

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2020** calendar year, or tax year beginning

and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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	<b>D</b> Employer identification number 01-0564355 <b>E</b> Telephone number 717-236-5040 <b>G</b> Gross receipts \$ 13,024,557. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW.TFEC.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 1920		<b>M</b> State of legal domicile: PA

## Part I Summary

<b>1</b>	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 21
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 21
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 19
<b>6</b>	Total number of volunteers (estimate if necessary)	6 212
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	8,340,704.
<b>9</b>	Program service revenue (Part VIII, line 2g)	506,319.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,270,880.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,088.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,112,815.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,843,790.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,455,941.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 165,947.	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,704,853.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,004,584.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	1,108,231.
<b>20</b>	Total assets (Part X, line 16)	98,795,370.
<b>21</b>	Total liabilities (Part X, line 26)	7,068,255.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	91,727,115.

## 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.

<b>Sign Here</b>	Signature of officer  JANICE BLACK, PRESIDENT & CEO Type or print name and title	Date March 9, 2021
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JENNIFER CRUVERKIBI Preparer's signature  Date 3/9/21 Check if self-employed <input type="checkbox"/> PTIN P01316539 Firm's name MAHER DUESSEL, CPA'S Firm's EIN 25-1622758 Firm's address 1800 LINGLESTOWN ROAD, SUITE 306 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 AccomplishmentsCheck 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 \$ 5,515,091. including grants of \$ 3,585,837. ) (Revenue \$ )  
SEE SCHEDULE O**4b** (Code: ) (Expenses \$ 1,731,236. including grants of \$ 622,515. ) (Revenue \$ )  
SEE SCHEDULE O**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 538,426. )  
SEE SCHEDULE O

- 4d**
- Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 7,246,327.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	X	
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	75	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

	Yes	No
<b>2a</b> 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 <span style="float: right;">19</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b> 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)?		X
<b>b</b> If "Yes," enter the name of the foreign country <span style="float: right;">▶</span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> 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?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	21			
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 on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		21		
<b>2</b> 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?				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> 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?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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 on Schedule O				X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **PA, 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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIMBERLY K. SCHALLER BOARD MEMBER	1.00	X						0.	0.	0.
(19) DAVID W. KUTZ BOARD MEMBER	1.00	X						0.	0.	0.
(20) DAVID J. MANBECK CPA BOARD MEMBER	1.00	X						0.	0.	0.
(21) JENNIFER H. ZABORNEY BOARD MEMBER	1.00	X						0.	0.	0.
(22) JANICE R. BLACK PRESIDENT & CEO	37.50			X				204,617.	0.	15,645.
(23) KIRK DEMYAN VP & CFO	37.50			X				153,815.	0.	37,872.
(24) JENNIFER DOYLE VP OF PHILANTHROPY & COMMU	37.50			X				132,828.	0.	11,171.
<b>1b Subtotal</b>								491,260.	0.	64,688.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								491,260.	0.	64,688.

**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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3
- 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
- 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

	Yes	No
3		X
4	X	
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
MERIT 121 LOCUST STREET, HARRISBURG, PA 17101	MARKETING SERVICES	131,195.

**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 1



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	118,518.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,245,418.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,851,409.			
	h	<b>Total.</b> Add lines 1a-1f		8,363,936.			
	<b>Program Service Revenue</b>	2 a	MANAGEMENT FEES	Business Code	541900	538,426.	538,426.
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		538,426.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)			1,581,929.		1,581,929.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)				97,474.	97,474.
	8 a	Gross income from fundraising events (not including \$ 118,518. of contributions reported on line 1c). See Part IV, line 18	8a		43,305.		
	b	Less: direct expenses	8b		97,912.		
	c	Net income or (loss) from fundraising events				-54,607.	-54,607.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions			10,527,158.	538,426.	0.	1,624,796.

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,849,058.	3,849,058.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	359,294.	359,294.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	555,948.	110,305.	355,511.	90,132.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	732,575.	570,365.	161,268.	942.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	10,978.	5,799.	4,402.	777.
<b>9</b> Other employee benefits .....	155,736.	82,269.	62,460.	11,007.
<b>10</b> Payroll taxes .....	91,946.	48,571.	36,876.	6,499.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	56,135.	29,654.	22,513.	3,968.
<b>c</b> Accounting .....	20,940.	11,062.	8,398.	1,480.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	43,322.	22,885.	17,375.	3,062.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	21,032.	11,110.	8,436.	1,486.
<b>12</b> Advertising and promotion .....	166,744.	88,083.	66,875.	11,786.
<b>13</b> Office expenses .....	55,523.	29,331.	22,267.	3,925.
<b>14</b> Information technology .....	108,170.	57,141.	43,383.	7,646.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	191,984.	101,417.	76,997.	13,570.
<b>17</b> Travel .....	7,139.	3,771.	2,863.	505.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	30,104.	15,903.	12,073.	2,128.
<b>23</b> Insurance .....	29,297.	15,476.	11,750.	2,071.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FISCAL SPONSORSHIPS .....	1,797,740.	1,797,740.		
<b>b</b> STAFF AND DIRECTOR DEVE .....	44,862.	23,699.	17,992.	3,171.
<b>c</b> DUES AND FEES .....	23,872.	12,611.	9,574.	1,687.
<b>d</b> OTHER .....	1,483.	783.	595.	105.
<b>e</b> All other expenses .....				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,353,882.	7,246,327.	941,608.	165,947.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,308,345.	<b>2</b>	1,162,815.
	<b>3</b> Pledges and grants receivable, net .....	1,170,083.	<b>3</b>	700,151.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	30,811.	<b>9</b>	33,184.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 401,105.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 340,998.		
	<b>11</b> Investments - publicly traded securities .....	94,574,604.	<b>11</b>	109,984,117.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	676,887.	<b>12</b>	641,736.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	98,795,370.	<b>16</b>	112,582,110.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,651.	<b>17</b>	862.
	<b>18</b> Grants payable .....	773,183.	<b>18</b>	694,135.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	6,285,421.	<b>25</b>	6,547,713.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,068,255.	<b>26</b>	7,242,710.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	89,960,603.	<b>27</b>	103,624,358.
	<b>28</b> Net assets with donor restrictions .....	1,766,512.	<b>28</b>	1,715,042.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	91,727,115.	<b>32</b>	105,339,400.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	98,795,370.	<b>33</b>	112,582,110.	

Form 990 (2020)

**Part XI Reconciliation of Net Assets**

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

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,527,158.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,353,882.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,173,276.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	91,727,115.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,166,562.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	272,447.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	105,339,400.

**Part XII Financial Statements and Reporting**

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

☐

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

Form **990** (2020)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

## Open to Public Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (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.)

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 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: \_\_\_\_\_
- ☐ 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.)
- ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☐ 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.)
- ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 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: \_\_\_\_\_
- ☐ 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.)
- ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 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.
  - ☐ **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.**
  - ☐ **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.**
  - ☐ **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.**
  - ☐ **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.**
  - ☐ 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,013,971.	10,139,674.	8,596,947.	8,340,704.	8,363,936.	42,455,232.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7,013,971.	10,139,674.	8,596,947.	8,340,704.	8,363,936.	42,455,232.
<b>5</b> 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) .....						4,961,656.
<b>6 Public support.</b> Subtract line 5 from line 4.						37,493,576.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	7,013,971.	10,139,674.	8,596,947.	8,340,704.	8,363,936.	42,455,232.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,663,166.	1,898,135.	2,020,594.	2,152,303.	1,581,929.	9,316,127.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						51,771,359.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,775,788.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	72.42 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	70.77 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		
		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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.)		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in line 2, above, 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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.		
<b>b</b> Did the activities described in line 2a, above, 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.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? If "Yes" or "No" provide details in Part VI.		
<b>b</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.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

Employer identification number

THE FOUNDATION FOR ENHANCING COMMUNITIES

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
<u>1</u>		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 1,498,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 1,019,360.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ 543,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE FOUNDATION FOR ENHANCING COMMUNITIES

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		\$ 210,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE FOUNDATION FOR ENHANCING COMMUNITIES

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
2	STOCK _____ _____ _____	\$ 1,477,935.	10/14/20
3	STOCK _____ _____ _____	\$ 1,019,360.	10/09/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization	Employer identification number
THE FOUNDATION FOR ENHANCING COMMUNITIES	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public**  
**Inspection**

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	141	
2 Aggregate value of contributions to (during year) .....	741,937.	
3 Aggregate value of grants from (during year) .....	2,004,688.	
4 Aggregate value at end of year .....	19,593,496.	

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ..... ▶ \$ .....

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

Schedule D (Form 990) 2020

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c Beginning balance	3,012,484.
1d Additions during the year	118,561.
1e Distributions during the year	-176,884.
1f Ending balance	3,307,929.

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	76,630,000.	59,961,000.	61,980,000.	61,522,000.	54,829,000.
b Contributions	1,399,000.	4,795,000.	5,235,000.	9,249,000.	5,664,000.
c Net investment earnings, gains, and losses	10,591,000.	15,179,000.	-4,805,000.	11,614,000.	6,455,000.
d Grants or scholarships	1,205,000.		1,017,000.	3,636,000.	3,005,000.
e Other expenditures for facilities and programs	2,611,000.	3,000,000.	1,248,240.	2,242,831.	2,137,501.
f Administrative expenses	321,000.	305,000.	183,760.	295,169.	283,499.
g End of year balance	84,483,000.	76,630,000.	59,961,000.	76,211,000.	61,522,000.

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

a Board designated or quasi-endowment ☐ 100.00 %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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		401,105.	340,998.	60,107.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				60,107.

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIAB TO RES PROVIDER - AGENCY FUNDS	6,547,713.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,547,713.

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

Schedule D (Form 990) 2020

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	22,373,324.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	11,166,562.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	13,800.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	665,804.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	11,846,166.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	10,527,158.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,527,158.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,465,594.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	13,800.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	97,912.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	111,712.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	8,353,882.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	8,353,882.

**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	97,912.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	176,884.
SPLIT INTEREST AGREEMENT CONTRIBUTIONS	118,561.
PAYCHECK PROTECTION PROGRAM	272,447.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	665,804.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	97,912.
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Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

### 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?		(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
		Yes	No			
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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POWER OF THE PURSE	RANDI'S RACE	6	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	40,406.	26,212.	87,528.	154,146.
	2 Less: Contributions .....	37,738.	24,115.	56,312.	118,165.
	3 Gross income (line 1 minus line 2) .....	2,668.	2,097.	31,216.	35,981.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	2,531.	25,114.	49,703.	77,348.
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	10,768.		2,030.	12,798.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				90,146.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-54,165.

**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 .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



- 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.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**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.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number  
01-0564355

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACA CAMPER SCHOLARSHIP FUND/CAMP WAWENOCK - 33 WAWENOCK ROAD - RAYMOND, ME 04071	35-0962419	501(3)	15,000.	0.			EDUCATIONAL
ACHARYA CHARNATIRTH MAHARAJ MISSION - 12800 CLAUSEN COURT - LOS ALTOS, CA 94022	45-5444479	501(3)	7,000.	0.			RELIGION
ADVENT LUTHERAN CHURCH 1775 EAST MARKET STREET YORK, PA 17402	23-1445637	501(3)	7,500.	0.			RELIGION
AMANDA STROUS FLY HIGH 22 FOUNDATION FUND - PO BOX 678 - HARRISBURG, PA 17108	01-0564355	501(3)	45,000.	0.			COMMUNITY DEVELOPMENT
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(3)	5,000.	0.			HEALTH
AMES CHARITABLE SCHOLARSHIP FUND 200 N. 3RD STREET HARRISBURG, PA 17101	01-0564355	501(3)	5,000.	0.			EDUCATIONAL

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

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

170.

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ANGEL HEART FARM 4844 BYRD LANE COLLEGE GROVE, TN 37046-9261	62-1844451	501(3)	5,000.	0.			HUMAN SERVICE
ARTS ALLIANCE OF GREATER WAYNESBORO INC - 50 WEST MAIN STREET - WAYNESBORO, PA 17268	46-1781553	501(3)	5,000.	0.			ARTS, HUMANITIES
ASBURY FOUNDATION, INC. 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501(3)	5,000.	0.			EDUCATIONAL
BETHESDA MISSION OF HARRISBURG PO BOX 3041 HARRISBURG, PA 17105	23-1389397	501(3)	41,707.	0.			HUMAN SERVICE
BISHOP MCDEVITT HIGH SCHOOL 1 CRUSADER WAY HARRISBURG, PA 17111	27-1391639	501(3)	10,000.	0.			EDUCATIONAL
BREAST CANCER RESEARCH FOUNDATION 23 W 43RD STREET NEW YORK, NY 10036-7422	13-3727250	501(3)	60,000.	0.			HEALTH
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG, PA 17104	25-1636220	501(3)	5,000.	0.			HUMAN SERVICE
BRIDGE OF HOPE HARRISBURG AREA P.O. BOX 15212 HARRISBURG, PA 17105	51-0646249	501(3)	5,000.	0.			HUMAN SERVICE
BUILDING BRIDGES OF HOPE 54 COYOTE COURT PINCKNEY, MI 48169	74-3253298	501(3)	5,000.	0.			HUMAN SERVICE

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CAMP DUDLEY, INC. 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(3)	14,188.	0.			COMMUNITY DEVELOPMENT
CAMP HEBRON 957 CAMP HEBRON ROAD HALIFAX, PA 17032	23-6050517	501(3)	10,000.	0.			EDUCATIONAL
CAMP KOALA PO BOX 2106 KINGSTON, PA 18704	26-3851753	501(3)	7,058.	0.			COMMUNITY DEVELOPMENT
CAPITAL AREA SCHOOL FOR ARTS CHARTER SCHOOL - 150 STRAWBERRY SQUARE - HARRISBURG, PA 17101	23-1739071	501(3)	5,000.	0.			EDUCATIONAL
CAPITAL AREA HEAD START, A DIVISION OF KEYSTONE PARTNERSHIP - 4391 STURBRIDGE DRIVE - HARRISBURG, PA 17110	23-1405636	501(3)	11,500.	0.			EDUCATIONAL
CAPITOL THEATRE CENTER FOUNDATION 159 S MAIN ST, CHAMBERSBURG CHAMBERSBURG, PA 17201	94-2722927	501(3)	10,911.	0.			ARTS, HUMANITIES
CARE USA PO BOX 7039 MERRIFIELD, VA 22116	80-0791500	501(3)	10,000.	0.			HEALTH
CARLISLE ARTS LEARNING CENTER INC 38 WEST POMFRET STREET CARLISLE, PA 17013	25-1717457	501(3)	5,000.	0.			ARTS, HUMANITIES
CASA CHARTER SCHOOL FOUNDATION 150 STRAWBERRY SQUARE HARRISBURG, PA 17101	46-0965714	501(3)	10,000.	0.			EDUCATIONAL

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CASTAWAY CRITTERS THE JAMES A HUEHOLT MEMORIAL FOUNDATION FOR ANIMALS - PO BOX 1421 - HARRISBURG, PA 17105	25-1894514	501(3)	5,625.	0.			COMMUNITY DEVELOPMENT
CATHEDRAL PARISH OF SAINT PATRICK 212 STATE STREET HARRISBURG, PA 17101-1190	23-1494791	501(3)	15,000.	0.			RELIGION
CATHOLIC CHARITIES OF THE DIOCESE OF HARRISBURG PA, INC. - 4800 UNION DEPOSIT ROAD - HARRISBURG, PA 17111-3710	23-1494791	501(3)	29,000.	0.			HUMAN SERVICE
CENTER FOR EMPLOYMENT OPPORTUNITIES - 100 NORTH CAMERON STREET - HARRISBURG, PA 17101	13-3843322	501(3)	5,000.	0.			HUMAN SERVICE
CENTRAL PENNSYLVANIA COLLEGE EDUCATIONAL FOUNDATION - PO BOX 309 - SUMMERDALE, PA 17093-0309	23-2242116	501(3)	15,000.	0.			EDUCATIONAL
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(3)	61,188.	0.			HUMAN SERVICE
CENTRAL PENNSYLVANIA FRIENDS OF JAZZ, INC. - 5721 JONESTOWN ROAD - HARRISBURG, PA 17112	23-2137529	501(3)	6,000.	0.			ARTS, HUMANITIES
CENTRAL PENNSYLVANIA YOUTH BALLET 5 NORTH ORANGE STREET CARLISLE, PA 17013-2727	23-1971982	501(3)	15,000.	0.			ARTS, HUMANITIES
CHILDREN AID SOCIETY - SOUTHERN PENNSYLVANIA DISTRICT CHURCH OF THE BRETHREN - 343 LINCOLN WAY WEST - NEW OXFORD, PA 17350	23-1429838	501(3)	12,000.	0.			HUMAN SERVICE

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CHRIST THE KING DEAF CHURCH - DEAFCAN! - 730 SOUTH NEW STREET - WEST CHESTER, PA 19382	23-2732797	501(3)	20,000.	0.			HUMAN SERVICE
CHRISTIAN CHURCHES UNITED OF THE TRI COUNTY AREA - 413 S 19TH ST. - HARRISBURG, PA 17104	23-2085603	501(3)	7,814.	0.			RELIGION
CITY OF HARRISBURG 10 N. 2ND STREET HARRISBURG, PA 17101	23-6002010	501(3)	15,000.	0.			COMMUNITY DEVELOPMENT
CONGREGATION NER TAMID 5721 CRESTRIDGE ROAD RANCHO PALOS VERDES, CA 90275	95-2546462	501(3)	5,000.	0.			RELIGION
COYLE FREE LIBRARY 102 N MAIN STREET CHAMBERSBURG, PA 17201	23-1457996	501(3)	8,277.	0.			EDUCATIONAL
CUMBERLAND VALLEY ANIMAL SHELTER INC - 5051 LETTERKENNY RD. WEST - CHAMBERSBURG, PA 17201	20-8077580	501(3)	13,477.	0.			COMMUNITY DEVELOPMENT
CUMBERLAND VALLEY BREAST CARE ALLIANCE INC - 344 LEEDY WAY EAST - CHAMBERSBURG, PA 17202	25-1753115	501(3)	7,000.	0.			HEALTH
DAUPHIN COUNTY CASA 2080 LINGLESTOWN ROAD HARRISBURG, PA 17110	83-1780362	501(3)	5,000.	0.			ARTS, HUMANITIES
DEMENTIA SOCIETY OF AMERICA PO BOX 600 DOYLESTOWN, PA 18901	46-3401769	501(3)	60,000.	0.			HEALTH

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DIOCESE OF HARRISBURG 4800 UNION DEPOSIT ROAD HARRISBURG, PA 17111-3710	23-1494791	501(3)	10,000.	0.			RELIGION
DISABLED AMERICAN VETS CHARITABLE SERVICE TRUST - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1521276	501(3)	5,000.	0.			HUMAN SERVICE
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(3)	10,000.	0.			HEALTH
DOMESTIC VIOLENCE SERVICES OF CUMBERLAND & PERRY COUNTIES - P.O. BOX 1039 - CARLISLE, PA 17013	25-1629910	501(3)	8,048.	0.			HUMAN SERVICE
DOWNTOWN DAILY BREAD 310 NORTH THIRD STREET HARRISBURG, PA 17101	23-1433867	501(3)	7,500.	0.			HUMAN SERVICE
EMPLOYMENT SKILLS CENTER 29 S. HANOVER STREET CARLISLE, PA 17013	23-1995705	501(3)	30,800.	0.			EDUCATIONAL
FAMILY PROMISE OF BALDWIN COUNTY 1506 N. MCKENZIE ST., STE. 109 FOLEY, AL 36535	20-5453410	501(3)	6,000.	0.			HUMAN SERVICE
FAMILY PROMISE OF HARRISBURG CAPITAL REGION - 56 ERFORD RD. - CAMP HILL, PA 17011	35-2340680	501(3)	5,000.	0.			HUMAN SERVICE
FEEL YOUR BOOBIES FOUNDATION 4801 LINDLE ROAD HARRISBURG, PA 17111	20-2938710	501(3)	5,000.	0.			HEALTH

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FIRST UNITED METHODIST CHURCH 135 W SIMPSON ST. MECHANICSBURG, PA 17055	23-1405614	501(3)	20,081.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - CHAMBERSBURG - 225 S SECOND STREET - CHAMBERSBURG, PA 17201	23-1510103	501(3)	19,050.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - MILLERSBURG - 356 UNION STREET - MILLERSBURG, PA 17061	23-1510103	501(3)	15,164.	0.			RELIGION
FOURSQUARE YORK SPRINGS 400 MAIN STREET YORK SPRINGS, PA 17372	81-3744090	501(3)	8,820.	0.			RELIGION
FRANCES LEITER CENTER 539 LINCOLN WAY EAST CHAMBERSBURG, PA 17201	23-1429838	501(3)	11,319.	0.			HEALTH
FRANKLIN COUNTY HISTORICAL SOCIETY- KITTOCHTINNY - 175 EAST KING STREET - CHAMBERSBURG, PA 17201	25-6065079	501(3)	8,184.	0.			ARTS, HUMANITIES
FRANKLIN COUNTY LEGAL SERVICES 336 LINCOLN WAY EAST CHAMBERSBURG, PA 17201	37-1416631	501(3)	7,000.	0.			HUMAN SERVICE
GFWC PENNSYLVANIA 4076 MARKET STREET CAMP HILL, PA 17011-4200	23-1119120	501(3)	5,809.	0.			COMMUNITY DEVELOPMENT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVE - HARRISBURG, PA 17104	24-0795960	501(3)	10,000.	0.			EDUCATIONAL

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GONZAGA COLLEGE HIGH SCHOOL 19 I STREET NORTHWEST WASHINGTON, DC 20001	53-0204703	501(3)	10,487.	0.			EDUCATIONAL
GREATCOM MINISTRIES INTERNATIONAL 6649 E. PALMER DIVIDE AVE LARKSPUR, CO 80118	27-0632298	501(3)	25,000.	0.			RELIGION
HABITAT FOR HUMANITY OF THE GREATER HARRISBURG AREA - 900 SOUTH ARLINGTON AVE - HARRISBURG, PA 17109	58-1735541	501(3)	14,188.	0.			COMMUNITY DEVELOPMENT
HACC FOUNDATION PO BOX 8915 LANCASTER, PA 17604-9966	23-2353614	501(3)	5,000.	0.			SCHOLARSHIP
HAMPDEN TOWNSHIP VETERANS RECOGNITION COMMITTEE - 4900 CARLISLE PIKE - MECHANICSBURG, PA 17050	46-0748011	501(3)	7,980.	0.			COMMUNITY DEVELOPMENT
HARRISBURG ACADEMY 10 ERFORD ROAD WORMLEYSBURG, PA 17043	23-2119591	501(3)	14,269.	0.			SCHOLARSHIP
HARRISBURG AREA YMCA 805 NORTH FRONT STREET HARRISBURG, PA 17102	23-1665437	501(3)	12,000.	0.			COMMUNITY DEVELOPMENT
HARRISBURG OPERA ASSOCIATION 2224 GOOSE VALLEY RD. HARRISBURG, PA 17110	23-7173902	501(3)	5,000.	0.			ARTS, HUMANITIES
HARRISBURG RIVER RESCUE, INC. 725 S 22ND STREET HARRISBURG, PA 17104-2710	25-1801023	501(3)	25,000.	0.			COMMUNITY DEVELOPMENT

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HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501(3)	48,562.	0.			ARTS, HUMANITIES
HARRISBURG UNIVERSITY OF SCIENCE AND TECHNOLOGY - 326 MARKET STREET - HARRISBURG, PA 17101	25-1900793	501(3)	12,000.	0.			EDUCATIONAL
HISTORICAL SOCIETY OF DAUPHIN COUNTY - 219 S FRONT STREET - HARRISBURG, PA 17104	23-1396832	501(3)	5,875.	0.			ARTS, HUMANITIES
HOLY NAME OF JESUS CHURCH 6150 ALLENTOWN BLVD. HARRISBURG, PA 17112	23-1494791	501(3)	35,000.	0.			RELIGION
HOMELAND HOSPICE 2300 VARTAN WAY HARRISBURG, PA 17110	23-1365148	501(3)	7,200.	0.			HEALTH
HOSPICE OF CENTRAL PENNSYLVANIA 1320 LINGLESTOWN ROAD HARRISBURG, PA 17110	23-2106895	501(3)	7,200.	0.			HEALTH
IDENTIFY INC. P.O. BOX 3983 SUWANEE, GA 30024	46-4318918	501(3)	5,000.	0.			HUMAN SERVICE
TPPT HARRISBURG PEACE PROMENADE 246 E. ORANGESTREET LANCASTER, PA 17602	01-0564355	501(3)	25,000.	0.			COMMUNITY DEVELOPMENT
JAKE GITTLEN CANCER RESEARCH CENTER - 1249 COCOA AVENUE, SUITE 115 - HERSHEY, PA 17033-0852	23-2149559	501(3)	193,802.	0.			HEALTH

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JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC. - 3333 NORTH FRONT STREET - HARRISBURG, PA 17110	23-2894802	501(3)	8,718.	0.			RELIGION
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(3)	22,258.	0.			RELIGION
JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT ST MECHANICSBURG, PA 17055	23-1652343	501(3)	20,382.	0.			EDUCATIONAL
JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PENNSYLVANIA - 610 S. GEORGE STREET - YORK, PA 17401	23-1598129	501(3)	7,200.	0.			EDUCATIONAL
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	25-1847902	501(3)	15,000.	0.			HUMAN SERVICE
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(3)	77,704.	0.			EDUCATIONAL
LEAF PROJECT INC. 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(3)	7,000.	0.			HUMAN SERVICE
LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVE ANNVILLE, PA 17078	23-1352354	501(3)	24,655.	0.			EDUCATIONAL
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 SOUTH 8TH STREET - LEBANON, PA 17042	26-3915958	501(3)	8,394.	0.			HEALTH

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LEHIGH UNIVERSITY 125 GOODMAN DRIVE BETHLEHEM, PA 18015	24-0795445	501(3)	28,376.	0.			EDUCATIONAL
LGBT COMMUNITY CENTER COALITION OF CENTRAL PA - 1306 NORTH 3RD STREET - HARRISBURG, PA 17102	25-1897350	501(3)	20,000.	0.			HUMAN SERVICE
LITTLE THEATRE OF MECHANICSBURG PO BOX 325 MECHANICSBURG, PA 17055	23-7360571	501(3)	5,000.	0.			ARTS, HUMANITIES
MECHANICSBURG PRESBYTERIAN CHURCH 300 E SIMPSON STREET MECHANICSBURG, PA 17055-6509	23-1489818	501(3)	5,196.	0.			RELIGION
MEDARDS HOUSE 1120 DREXEL HILL BLVD NEW CUMBERLAND, PA 17070	47-4386986	501(3)	5,000.	0.			HUMAN SERVICE
MENNO HAVEN, INC. 2011 SCOTLAND AVENUE CHAMBERSBURG, PA 17201	23-6276101	501(3)	8,277.	0.			HEALTH
MILLERSBURG BOROUGH 101 WEST STREET MILLERSBURG, PA 17061	23-6002897	501(3)	12,503.	0.			COMMUNITY DEVELOPMENT
MOUNT GRETNNA SCHOOL OF ART PO BOX 182 MOUNT GRETNNA, PA 17064	46-1055307	501(3)	10,000.	0.			ARTS, HUMANITIES
MR. SANDY'S HOMELESS VETERANS FUND 412 WEST KING STREET YORK, PA 17401	82-0748180	501(3)	5,000.	0.			HUMAN SERVICE

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NACER, USA PO BOX 266 BLUFFTON, OH 45817	32-0254688	501(3)	26,000.	0.			HUMAN SERVICE
NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVENUE NW - WASHINGTON, DC 20037	53-0210807	501(3)	14,188.	0.			COMMUNITY DEVELOPMENT
NED SMITH CENTER FOR NATURE AND ART - 176 WATER COMPANY ROAD - MILLERSBURG, PA 17061-8056	25-1735097	501(3)	5,000.	0.			ARTS, HUMANITIES
NETWORK MINISTRIES 419 HOLLYWELL AVENUE CHAMBERSBURG, PA 17201	23-2896773	501(3)	11,697.	0.			RELIGION
NEW CUMBERLAND OLDE TOWNE FOUNDATION - 714 BRIDGE STREET - NEW CUMBERLAND, PA 17070	25-1890438	501(3)	5,500.	0.			EDUCATIONAL
NEW GUILFORD BRETHREN CHURCH 1575 MONT ALTO ROAD CHAMBERSBURG, PA 17202	25-1777403	501(3)	8,938.	0.			RELIGION
NEW HOPE MINISTRIES INC 99 W. CHURCH STREET DILLSBURG, PA 17019	23-2223120	501(3)	7,000.	0.			HUMAN SERVICE
NEW YORK STUDIO SCHOOL OF DRAWING, PAINTING AND SCULPTURE - 8 W 8TH STREET - NEW YORK, NY 10011	13-6167281	501(3)	20,000.	0.			ARTS, HUMANITIES
OLD GRAD AWARD 8208 FULTON AVE. MARGATE, NJ 08042	61-1637645	501(3)	8,547.	0.			EDUCATIONAL

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OLEWINE NATURE CENTER--FRIENDS OF WILDWOOD - 100 WILDWOOD WAY - HARRISBURG, PA 17110	25-1676210	501(3)	20,925.	0.			ENVIRONMENTAL
OPEN STAGE OF HARRISBURG 25 NORTH COURT STREET HARRISBURG, PA 17101	23-2290559	501(3)	35,902.	0.			ARTS, HUMANITIES
OUR LADY HELP OF CHRISTIANS 732 MAIN ST. LYKENS, PA 17048	84-3967465	501(3)	15,164.	0.			RELIGION
PENN STATE HARRISBURG (SCHOLARSHIPS) - 777 W. HARRISBURG PIKE - MIDDLETOWN, PA 17057	24-6000376	501(3)	30,000.	0.			EDUCATIONAL
PENN STATE MILTON S. HERSHEY MEDICAL CENTER - 1249 COCOA AVE STE 115 - HERSHEY, PA 17033-0852	24-6000376	501(3)	5,000.	0.			HEALTH
PENNCARES 788 CHERRY TREE COURT HANOVER, PA 17331	23-1878861	501(3)	5,096.	0.			HUMAN SERVICE
PENNSYLVANIA COUNCIL OF FEEDING AMERICA FOOD BANKS - 939 EAST PARK DR. - HARRISBURG, PA 17111	45-4793283	501(3)	250,000.	0.			HUMAN SERVICE
PENNSYLVANIA FAMILY SUPPORT ALLIANCE - 2000 LINGLESTOWN ROAD - HARRISBURG, PA 17110	25-1358423	501(3)	6,000.	0.			HUMAN SERVICE
PENNSYLVANIA SOCIETY FOR BIOMEDICAL RESEARCH - PO BOX 1163 - CAMP HILL, PA 17001-1163	25-1634552	501(3)	7,121.	0.			EDUCATIONAL

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PENNSYLVANIA STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER - P.O. BOX 852, MCHS20 - HERSHEY, PA 17033	25-1854772	501(3)	21,097.	0.			HEALTH
PERRY COUNTY COUNCIL OF THE ARTS 67 N. 4TH STREET NEWPORT, PA 17074	22-2646866	501(3)	83,665.	0.			ARTS, HUMANITIES
PHILHAVEN 283 SOUTH BUTLER ROAD MOUNT GRETN, PA 17064	23-1548822	501(3)	16,220.	0.			HEALTH
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(3)	5,000.	0.			HEALTH
PRESBYTERIAN HOMES, INC. 1 TRINITY DRIVE EAST DILLSBURG, PA 17019	23-2941518	501(3)	8,606.	0.			HUMAN SERVICE
QUEEN OF PEACE ROMAN CATHOLIC CHURCH OF MILLERSBURG - 202 ZIMMERMAN RD. - MILLERSBURG, PA 17061	23-2193730	501(3)	15,164.	0.			RELIGION
SAINT VINCENT COLLEGE 300 FRASER PURCHASE ROAD LATROBE, PA 15650	25-0964126	501(3)	10,000.	0.			EDUCATIONAL
SANKOFA AFRICAN AMERICAN THEATRE COMPANY - 1425 CROOKED HILL RD - HARRISBURG, PA 17106	82-1799550	501(3)	5,000.	0.			ARTS, HUMANITIES
SHALOM HOUSE 9 SOUTH 15TH STREET HARRISBURG, PA 17104	23-2447254	501(3)	5,000.	0.			HUMAN SERVICE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SHREE KRISHNA FOUNDATION 44 HERSHA DRIVE HARRISBURG, PA 17102-2241	20-2011302	501(3)	5,001.	0.			RELIGION
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013-7012	53-0206027	501(3)	14,188.	0.			COMMUNITY DEVELOPMENT
SOMEONE TO TELL IT TO INC 216 STATE ST. HARRISBURG, PA 17101	45-4216827	501(3)	22,500.	0.			HUMAN SERVICE
SPAY/NEUTER ASSISTANCE PROGRAM, INC. (SNAP) - PO BOX 126702 HARRISBURG, PA 17112-6702	23-2172084	501(3)	12,335.	0.			HEALTH
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(3)	8,277.	0.			HUMAN SERVICE
SPROCKET MURAL WORKS INCORPORATED 2036 GREEN STREET HARRISBURG, PA 17102	83-4702537	501(3)	5,000.	0.			ARTS, HUMANITIES
ST. ANTHONY SHELTER 410 EAST 156TH STREET BRONX, NY 10455	36-4646567	501(3)	5,000.	0.			COMMUNITY DEVELOPMENT
ST. PAUL'S LUTHERAN CHURCH PO BOX 53 NEWPORT, PA 17074-0053	23-2132361	501(3)	8,991.	0.			RELIGION
ST. THOMAS CEMETERY ASSOCIATION 197 PIONEER DRIVE ST. THOMAS, PA 17252	25-1253251	501(3)	8,147.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. THOMAS LUTHERAN CHURCH 7601 LINCOLN WAY WEST ST. THOMAS, PA 17252	25-1253251	501(3)	42,874.	0.			RELIGION
ST. THOMAS TWP VOLUNTEER FIRE COMPANY - PO BOX 46 - ST. THOMAS, PA 17252	25-1297197	501(3)	8,147.	0.			COMMUNITY DEVELOPMENT
SUMMER PROGRAM FOR YOUTH PO BOX 612 CARLISLE, PA 17013	25-1798756	501(3)	5,000.	0.			EDUCATIONAL
SUSQUEHANNA ART MUSEUM 1401 NORTH THIRD STREET HARRISBURG, PA 17102	25-1601081	501(3)	230,000.	0.			ARTS, HUMANITIES
TEAM PENNSYLVANIA FOUNDATION 240 NORTH THIRD STREET HARRISBURG, PA 17101	23-2876177	501(3)	50,000.	0.			ARTS, HUMANITIES
TENDER CARE PREGNANCY CENTER 300 JOHN STREET HANOVER, PA 17331	23-2473531	501(3)	20,000.	0.			HEALTH
THE BOYS AND GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG INC - 73 W BURD STREET - SHIPPENSBURG, PA 17257	27-1658752	501(3)	7,000.	0.			EDUCATIONAL
THE BURG FOUNDATION 2601 NORTH FRONT STREET HARRISBURG, PA 17110	46-2742447	501(3)	12,000.	0.			ARTS, HUMANITIES
THE LENFEST INSTITUTE FOR JOURNALISM - 801 MARKET STREET - PHILADELPHIA, PA 19107	04-3731829	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 2101 N. 5TH ST. HARRISBURG, PA 17110	25-1886666	501(3)	10,000.	0.			EDUCATIONAL
THE NICODEMUS CENTER FOR CERAMIC STUDIES INC - 13 SOUTH CHURCH ST - WAYNESBORO, PA 17268	25-1744030	501(3)	5,000.	0.			ARTS, HUMANITIES
THE PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(3)	14,000.	0.			EDUCATIONAL
THE PHILADELPHIA FOUNDATION 1835 MARKET STREET PHILADELPHIA, PA 19103-2968	23-1581832	501(3)	25,000.	0.			HUMAN SERVICE
THE PROGRAM FOR FEMALE OFFENDERS FUND - 1515 DERRY STREET - HARRISBURG, PA 17104	25-1580223	501(3)	5,500.	0.			COMMUNITY DEVELOPMENT
THE SALVATION ARMY HARRISBURG CAPITAL CITY REGION - 506 S. 29TH STREET - HARRISBURG, PA 17104	13-5562351	501(3)	19,188.	0.			HUMAN SERVICE
THE SALVATION ARMY LEBANON CORPS 1031 GUILFORD STREET LEBANON, PA 17046	13-5562351	501(3)	8,394.	0.			HUMAN SERVICE
THE SEXUAL ASSAULT RESOURCE & COUNSELING CENTER OF LEBANON & SCHUYLKILL COUNTIES - 615 CUMBERLAND ST - LEBANON, PA 17042	23-2335091	501(3)	35,700.	0.			HUMAN SERVICE
THE WILDCAT FOUNDATION 600 SOUTH NORWAY STREET, 2ND FLOOR MECHANICSBURG, PA 17055	23-2975211	501(3)	35,470.	0.			SCHOLARSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CARLISLE PENNSYLVANIA - 301 G STREET CARLISLE, PA 17013	23-1429866	501(3)	8,048.	0.			COMMUNITY DEVELOPMENT
THEATRE HARRISBURG 513 HURLOCK ST HARRISBURG, PA 17110	23-1465635	501(3)	10,469.	0.			ARTS, HUMANITIES
TIMOTHY TWO PROJECT INTERNATIONAL PO BOX 6449 ASHEVILLE, NC 28816	45-3052440	501(3)	5,000.	0.			HUMAN SERVICE
TOTEM POLE PLAYHOUSE PO BOX 603 FAYETTEVILLE, PA 17222	25-1718350	501(3)	5,000.	0.			ARTS, HUMANITIES
TRINITY WASHINGTON UNIVERSITY 125 MICHIGAN AVENUE NE WASHINGTON, DC 20017	53-0196640	501(3)	8,742.	0.			EDUCATIONAL
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3535 MARKET STREET - PHILADELPHIA, PA 19104-3309	23-1352685	501(3)	5,000.	0.			EDUCATIONAL
TSM/SOURCE OF LIFE MINISTRIES PO BOX 96 HANOVER, PA 17331	30-0213425	501(3)	38,800.	0.			HUMAN SERVICE
TUCKER'S HOUSE PO BOX 682086 FRANKLIN, TN 37068	27-0896877	501(3)	5,000.	0.			HUMAN SERVICE
UNITED CHURCH OF CHRIST HOMES, INC. - 30 N 31ST STREET - CAMP HILL, PA 17011	23-1615155	501(3)	10,000.	0.			RELIGION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(3)	63,000.	0.			COMMUNITY DEVELOPMENT
UPMC PINNACLEHEALTH FOUNDATION PO BOX 8700 HARRISBURG, PA 17105-8700	25-1778644	501(3)	16,097.	0.			HEALTH
WATER MISSIONS INTERNATIONAL PO BOX 31258 CHARLESTON, SC 29417	57-1116978	501(3)	40,000.	0.			HUMAN SERVICE
WAYNESBORO COMMUNITY & HUMAN SERVICES INC - 123 WALNUT STREET - WAYNESBORO, PA 17268	25-1366504	501(3)	6,519.	0.			HUMAN SERVICE
WELLSFAN CHAMBERSBURG HOSPITAL 785 5TH AVE. CHAMBERSBURG, PA 17201	23-0465970	501(3)	27,327.	0.			HEALTH
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(3)	43,024.	0.			EDUCATIONAL
WILDHEART INTERNATIONAL MINISTRIES 333 S. 13TH ST. HARRISBURG, PA 17104	81-2194708	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
WILMER EYE INSTITUTE DEVELOPMENT OFFICE - 600 N. WOLFE ST. - BALTIMORE, MD 21287	52-0595110	501(3)	20,000.	0.			HUMAN SERVICE
WITF, INC. 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(3)	7,120.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WOLF PACK SEARCH AND RECOVERY 5201 3RD STREET WHITEHALL, PA 18052	82-3671123	501(3)	5,000.	0.			COMMUNITY DEVELOPMENT
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)



**Part IV** Supplemental Information

PAID IF THERE IS A CREDIT ON THE ACCOUNT OR A ZERO BALANCE. SCHOLARSHIP  
MONEY IS RELEASED PAYABLE TO BOTH THE STUDENT AND THE COLLEGE, AND MAILED  
DIRECTLY TO THE COLLEGE. THE ONLY INSTANCE THAT THE SCHOLARSHIP MONEY IS  
RELEASED DIRECTLY TO THE STUDENT IS FOR BOOK REIMBURSEMENT, AFTER BOOK  
RECEIPTS ARE RECEIVED AND REVIEWED. RECEIPTS ARE GENERATED AND ACCOMPANY  
EACH CHECK. THE BURSAR'S OFFICE (TUITION PAYMENTS) OR THE STUDENT (BOOK  
PAYMENTS) ARE ASKED TO RETURN A FORM, IDENTIFYING THE RECEIPT OF AND  
APPROPRIATE USE OF THE FUNDS.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2020



<b>Part III</b>	<b>Supplemental Information</b>
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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.

[illegible]

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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	19	2,837,025.	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 V, Donee Acknowledgement .....

29

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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

## Supplemental Information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 APPROXIMATELY 900 FUNDS AND SERVES A GEOGRAPHICAL

AREA OF FIVE COUNTIES INCLUDING, CUMBERLAND, DAUPHIN, FRANKLIN,

LEBANON, PERRY AND NORTHERN YORK IN THE DILLSBURG AREA, WHERE ALL THE

NONPROFITS IN THOSE COUNTIES ARE ELIGIBLE TO APPLY FOR DISCRETIONARY

FUNDING EACH YEAR. OUR DONORS LIVE ACROSS THE UNITED STATES. TFEC HAS

FIVE REGIONAL FOUNDATIONS. EACH HAS AN ADVISORY COMMITTEE OF LOCAL

LEADERS FROM THE REGIONAL AREA REPRESENTED, WHO KNOW THEIR COMMUNITY.

THEY ARE RESPONSIBLE FOR THE ESTABLISHMENT OF NEW FUNDS, MARKETING AND

EDUCATING PROFESSIONAL ADVISORS AND POTENTIAL DONORS OF ALL TYPES ABOUT

THE BENEFITS OF INVESTING IN THEIR REGIONAL FOUNDATION THROUGH THEIR

CONTACTS AND LEADERSHIP. THEY INCLUDE:

DILLSBURG AREA COMMUNITY FOUNDATION SERVES DILLSBURG AREA;

MECHANICSBURG AREA COMMUNITY FOUNDATION SERVES MECHANICSBURG AREA ZIP

CODES 17055 AND 17050;

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

Schedule O (Form 990 or 990-EZ) 2020

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

FRANKLIN, LEBANON, PERRY AND DILLSBURG AREA;

FRANKLIN COUNTY COMMUNITY FOUNDATION SERVES FRANKLIN COUNTY;

PERRY COUNTY COMMUNITY FOUNDATION SERVES PERRY COUNTY.

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

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

TFEC PERFORMS MANY INTERNAL FUNCTIONS FOR ORGANIZATIONS OR INDIVIDUALS

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

ORGANIZATION. USING A FISCAL SPONSORSHIP AGREEMENT, TFEC BECOMES THE

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

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

INCLUDE:

PROJECTS:

EMERGING PHILANTHROPIST PROGRAM (EPP)

THE EMERGING PHILANTHROPISTS PROGRAM (EPP) IS A PARTNERSHIP BETWEEN

HARRISBURG YOUNG PROFESSIONALS (HYP) AND THE FOUNDATION FOR ENHANCING

COMMUNITIES. IT SEEKS TO ENGAGE HARRISBURG'S YOUNG ADULTS WHO ARE

MEMBERS OF HYP AND ARE 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. TFEC JUST GRADUATED IT'S SEVENTH CLASS

AND A TOTAL OF 85 GRADUATES FOR THE PAST 7 YEARS.

IPTT HARRISBURG PEACE PROMENADE

BECOMING A PROJECT IN 2018, THE PURPOSE OF THE PROJECT IS TO LESSEN THE

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

BURDENS OF GOVERNMENT BY PROVIDING CONSERVATION, PRESERVATION, RESTORATION, AND DEDICATION ASSISTANCE TO THE CARE OF CITY AND COUNTY HISTORIC MONUMENTS AND PUBLIC ARTS EXHIBITIONS. THEIR WORK CULMINATED THIS YEAR IN THE DESIGN AND INSTALLATION OF "MEET ME AT THE CROSSROADS" MONUMENT COMMEMORATING THE 150 AND 100-YEAR ANNIVERSARIES OF THE FIFTEENTH AND NINETEENTH AMENDMENTS TO THE U.S. CONSTITUTION, RESPECTIVELY. THE MONUMENT ENCIRCLES A PEDESTAL THAT HONORS THE HISTORY AND PASSING OF THE OLD EIGHTH WARD, ONCE THE MOST ETHNICALLY DIVERSE SECTION OF THE CITY OF HARRISBURG AND THE HEART OF THE AFRICAN-AMERICAN COMMUNITY. THEIR WORK ALSO INCLUDES EDUCATIONAL WORKSHOPS, PERFORMANCES BY LIVING HISTORY CHARACTERS, AND SCHOLARLY BOOK TALKS.

## PENNSYLVANIA CHEESE GUILD

ESTABLISHED IN 2015, THE CHARITABLE PURPOSE OF THE PROJECT IS TO STRENGTHEN THE FUTURE OF THE LOCAL AGRICULTURAL INDUSTRY BY INTRODUCING STUDENTS AND FUTURE CHEESEMAKERS TO CAREERS BASED IN REGIONAL AGRICULTURAL AND/OR FOOD PRODUCTION. THE GROUP PROMOTES THE IMPORTANCE OF SUPPORTING LOCAL PRODUCTION OF CHEESE BY EDUCATING THE GENERAL PUBLIC, HIGHLIGHTING THE DIVERSE BENEFITS OF THIS SEGMENT OF THE DAIRY INDUSTRY. THE PENNSYLVANIA CHEESE GUILD PROMOTES THE HIGHEST STANDARDS OF CHEESE MAKING AND CELEBRATES THE DIVERSITY OF THE CHEESE COMMUNITY IN PENNSYLVANIA THROUGH PARTNERSHIPS, OUTREACH AND EDUCATION.

## HERSHEY COMMUNITY GARDEN

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



Name of the organization

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

GARDEN (INCLUDING RAISED BEDS HAVE BEEN SET ASIDE FOR WHEELCHAIR

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

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

NEED.

THE HERSHEY COMMUNITY GARDEN OFFERS THE COMMUNITY THE FOLLOWING HEALTH

AND COMMUNITY BENEFITS:

- IMPROVE NUTRITION THROUGH BETTER ACCESS TO FRESH VEGETABLES AND

FRUITS

- SUPPORT THE LOCAL FOOD MOVEMENT

- PROVIDE AN OPPORTUNITY FOR STRESS-RELIEVING PHYSICAL ACTIVITY

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

SHARED EXPERIENCE AND

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

OF LIFE IN HERSHEY

RANDI'S HOUSE OF ANGELS

SINCE 2011, THE MISSION OF RANDI'S HOUSE OF ANGELS IS TO BE A HEALING

PLACE FOR CHILDREN WHO ARE EXPOSED TO AND/OR ARE VICTIMS OF DOMESTIC

VIOLENCE. THIS PROJECT OFFERS THERAPEUTIC PROGRAMS FOR CHILDREN FROM 5

TO 13 YEARS OF AGE.

- RANDI'S KIDZ CLUB: A TEN-WEEK THERAPEUTIC GROUP FOR CHILDREN,

AGES 8 TO 13 YEARS, WHO HAVE EXPERIENCED OR HAVE BEEN EXPOSED TO

DOMESTIC VIOLENCE. THIS PROGRAM HAS BEEN DESIGNED TO HELP CHILDREN

COPE WITH FEELINGS AND EMOTIONS THROUGH ART THERAPY, GAMES AND

RELAXATION TECHNIQUES.

- RANDI'S KLUBHOUSE: A TEN-WEEK THERAPEUTIC INTERACTIVE GROUP FOR

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CHILDREN AGES 5-7 YEARS WHO HAVE EXPERIENCED DOMESTIC VIOLENCE. THE  
SESSION BLENDS EMOTIONAL, ART THERAPY, AND PSYCHO-EDUCATION TO CHILDREN  
USING KIND, GENTLE AND PLAYFUL INTERACTIONS AND WELLNESS OPTIONS. IT  
INCLUDES BOTH THE PARENT/GUARDIAN AND CHILD.

- RANDI'S CAMP FOR HOPE AND COURAGE: A THREE DAY OUTCOME-BASED  
THERAPEUTIC/RECREATIONAL CAMP FOR CHILDREN AGES 8-13 YEARS WHO HAVE  
EXPERIENCED OR HAVE BEEN EXPOSED TO DOMESTIC VIOLENCE. THROUGH  
EDUCATIONAL, INTERPERSONAL AND FUN ACTIVITIES, CHILDREN INCREASE THEIR  
SELF-ESTEEM, SELF-CONCEPT, AND CONFIDENCE IN THEIR OWN ABILITIES.  
RANDI'S CAMP EMPOWERS CHILDREN TO BELIEVE THAT THEIR THOUGHTS,  
FEELINGS, AND ACTIONS ARE IMPORTANT, WORTHY OF EXPRESSION AND THAT THEY  
ARE VALUABLE CONTRIBUTORS TO THE WHOLE FAMILY UNIT.

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

TFEC INITIATIVES:

EARLY EDUCATION INITIATIVE:

TFEC'S EARLY CHILDHOOD EDUCATION INITIATIVE BROADENS COMMUNITY  
RESOURCES BY GIVING CHILDREN AND THEIR FAMILIES THE TOOLS THEY NEED TO  
BE SUCCESSFUL, AND BUILDS STRONG PARTNERSHIPS BETWEEN THE COMMUNITY,  
EARLY LEARNING PROVIDERS, AND THE SCHOOLS. IN 2017, THE INITIATIVE  
FORMED AN EARLY CHILDHOOD ADVISORY COMMITTEE AS PART OF A MULTI-YEAR  
COMMITMENT MADE BY THE TFEC BOARD OF DIRECTORS TO IMPROVE KINDERGARTEN  
READINESS AND ACCESS TO EARLY EDUCATION SERVICES. TO BE EFFECTIVE AND  
RELEVANT, THE COMMITTEE INCLUDES REPRESENTATIVES FROM BUSINESS AND  
INDUSTRY, COMMUNITY LEADERS, SCHOOL REPRESENTATIVES, AND EARLY LEARNING  
PROVIDERS WITHIN TFEC'S FOOTPRINT SERVICE AREA. THE COMMITTEE EXPLORES

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THE SYSTEMS, PARTNERSHIPS, AND LEADERSHIP ROLES THAT BEST ENHANCE AND STRENGTHEN CONNECTIONS FOCUSING ON SERVICE TO CHILDREN FROM PRENATAL TO FIVE YEARS OF AGE, WHICH IS CRITICAL DUE TO THE LACK OF COHESIVENESS IN THE EARLY EDUCATION SECTOR. THE THREE OVERARCHING GOALS FOR 2020 IN ALIGNMENT WITH TFEC'S STRATEGIC PLAN INCLUDE A MORE EDUCATED AND ENGAGED LOCAL BUSINESS COMMUNITY AROUND EARLY EDUCATION, TO RAISE AWARENESS OF THE IMPACT OF SUCCESSFUL TRANSITIONS THROUGH AN EXPANSION OF OUR FULL DAY TRANSITION CONFERENCE, AND TO HELP DEVELOP A TRAUMA INFORMED COMMUNITY THROUGH RESILIENCY PRACTICES. THE EARLY EDUCATION TASK FORCE CONSISTS OF EXPERTS IN THE FIELD OF EARLY EDUCATION FROM EACH OF OUR FIVE AND HALF COUNTY AREA INCLUDING EXPERTS FROM THE PENNSYLVANIA DEPARTMENT OF EDUCATION.

## MANAGEMENT SERVICE AGREEMENTS:

MANAGEMENT SERVICE AGREEMENTS PROVIDE TFEC THE ABILITY TO PERFORM MANY INTERNAL BACKROOM FUNCTIONS FOR INDEPENDENT NONPROFIT ORGANIZATIONS AND FOUNDATIONS. THE ORGANIZATION REMAINS THE LEGAL OWNER OF ITS FINANCIAL ASSETS AND MAINTAINS ITS OWN GOVERNING BODY, AND TFEC PROVIDES A SELECTION OF SERVICES FOR A FEE, ACCORDING TO A MANAGEMENT SERVICES AGREEMENT. TFEC CURRENTLY PROVIDES MANAGEMENT SERVICES TO 15 INDEPENDENT NONPROFIT ORGANIZATIONS AND FOUNDATIONS.

THE TRANSACTIONAL SERVICES PROVIDED IN THIS TYPE OF AN AGREEMENT

## INCLUDE:

## TRANSACTIONAL SERVICES

- ESTABLISH BANK ACCOUNTS
- ESTABLISH A GENERAL LEDGER

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- INPUT INITIAL FUND BALANCES

- ESTABLISH AN INVESTMENT ACCOUNT(S)

- TRANSFER ASSETS INTO PROPER INVESTMENT ACCOUNTS

- ACCEPT ALL DONATIONS ON BEHALF OF THE ORGANIZATION, INCLUDING CASH,

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

CARD PROCESSING PROVIDER), PUBLICLY - TRADED AND CLOSELY HELD

SECURITIES, REAL ESTATE, INSURANCE POLICIES, AND OTHER NONTRADITIONAL

ASSETS

- ACKNOWLEDGE ALL GIFTS TO DONORS AND PROVIDE TAX DEDUCTION LETTERS

- PREPARE AND RECORD ALL INVESTMENT POOL ALLOCATIONS

- CALCULATE FEES ON ALL FUNDS

- PROCESS ALL GRANTS AND SCHOLARSHIPS

- PROCESS ALL VENDOR PAYMENTS

#### FINANCIAL REPORTING

CREATE AND ISSUE FINANCIAL REPORTS TO THE TEAM, BOARD OF DIRECTORS AND

OTHER DESIGNEES

#### AVAILABLE REPORTS INCLUDE:

- STATEMENTS OF FINANCIAL POSITION

- STATEMENTS OF ACTIVITY (ACTUAL VS BUDGET)

- CASH FLOW FORECAST

- GRANTS PAID AND PAYABLE

- PLEDGES RECEIVED AND RECEIVABLE

- GIFTS RECEIVED

- RETURN EARNED ON THE INVESTMENT

- LIST OF ALL GIFTS WITH FUND BALANCES

- STATEMENT OF FINANCIAL POSITION FOR EACH FUND

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--	--

- SCHEDULE OF ACCOUNTS PAYABLE

- WORKING PAPERS FOR ANNUAL TAX RETURN (ACTUAL RETURN PREPARED BY

ORGANIZATION'S CPA FIRM)

#### AUDIT

- WORK CLOSELY WITH THE ORGANIZATION'S AUDITOR TO PROVIDE ALL

INFORMATION NECESSARY TO COMPLETE THE ANNUAL AUDIT

- BUDGET PREPARATION

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

ANNUAL BUDGET

- PAYROLL

- PREPARE PAYROLL JOURNAL ENTRIES, GOVERNMENTAL REPORTS, AND EMPLOYEE

DEDUCTIONS FOR TAXES, BENEFITS AND SAVINGS PLANS (CLIENT IS RESPONSIBLE

FOR HAVING OWN PAYROLL PROVIDER.)

#### INVESTMENTS

- ESTABLISH RELATIONSHIPS WITH FINANCIAL INSTITUTIONS WHERE FUNDS ARE

INVESTED

- ENSURE THAT ALL FUNDS ARE INVESTED PROPERLY, ACCORDING TO INVESTMENT

POLICY GUIDELINES

- ENSURE THAT ALL FEES CHARGED BY INVESTMENT FIRMS ARE APPROPRIATE

- REBALANCE INVESTMENT PORTFOLIO ON A MONTHLY BASIS

- PROVIDE MONTHLY INVESTMENT REPORTS

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

INVESTMENT ADVISORY COMMITTEE

PLANNED GIVING SERVICES:

PLANNED GIVING SERVICES ARE OFFERED FOR AN ADDITIONAL FEE- INFORMATION

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## AVAILABLE ON SERVICES PROVIDED

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

A CONSULTANT PREPARES A COMPENSATION REPORT FOR THE PERSONNEL COMMITTEE. THE EXECUTIVE COMMITTEE PREPARES AN OVERVIEW OF THE PROFESSIONAL GOALS FOR THE YEAR. ANNUAL COMPENSATION IS GIVEN BASED ON INFORMATION IN THE COMPENSATION REPORT AND PROFESSIONAL GOAL REPORT.

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

PA,AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC  
ND,OH,OK,OR,RI,SC,TN,UT,VA,WA,WV,WI

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

THE CONFLICT OF INTEREST POLICY IS IN THE FOUNDATION'S BY-LAWS AT ARTICLE XIII, IN THE RELATIONSHIP WITH APPLICANTS SECTION OF THE EMPLOYEE HANDBOOK, AND IN POLICY STATEMENTS ADOPTED BY THE BOARD OF DIRECTORS. THE FOUNDATION'S GOVERNING DOCUMENT, BY-LAWS, ARTICLES OF INCORPORATION, AND POLICY STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S PRESIDENT. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT WHICH CONTAINS FINANCIAL INFORMATION, AND ITS FINANCIAL STATEMENTS TO DONORS, FUNDHOLDERS AND INTERESTED PERSONS.

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

PAYCHECK PROTECTION PROGRAM FUNDS RECEIVED BUT NOT YET

FORGIVEN BY SBA 272,447.

PAGE 1, SECTION C, DOING BUSINESS AS

DILLSBURG AREA COMMUNITY FOUNDATION

FRANKLIN COUNTY COMMUNITY FOUNDATION

GREATER HARRISBURG COMMUNITY FOUNDATION

MECHANICSBURG AREA COMMUNITY FOUNDATION

PERRY COUNTY COMMUNITY FOUNDATION

THE FOUNDATION FOR ENHANCING COMMUNITIES #01-0564355

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

THE FOUNDATION FOR ENHANCING COMMUNITIES (FORMERLY KNOWN AS THE GREATER

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

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

ALTHOUGH A COMPONENT PART OF THE FOUNDATION FOR ENHANCING COMMUNITIES,

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

FILING IS MADE.

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







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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



## Part VII Supplemental Information

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

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