS FOR SURVIVORS WITH COMPLEX-PTSD AND DISSOCIATIVE TRAUMA DISORDERS WHO ARE SEEKING THERAPEUTIC WELLNESS AND RAISE BOTH PROFESSIONAL AND PUBLIC AWARENESS FOR THESE CONDITIONS. BEAUTY AFTER BRUISES HOLDS NUMEROUS EVENTS THROUGHOUT THE YEAR. EVENTS SUCH AS BINGO, BOWLING, AND PARTY IN THE PARK RAISE AWARENESS AND FUNDS FOR GRANTS TO FACILITIES THAT OFFER THERAPEUTIC SERVICES AND WELLNESS RESOURCES FOR SURVIVORS, INCLUDING THERAPY BOXES. EACH BOX IS UNIQUE AND SPECIFICALLY TAILORED TO ITS RECIPIENT, INCLUDING AT LEAST TWO THERAPEUTIC BOOKS, A JOURNAL, A HOST OF GROUNDING TOOLS, COMFORT ITEMS, AND MORE. WHILE NOTHING CAN COMPARE TO FACE-TO-FACE THERAPY, RECIPIENTS ABSOLUTELY TREASURE THE LIFE-CHANGING INFORMATION AND SELF-CARE TOOLS.

ORANGE FOR OWEN:

ORANGE FOR OWEN FOUNDATION WAS ESTABLISHED IN MEMORY OF 8-YEAR-OLD OWEN, WHO WAS KILLED BY A DISTRACTED 17-YEAR-OLD DRIVER. THE MISSION OF OWEN'S FOUNDATION IS TO PROMOTE PEDESTRIAN, DRIVER, TRAFFIC, AND CHILDHOOD SAFETY, AS WELL AS RAISE AWARENESS OF THE CONSEQUENCES OF DISTRACTED DRIVING PRACTICES. ORANGE FOR OWEN HOLDS AN ANNUAL FUNDRAISER AND MANY AWARENESS EVENTS THROUGHOUT THE YEAR. ORANGE FOR OWEN HAS PARTICIPATED IN NUMEROUS COMMUNITY NIGHTS OUT FOR PUBLIC SAFETY AND SAFE DRIVING PRACTICES AT SCHOOLS AND ORGANIZATIONS. ORANGE FOR OWEN ALSO SUPPORT COMMUNITY NEEDS FOR LED CROSSWALKS SIGNS.

IN ADDITION, ORANGE FOR OWEN FOUNDATION IS PROUD TO OFFER THE OPPORTUNITY FOR STUDENTS IN CENTRAL PA AREA TO APPLY FOR GRANTS TO COVER THE COSTS OF THE CAIU 30 HOUR ONLINE DRIVER'S EDUCATION COURSE AS WELL AS THE SIX HOUR BEHIND THE WHEEL DRIVER TRAINING PROGRAM. ORANGE FOR OWEN ALSO HAS A SEPARATE FUND THAT SUPPORTS A MEMORIAL SCHOLARSHIP IN HONOR OF OWEN.

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

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

MANAGEMENT SERVICE AGREEMENTS:

TFEC CAN 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.

CENTER FOR DAIRY EXCELLENCE:

THE CENTER FOR DAIRY EXCELLENCE FOUNDATION OF PENNSYLVANIA IS A 501(C)(3) CHARITABLE ORGANIZATION THAT BUILDS AND INVESTS IN PROGRAMS THAT CULTIVATE AND INSPIRE THE NEXT GENERATION OF PRODUCERS, CONSUMERS AND ADVOCATES IN PENNSYLVANIA'S DAIRY INDUSTRY. THE CENTER FOUNDATION EMPOWERS THE NEXT GENERATION IN PENNSYLVANIA'S DAIRY INDUSTRY THROUGH OFFERING SCHOLARSHIPS, INTERNSHIP OPPORTUNITIES, AND EDUCATIONAL PROGRAMS FOR YOUNG PEOPLE. IN 2018, THE CENTER FOUNDATION AWARDED MORE THAN $30,000 IN SCHOLARSHIPS TO YOUNG PEOPLE PURSUING CAREERS IN THE DAIRY INDUSTRY AND HELPED TO COORDINATE AND SUPPORT EIGHT ON-FARM INTERNSHIPS. THESE INTERNSHIPS GIVE COLLEGE-AGED STUDENTS AN OPPORTUNITY TO WORK AT A PROGRESSIVE DAIRY FARM AND BE PAIRED WITH A MENTOR FROM WITHIN THE INDUSTRY. THE CENTER FOUNDATION'S DAIRY LEADERS OF TOMORROW PROGRAM IS A HIGH SCHOOL CURRICULUM SPECIFICALLY DESIGNED TO PREPARE HIGH SCHOOL STUDENTS TO WORK IN THE DAIRY INDUSTRY. IN 2018, THIS PROGRAM REACHED MORE THAN 14,800 STUDENTS ACROSS THE UNITED STATES. THE DISCOVER DAIRY EDUCATIONAL PROGRAM IS OFFERED BY THE CENTER FOUNDATION TO EXPOSE MIDDLE-SCHOOLERS AND ELEMENTARY AGED STUDENTS TO WHAT HAPPENS ON THE DAIRY FARM. IN 2018, MORE THAN 120,000 STUDENTS

Name of the organization: THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number: 01-0564355

BENEFITED FROM THIS PROGRAM, THE ADOPT A COW PROGRAM, WHICH IS PART OF DISCOVER DAIRY, GAVE NEARLY 500 CLASSROOMS A YEAR-LONG OPPORTUNITY TO ADOPT A CALF AND LEARN ABOUT WHAT HAPPENS DAY-TO-DAY ON A DAIRY FARM.

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

THE FOUNDATION'S INTERNAL REVENUE SERVIE (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.

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:

Name of the organization: THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number: 01-0564355

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 XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PAGE 1, SECTION C, DOING BUSINES AS

DILLSBURG AREA FOUNDATION

FRANKLIN COMMUNITY FOUNDATION

GREATER HARRISBURG FOUNDATION

MECHANICSBURG 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)

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

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

2018

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	(g) Section 512(b)(13) controlled entity? 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information.

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