

Product: **Exempt**  
 Name: **THE FOUNDATION FOR ENHANCING COMMUNITIES**  
 FEIN: **\*\*\*\*\*4355**  
 Bank Info:  
 Fiscal Year Begin Date: **1/1/2022**  
 IRS Message:

Category:  
 Plan Number:  
 Fiscal Year End Date: **12/31/2022**

IRS Center: **Ogden**  
 e-Postmark: **3/23/2023 2:58 PM**  
 Notification:  
 eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
03/23/2023	22X:01005:V1	Upload Started			Smith,Sara	
03/23/2023	22X:01005:V1	Released for Transmission - Validation in Progress			Smith,Sara	
03/23/2023	22X:01005:V1	Ready to transmit - Validation Complete				
03/23/2023	22X:01005:V1	Transmitted to FD	25570920230820352e21			
03/23/2023	22X:01005:V1	Accepted by FD on 3/23/2023				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

THE FOUNDATION FOR ENHANCING COMMUNITIES

EIN or SSN

01-0564355

Name and title of officer or person subject to tax

JANICE BLACK  
PRESIDENT & CEO

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	47,434,480.
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize MAHER DUESSEL, CPA'S

to enter my PIN

01005

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Janice R. Black*  
President and CEO

Date 2/14/23

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25570912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Jan L. Crabb*

Date

3/16/23

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2022** 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		<b>D</b> Employer identification number 01-0564355
	Doing business as SEE SCHEDULE O		<b>E</b> Telephone number 717-236-5040
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	200 NORTH 3RD STREET, 8TH FLOOR		<b>G</b> Gross receipts \$ 94,614,032.
	City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 17101		
<b>F</b> Name and address of principal officer: JANICE BLACK SAME AS C ABOVE		<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	

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

**J** Website: WWW.TFEC.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1920 **M** State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	<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	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	24
	<b>6</b> Total number of volunteers (estimate if necessary)	6	187
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	7,408,096.	5,127,668.
	<b>9</b> Program service revenue (Part VIII, line 2g)	573,761.	620,634.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,932,426.	41,662,251.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,554.	23,927.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,909,729.	47,434,480.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,236,626.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,634,359.	1,757,115.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		384,907.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,687,587.	2,954,326.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,558,572.	10,244,249.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,351,157.	37,190,231.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 134,056,837.	End of Year 107,592,484.
	<b>21</b> Total liabilities (Part X, line 26)	8,885,794.	7,942,183.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	125,171,043.	99,650,301.

**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	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JENNIFER CRUVERKIBI	Preparer's signature	Date	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 Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 6,975,889. including grants of \$ 4,829,002. ) (Revenue \$ ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,824,752. including grants of \$ 703,806. ) (Revenue \$ ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 620,634. ) SEE SCHEDULE O

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

4e Total program service expenses 8,800,641.

**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> ? See instructions .....	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 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 Rev. Proc. 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> See instructions .....		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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) L. RENEE LIEUX-BRECHBIEL SECRETARY	1.00	X		X				0.	0.	0.
(4) SUSAN SIMMS MARSH ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(5) GREGG D. KLOPP TREASURER	1.00	X		X				0.	0.	0.
(6) DAVID J. MANBECK CPA ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(7) BETH ANN HANCOCK BOARD MEMBER	1.00	X						0.	0.	0.
(8) ROBERT C. GRUBIC, P.E. BOARD MEMBER	1.00	X						0.	0.	0.
(9) ESMERALDA HETRICK BOARD MEMBER	1.00	X						0.	0.	0.
(10) DAVID G. FORNEY BOARD MEMBER	1.00	X						0.	0.	0.
(11) SAMIR S. PARIKH BOARD MEMBER	1.00	X						0.	0.	0.
(12) AMANDA OWENS BOARD MEMBER	1.00	X						0.	0.	0.
(13) MARLENE KANUCK BOARD MEMBER	1.00	X						0.	0.	0.
(14) DAVID W. KUTZ BOARD MEMBER	1.00	X						0.	0.	0.
(15) TODD C. SNOVEL BOARD MEMBER	1.00	X						0.	0.	0.
(16) JENNIFER ZABORNEY BOARD MEMBER	1.00	X						0.	0.	0.
(17) JANICE R. BLACK PRESIDENT & CEO	37.50			X				223,446.	0.	21,066.

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIRK DEMYAN VP & CFO	37.50			X				185,585.	0.	41,066.
(19) JENNIFER DOYLE VP OF PHILANTHROPY & COMMU	37.50			X				157,600.	0.	15,023.
<b>1b Subtotal</b> .....								566,631.	0.	77,155.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								566,631.	0.	77,155.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MERIT MARKETING 121 LOCUST STREET, HARRISBURG, PA 17101	MARKETING	117,075.

**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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	216,215.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,911,453.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 401,714.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		5,127,668.				
Program Service Revenue	<b>2 a</b>	MANAGEMENT FEES	<b>Business Code</b>	541900	620,634.	620,634.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			620,634.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			1,870,232.		1,870,232.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					86,887,528.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	47,095,509.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	39,792,019.				
<b>d</b>	Net gain or (loss) .....			39,792,019.		39,792,019.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 216,215. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		107,970.				
			<b>b</b>	Less: direct expenses .....	<b>8b</b>	84,043.		
			<b>c</b>	Net income or (loss) from fundraising events .....		23,927.		23,927.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
			<b>b</b>	Less: direct expenses .....	<b>9b</b>			
			<b>c</b>	Net income or (loss) from gaming activities .....				
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
			<b>b</b>	Less: cost of goods sold .....	<b>10b</b>			
			<b>c</b>	Net income or (loss) from sales of inventory .....				
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			47,434,480.	620,634.	0.	41,686,178.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,078,217.	5,078,217.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	454,591.	454,591.		
<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 .....	643,786.	130,090.	354,035.	159,661.
<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 .....	816,959.	562,004.	209,671.	45,284.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	10,973.	5,199.	4,234.	1,540.
<b>9</b> Other employee benefits .....	184,670.	87,496.	71,265.	25,909.
<b>10</b> Payroll taxes .....	100,727.	47,724.	38,871.	14,132.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	69,513.	32,935.	26,825.	9,753.
<b>c</b> Accounting .....	21,400.	10,139.	8,258.	3,003.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	53,144.	25,180.	20,508.	7,456.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	19,338.	9,162.	7,463.	2,713.
<b>12</b> Advertising and promotion .....	181,543.	86,014.	70,058.	25,471.
<b>13</b> Office expenses .....	69,212.	32,792.	26,710.	9,710.
<b>14</b> Information technology .....	149,870.	71,008.	57,835.	21,027.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	32,893.	15,584.	12,694.	4,615.
<b>17</b> Travel .....	3,784.	1,793.	1,460.	531.
<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 .....	28,798.	13,645.	11,113.	4,040.
<b>23</b> Insurance .....	38,738.	18,354.	14,949.	5,435.
<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	1,968,003.	1,968,003.		
<b>b</b> STAFF AND DIRECTOR DEVE	100,889.	47,801.	38,933.	14,155.
<b>c</b> DUES AND FEES	27,643.	13,098.	10,668.	3,877.
<b>d</b> OTHER	6,862.	3,251.	2,648.	963.
<b>e</b> All other expenses	182,696.	86,561.	70,503.	25,632.
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,244,249.	8,800,641.	1,058,701.	384,907.
<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 <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,228,958.	<b>2</b>	2,063,146.
	<b>3</b> Pledges and grants receivable, net .....	206,525.	<b>3</b>	175,559.
	<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 .....	44,252.	<b>9</b>	91,746.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 441,414.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 398,692.		
	<b>11</b> Investments - publicly traded securities .....	130,909,715.	<b>11</b>	103,932,995.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	602,221.	<b>12</b>	562,422.
	<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>	723,894.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	134,056,837.	<b>16</b>	107,592,484.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	250,646.	<b>17</b>	3,832.
	<b>18</b> Grants payable .....	546,756.	<b>18</b>	748,921.
	<b>19</b> Deferred revenue .....	17,500.	<b>19</b>	48,205.
	<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 .....	8,070,892.	<b>25</b>	7,141,225.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,885,794.	<b>26</b>	7,942,183.
<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 .....	122,650,754.	<b>27</b>	97,662,139.
	<b>28</b> Net assets with donor restrictions .....	2,520,289.	<b>28</b>	1,988,162.
	<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> Total net assets or fund balances .....	125,171,043.	<b>32</b>	99,650,301.
<b>33</b> Total liabilities and net assets/fund balances .....	134,056,837.	<b>33</b>	107,592,484.	

**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>	47,434,480.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,244,249.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	37,190,231.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	125,171,043.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-62,710,973.
<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>	0.
<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>	99,650,301.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990)**

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

**2022**

Open to Public  
Inspection

<b>Name of the organization</b> <p style="text-align:center;">THE FOUNDATION FOR ENHANCING COMMUNITIES</p>	<b>Employer identification number</b> <p style="text-align:center;">01-0564355</p>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,596,947.	8,340,704.	8,363,936.	7,409,656.	5,127,668.	37,838,911.
<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 .....	8,596,947.	8,340,704.	8,363,936.	7,409,656.	5,127,668.	37,838,911.
<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) .....						3,074,956.
<b>6 Public support.</b> Subtract line 5 from line 4.						34,763,955.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	8,596,947.	8,340,704.	8,363,936.	7,409,656.	5,127,668.	37,838,911.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,020,594.	2,152,303.	1,581,929.	1,611,601.	1,870,232.	9,236,659.
<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						47,075,570.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,780,120.

**13 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>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	73.85 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	71.40 %

**16a 33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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 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 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 ( <i>explain in detail in Part VI</i> ):		
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	

<b>Section C - Distributable Amount</b>			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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 122,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 607,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 194,661.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 433,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 514,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK _____ _____ _____	\$ 102,732.	02/22/22
3	STOCK _____ _____ _____	\$ 365,261.	05/18/22
3	STOCK _____ _____ _____	\$ 16,106.	05/18/22
4	STOCK _____ _____ _____	\$ 99,532.	03/11/22
4	STOCK _____ _____ _____	\$ 98,575.	07/17/22
	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

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

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

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

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount     |
|--|------------|
| <b>c</b> Beginning balance             | 3,806,476. |
| <b>d</b> Additions during the year     | 317,705.   |
| <b>e</b> Distributions during the year | 814,852.   |
| <b>f</b> Ending balance                | 3,309,329. |
- 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
<b>1a</b> Beginning of year balance	97,726,000.	84,483,000.	76,630,000.	59,961,000.	61,980,000.
<b>b</b> Contributions	2,636,000.	883,000.	1,399,000.	4,795,000.	5,235,000.
<b>c</b> Net investment earnings, gains, and losses	-16,101,000.	16,746,000.	10,591,000.	15,179,000.	-4,805,000.
<b>d</b> Grants or scholarships	2,912,000.	2,010,000.	1,205,000.		1,017,000.
<b>e</b> Other expenditures for facilities and programs	3,199,000.	2,119,975.	2,611,000.	3,000,000.	1,248,240.
<b>f</b> Administrative expenses	363,000.	256,025.	321,000.	305,000.	183,760.
<b>g</b> End of year balance	77,787,000.	97,726,000.	84,483,000.	76,630,000.	59,961,000.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_ 100 %
  - b** Permanent endowment \_\_\_\_\_ %
  - c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations   | X   |    |
| <b>(ii)</b> Related organizations  |     | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		441,414.	398,692.	42,722.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				42,722.

**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	6,397,855.
(3) OPERATING LEASE LIABILITY	743,370.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	-15,689,597.
<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>	-62,710,973.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-413,104.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-63,124,077.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	47,434,480.
<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 <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	47,434,480.

**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>	10,328,292.
<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>		
<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>	84,043.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	84,043.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	10,244,249.
<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 <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	10,244,249.

**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:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -497,147.

SPECIAL EVENTS DIRECT EXPENSES 84,043.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -413,104.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES 84,043.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

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			
<b>Total</b> .....						

**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
		POWER OF THE PURSE	RANDI'S RACE	10	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	44,747.	39,033.	235,520.	319,300.
	<b>2</b> Less: Contributions .....	21,926.	33,178.	156,267.	211,371.
	<b>3</b> Gross income (line 1 minus line 2) .....	22,821.	5,855.	79,253.	107,929.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	10,750.	5,560.	67,136.	83,446.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				83,446.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				24,483.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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.

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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.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
21ST CENTURY EDUCATION FOUNDATION 2644 RIVA ROAD ANNAPOLIS, MD 21401	52-6000882	501(C)(3)	9,500.	0.			TO HELP VAN BOKKELEN ELEMENTARY SCHOOL'S NEEDS.
A MOMENT OF MAGIC 10 E. 39TH STREET FLOOR 12 NEW YORK, NY 10016	81-1740360	501(C)(3)	10,000.	0.			TO COVER THE BRAVERY BAGS WITH UPSTREAM'S PILLARS WITH PURPOSE.
ACA CAMPER SCHOLARSHIP FUND/CAMP WAWENOCK - 33 WAWENOCK ROAD - RAYMOND, ME 04071	35-0962419	501(C)(3)	20,000.	0.			SCHOLARSHIP FUND AT CAMP WAWENOCK
ALZHEIMER'S ASSOCIATION 502 WASHINGTON AVENUE TOWSON, MD 21204	13-3039601	501(C)(3)	10,000.	0.			BGE SMART ENERGY OPEN GOLF SPONSORSHIP
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	5,072.	0.			2022 DISTRIBUTION
ARTS ALLIANCE OF GREATER WAYNESBORO INC - 50 WEST MAIN STREET - WAYNESBORO, PA 17268	46-1781553	501(C)(3)	7,500.	0.			DESTINATION ARTS! PERFORMANCE SERIES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 268.

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH EL TEMPLE 2637 N FRONT STREET HARRISBURG, PA 17110	23-1362508	501(C)(3)	22,563.	0.			FOR THE NEWLY RENOVATED MEMORIAL AND PRESIDENTS HALLWAY
BETHESDA MISSION OF HARRISBURG P.O. BOX 3041 HARRISBURG, PA 17105	23-1389397	501(C)(3)	7,997.	0.			TO BE USED FOR GENERAL SUPPORT
BETHESDA MISSION OF HARRISBURG P.O. BOX 3041 HARRISBURG, PA 17105	23-1389397	501(C)(3)	15,604.	0.			TO BE USED FOR GENERAL SUPPORT
BETHESDA MISSION OF HARRISBURG P.O. BOX 3041 HARRISBURG, PA 17105	23-1389397	501(C)(3)	40,000.	0.			WHERE NEEDED.
BIG BROTHERS-BIG SISTERS OF THE CAPITAL REGION INC - 1519 NORTH THIRD STREET - HARRISBURG, PA 17102	23-2260248	501(C)(3)	6,598.	0.			2022-2023 SCHOOL-BASED MENTORING IN THE 17050/17055 COMMUNITY
BISHOP MCDEVITT HIGH SCHOOL 1 CRUSADER WAY HARRISBURG, PA 17111	27-1391639	501(C)(3)	10,000.	0.			DEVELOPMENT AND SCHOLARSHIPS
BOARD OF CHILD CARE - MECHANICSBURG CAMPUS - 5120 SIMPSON FERRY RD - MECHANICSBURG, PA 17050-3627	52-0591554	501(C)(3)	5,500.	0.			STRENGTHENING FAMILIES PROGRAM: FOR PARENTS AND YOUTH 10-14
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG, PA 17104	25-1636220	501(C)(3)	7,000.	0.			PROVIDING ACCESS TO THERAPY FOR SINGLE MOTHERS EXPERIENCING HOMELESSNESS
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG, PA 17104	25-1636220	501(C)(3)	10,000.	0.			PREVENTING ONGOING HOMELESSNESS FOR SINGLE PARENTS AND KIDS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE OF HOPE HARRISBURG AREA P.O. BOX 15212 HARRISBURG, PA 17105	51-0646249	501(C)(3)	9,000.	0.			RENTAL, HOMEOWNERSHIP, AND EMERGENCY ASSISTANCE FOR SINGLE MOTHERS AND CHILDREN EXPERIENCING
CAMP DUDLEY, INC. 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	15,604.	0.			TO BE USED FOR GENERAL SUPPORT
CAMP HEBRON INC 957 CAMP HEBRON ROAD HALIFAX, PA 17032	23-6050517	501(C)(3)	10,000.	0.			2 VOLLEYBALL SYSTEMS
CAMP HILL PRESBYTERIAN CHURCH 101 N 23RD STREET CAMP HILL, PA 17011	32-6393377	501(C)(3)	7,500.	0.			 SUSTAINING
CAMP KOALA PO BOX 2106 KINGSTON, PA 18704	26-3851753	501(C)(3)	8,408.	0.			2022 DISTRIBUTION
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
CAPITAL AREA GIRLS ON THE RUN 123 N ENOLA DR STE 1A ENOLA, PA 17025	27-5095044	501(C)(3)	5,957.	0.			FOSTERING MENTALLY, PHYSICALLY, EMOTIONALLY AND SOCIALLY STRONG, HEALTHY AND CONFIDENT
CAPITAL AREA THERAPEUTIC RIDING ASSOCIATION - 168 STATION ROAD - GRANTVILLE, PA 17112	23-2381558	501(C)(3)	7,000.	0.			CATRA SCHOLARSHIP PROGRAM
CAPITOL THEATRE CENTER FOUNDATION 159 S. MAIN STREET CHAMBERBURG, PA 17201	94-2722927	501(C)(3)	12,796.	0.			2022-2023 CAPITOL THEATRE SEASON

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLISLE CARES DBA COMMUNITY CARES 50 W. PENN STREET CARLISLE, PA 17013	26-3194660	501(C)(3)	5,669.	0.			CUMBERLAND STREET REACH
CARLISLE ROTARY CLUB FOUNDATION PO BOX 301 CARLISLE, PA 17013	16-1634172	501(C)(3)	9,113.	0.			ACCOUNT CLOSEOUT
CASTAWAY CRITTERS THE JAMES A HUEHOLT MEM. FOUNDATION FOR ANIMALS - P.O. 1421 - HARRISBURG, PA 17105-1421	25-1894514	501(C)(3)	8,000.	0.			OPERATION CATNIP
CATHOLIC CHARITIES 4800 UNION DEPOSIT ROAD HARRISBURG, PA 17111	23-1494791	501(C)(3)	5,084.	0.			ST. JOAN OF ARC IN-SCHOOL COUNSELING PROGRAM
CENTRAL PA YOUTH BALLET 5 NORTH ORANGE STREET CARLISLE, PA 17013-2727	23-1971982	501(C)(3)	14,514.	0.			TO BE USED FOR GENERAL SUPPORT
CENTRAL PENNSYLVANIA COLLEGE EDUCATION FOUNDATION - 600 VALLEY ROAD - SUMMERDALE, PA 17093-0309	23-2242116	501(C)(3)	20,000.	0.			GRANT TO PROVIDE SCHOLARSHIP, TEXTBOOK AND TECHNOLOGY ASSISTANCE TO VETERANS ENROLLED AT
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	15,604.	0.			TO BE USED FOR GENERAL SUPPORT
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	25,000.	0.			WHERE NEEDED
CHAMBERSBURG AREA COUNCIL FOR THE ARTS - 103 NORTH MAIN STREET - CHAMBERSBURG, PA 17201	25-1568370	501(C)(3)	5,007.	0.			FREE YOUTH ARTS EDUCATION PROGRAM

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CHAUTAUQUA FOUNDATION, INC PO BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501(C)(3)	5,500.	0.			ANNUAL CHAUTAUQUA FUND CAMPAIGN
CHILDREN AID SOCIETY 343 LINCOLN WAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	6,000.	0.			THE LEHMAN CENTER CRISIS NURSERY
CHILDREN'S AID SOCIETY 343 LINCOLN WAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	12,647.	0.			TO BE USED FOR GENERAL SUPPORT
CHILDREN'S HOSPITAL OF PHILADELPHIA - CHOP FOUNDATION - PHILADELPHIA, PA 19104-4399	23-2237932	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
CHOP FOUNDATION PO BOX 781352 PHILADELPHIA, PA 19178	23-2237932	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COMMUNITY ACTION COMMISSION 1514 DERRY ST HARRISBURG, PA 17104	23-1665590	501(C)(3)	10,000.	0.			PERRY COUNTY RESOURCE CENTER PARENTS AS TEACHERS PROGRAM
COMMUNITY ACTION PARTNERSHIP OF LANCASTER COUNTY INC - 601 SOUTH QUEEN STREET - LANCASTER, PA 17603	23-1667311	501(C)(3)	15,000.	0.			CHILDRENS PROGRAM AT DOMESTIC VIOLENCE SERVICES OF LANCASTER COUNTY
COMMUNITY CHECK UP CENTER OF SOUTH HARRISBURG INC - 38C HALL MANOR - HARRISBURG, PA 17104	25-1724315	501(C)(3)	7,000.	0.			PROVIDING LONG ACTING REVERSIBLE CONTRACEPTION FOR UNINSURED WOMEN
CONGREGATION NER TAMID 5721 CRESTRIDGE ROAD RANCHO PALOS VERDES, CA 90275	95-2546462	501(C)(3)	10,811.	0.			2022 DISTRIBUTION

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COYLE FREE LIBRARY 102 N MAIN STREET CHAMBERSBURG, PA 17201	23-1457996	501(C)(3)	8,103.	0.			TO BE USED FOR GENERAL SUPPORT
CUMBERLAND VALLEY ANIMAL SHELTER INC - 5051 LETTERKENNY RD. WEST - CHAMBERSBURG, PA 17201	25-1753115	501(C)(3)	8,103.	0.			TO BE USED FOR GENERAL SUPPORT
CUMBERLAND VALLEY BREAST CARE ALLIANCE INC - 344 LEEDY WAY EAST - CHAMBERSBURG, PA 17202	23-2943334	501(C)(3)	7,000.	0.			MAMMAGIFT PROJECT
CUMBERLAND VALLEY SCHOOL OF MUSIC 1015 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201	25-1629280	501(C)(3)	10,000.	0.			ARTS INTEGRATED PRESCHOOL MEADOW CREEK EXPANSION
CUMBERLAND VALLEY SCHOOL OF MUSIC 1015 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201	25-1629280	501(C)(3)	6,800.	0.			ARTS INTEGRATED PRESCHOOL MEADOW CREEK EXPANSION
DAUPHIN COUNTY CASA 2080 LINGLESTOWN ROAD, SUITE 1 HARRISBURG, PA 17110	83-1780362	501(C)(3)	6,000.	0.			DAUPHIN COUNTY CASA
DAUPHIN COUNTY CASA 2080 LINGLESTOWN ROAD, SUITE 1 HARRISBURG, PA 17110	83-1780362	501(C)(3)	10,000.	0.			DAUPHIN COUNTY CASA
DAUPHIN COUNTY LIBRARY SYSTEM 101 WALNUT ST HARRISBURG, PA 17101	23-1352317	501(C)(3)	15,000.	0.			CAPITAL CAMPAIGN
DAUPHIN COUNTY LIBRARY SYSTEM 101 WALNUT ST HARRISBURG, PA 17101	23-1352317	501(C)(3)	6,800.	0.			STEPPING STONES TO MILESTONES

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DAVID & LIBBY ROSEN CENTER FOR HEALTHY FAMILIES - 2019 NORTH SECOND STREET - HARRISBURG, PA 17102	25-1885336	501(C)(3)	5,750.	0.			STONE HOUSE ARTS
DIAPER DEPOT AT CENTRAL CENTRAL PRESBYTERIAN CHURCH CHAMBERSBURG, PA 17201	23-1413661	501(C)(3)	6,329.	0.			DIAPER DEPOT AT CENTRAL
DICKINSON COLLEGE PO BOX 1773 CARLISLE, PA 17013	23-1365954	501(C)(3)	6,800.	0.			FOR THE MCANDREWS FUND FOR ATHLETICS: WHIRLPOOL DONATION
DIOCESE OF HARRISBURG 4800 UNION DEPOSIT ROAD HARRISBURG, PA 17111-3710	23-1494791	501(C)(3)	10,000.	0.			2022 DIOCESAN ANNUAL APPEAL HOLY NAME OF JESUS CHURCH GOAL
DISABILITY RIGHTS PENNSYLVANIA 301 CHESTNUT STREET HARRISBURG, PA 17101	23-2041538	501(C)(3)	15,000.	0.			PROTECTING PEOPLE WITH DISABILITIES IN EMERGENCIES
DOMESTIC VIOLENCE SERVICES OF CUMBERLAND & PERRY COUNTIES - P.O. BOX 1039 - CARLISLE, PA 17013	25-1629910	501(C)(3)	10,948.	0.			TO BE USED FOR SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR DEPENDENT CHILDREN
ELCA PO BOX 95641 CHICAGO, IL 60694-5641	36-3914755	501(C)(3)	6,569.	0.			TO BE USED TO SUPPORT WORLD HUNGER
EMPLOYMENT SKILLS CENTER 29 S. HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	6,784.	0.			NURSE AIDE TRAINING FOR RESIDENTS OF FRANKLIN COUNTY
EMPLOYMENT SKILLS CENTER 29 S. HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	7,000.	0.			ASPIRE PLUS-SUCCESS ACADEMY FOR WOMEN & GIRLS

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EMPLOYMENT SKILLS CENTER 29 S. HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	7,500.	0.			ASPIRE - EMPLOYABILITY AND TRAINING WORKSHOPS
FARM OF HOPE INC 201 TRAIL ROAD HERSHEY, PA 17033	46-4985753	501(C)(3)	5,192.	0.			LIFE SKILLS EXPANSION PROGRAM: NUTRITION, STRENGTH-BUILDING, ENVIRONMENT
FEEL YOUR BOOBIES FOUNDATION 4801 LINDLE ROAD HARRISBURG, PA 17111	20-2938710	501(C)(3)	5,166.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 135 W SIMPSON ST. MECHANICSBURG, PA 17055	23-1405614	501(C)(3)	21,201.	0.			TO BE USED FOR GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 135 W SIMPSON ST. MECHANICSBURG, PA 17055	23-1405614	501(C)(3)	12,000.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH - CHAMBERSBURG - 225 S SECOND STREET - CHAMBERSBURG, PA 17201	23-1510103	501(C)(3)	20,248.	0.			TO BE USED FOR GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH - MILLERSBURG - 356 UNION STREET - MILLERSBURG, PA 17061	23-2253889	501(C)(3)	16,660.	0.			TO BE USED FOR GENERAL SUPPORT
FRANKLIN COUNTY HISTORICAL SOCIETY - KITTOCHTINNY - 175 E. KING ST - CHAMBERSBURG, PA 17201	25-6065079	501(C)(3)	9,500.	0.			RESTORATION OF TEXTILE LITHOGRAPH OF ABRAHAM LINCOLN
FRIENDS OF THE WEST SHORE THEATRE, INC. - 414 BRIDGE STREET - NEW CUMBERLAND, PA 17070	82-5327951	501(C)(3)	6,000.	0.			FRONT TRI-PANEL WINDOW AND 2 SEATS

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GETTYSBURG COLLEGE 300 N WASHINGTON STREET GETTYSBURG, PA 17325-1400	23-1352641	501(C)(3)	34,718.	0.			2022 DISTRIBUTION
GFWC PENNSYLVANIA 4076 MARKET STREET CAMP HILL, PA 17011-4200	23-1119120	501(C)(3)	5,666.	0.			2022 DISTRIBUTION
GONZAGA COLLEGE HIGH SCHOOL 19 I STREET NORTHWEST WASHINGTON, DC 20001	53-0204703	501(C)(3)	10,738.	0.			FOR NEEDY MINORITY STUDENTS ATTENDING GONZAGA COLLEGE HIGH SCHOOL IN WASHINGTON,
GREENLIGHT OPERATION P.O. BOX 229 LEMOYNE, PA 17043	86-2281338	501(C)(3)	8,000.	0.			RESTORATION HOME PROJECT
GRETNA PRODUCTIONS INC PO BOX 578 MOUNT GRETNA, PA 17064	23-2084029	501(C)(3)	5,400.	0.			GRETNA THEATRE'S SUMMER APPRENTICESHIP PROGRAM
HABITAT FOR HUMANITY OF THE GREATER HARRISBURG AREA - 2416 PARK DRIVE STE B - HARRISBURG, PA 17110	58-1735541	501(C)(3)	15,604.	0.			TO BE USED FOR GENERAL SUPPORT
HARRISBURG ACADEMY 10 ERFORD ROAD WORMLEYSBURG, PA 17043	23-2119591	501(C)(3)	14,343.	0.			SCHOLARSHIPS FOR: JAMES FOX \$6343, NATALIA LAWSON \$6000 AND WILLIAM PAUL \$2000
HARRISBURG AREA YMCA 805 NORTH FRONT STREET HARRISBURG, PA 17102	23-1665437	501(C)(3)	7,412.	0.			NORTHERN DAUPHIN COUNTY BRANCH YMCA MENTORING PROGRAM
HARRISBURG MENS CHORUS P.O. BOX 62201 HARRISBURG, PA 17106-2201	25-1596862	501(C)(3)	7,500.	0.			IT'S FINALLY TIME TO COME OUT FOR THE HOLIDAYS, AGAIN

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HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE SUITE 101 HARRISBURG, PA 17110	23-1355180	501(C)(3)	11,604.	0.			2022 DISTRIBUTION
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE SUITE 101 HARRISBURG, PA 17110	23-1355180	501(C)(3)	16,131.	0.			TO BE USED TO SUPPORT THE ASSISTANT CONCERTMASTER CHAIR OF THE SYMPHONY
HARRISBURG SYMPHONY ORCHESTRA 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501(C)(3)	15,000.	0.			WHERE NEEDED.
HARRISBURG UNIVERSITY OF SCIENCE AND TECHNOLOGY - 326 MARKET STREET - HARRISBURG, PA 17101	25-1900793	501(C)(3)	25,000.	0.			SIE FELLOW PROGRAM
HEALTHY STEPS DIAPER BANK 4075 LINGLESTOWN ROAD HARRISBURG, PA 17112	61-1714375	501(C)(3)	6,000.	0.			ENDING DIAPER NEED AND PERIOD POVERTY IN SOUTH CENTRAL PENNSYLVANIA.
HINDU AMERICAN RELIGIOUS INSTITUTE 301 STEIGERWALT HOLLOW RD NEW CUMBERLAND, PA 17070	23-1966089	501(C)(3)	5,001.	0.			GENERAL SUPPORT
HISTORICAL SOCIETY OF MILLERSBURG AND UPPER PAXTON TOWNSHIP - P.O. BOX 171 - MILLERSBURG, PA 17061-0171	23-2166999	501(C)(3)	5,612.	0.			TO BE USED FOR THE LIGHTING PROJECT FOR THE MUSEUM AND THE PURCHASE OF DISPLAY CABINETS FOR
HOMELAND HOSPICE 2300 VARTAN WAY HARRISBURG, PA 17110	23-1365148	501(C)(3)	10,823.	0.			IN-HOME RELIEF PROGRAM
HOOD COLLEGE 401 ROSEMONT AVE FREDERICK, MD 21701	52-0591608	501(C)(3)	34,718.	0.			2022 DISTRIBUTION

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INTERNATIONAL GENEROSITY FOUNDATION - 1901 ULMERTON RD, SUITE 400 - CLEARWATER, FL 33762	84-3754469	501(C)(3)	5,500.	0.			GIFT IS TO THE VIEUX FORT CHILDREN'S HOME, THROUGH THE VIEUX FORT CHILDREN'S SOCIETY.
IT'S NEVER 2 LATE LLC PO BOX 8500 PASADENA, CA 91109-8500	84-1507580	501(C)(3)	6,361.	0.			FOR SERVICES PROVIDED TO RESIDENTS OF BENT CREEK (17,18,19,20,21,22,23,24)
JEWISH FAMILY SERVICE OF GREATER HARRISBURG - 3333 NORTH FRONT STREET - HARRISBURG, PA 17110	23-2894802	501(C)(3)	9,467.	0.			TO BE USED FOR GENERAL SUPPORT
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(C)(3)	5,885.	0.			2022 DISTRIBUTION
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(C)(3)	5,256.	0.			FOR ANNUAL SUPPORT
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(C)(3)	13,200.	0.			GENERAL OPERATIONS
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(C)(3)	10,000.	0.			FOR THE GRASS CAMPUS
JOIN HANDS MINISTRY 51 SOUTH CHURCH STREET NEW BLOOMFIELD, PA 17068	32-0271270	501(C)(3)	7,000.	0.			RURAL POOR OUTREACH AND EMPOWERMENT
JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT STREET MECHANICSBURG, PA 17055	23-1652343	501(C)(3)	10,694.	0.			2022 DISTRIBUTION

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JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT STREET MECHANICSBURG, PA 17055	23-1652343	501(C)(3)	6,564.	0.			TO BE USED BY THE LIBRARY FOR THE SOLE PURPOSE OF SUPPORTING ITS ACQUISITION OF BOOKS FOR
JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT STREET MECHANICSBURG, PA 17055	23-1652343	501(C)(3)	6,800.	0.			SCHOOL READINESS & ENHANCEMENT
JOSHI HEALTH FOUNDATION 1750 ADELIN DR. MECHANICSBURG, PA 17050	84-4264109	501(C)(3)	7,501.	0.			GENERAL SUPPORT
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	25-1847902	501(C)(3)	14,514.	0.			TO BE USED FOR GENERAL SUPPORT
KEYSTONE SERVICE SYSTEMS INC 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	23-1915567	501(C)(3)	6,198.	0.			HEALTH AND SAFETY INVESTMENTS
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	77,705.	0.			SEND US FORTH CAMPAIGN
LEAF PROJECT INC 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(C)(3)	7,000.	0.			PRE-K PRODUCE PARTNERSHIP
LEAF PROJECT INC 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(C)(3)	6,908.	0.			LEAF PROJECT'S YEAR ROUND INTERNSHIPS
LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVE ANNVILLE, PA 17078	23-1352354	501(C)(3)	15,000.	0.			SALARY & WORK OF CHAPLAN FOR STUDENT WORSHIP & SPIRITUAL LIFE

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LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVE ANNVILLE, PA 17078	23-1352354	501(C)(3)	10,135.	0.			TO BE USED TO UNDERWRITE ANNUAL SCHOLARSHIP SUPPORT FOR MINORITY STUDENTS WITH PERMANENT
LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVE ANNVILLE, PA 17078	23-1352354	501(C)(3)	25,000.	0.			FOR THE ARNOLD HEALTH PROFESSIONS PAVILION
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S. 8TH STREET - LEBANON, PA 17042	26-3915958	501(C)(3)	6,000.	0.			LEBANON VALLEY VOLUNTEERS IN MEDICINE - FREE WALK-IN CLINIC
LEHIGH UNIVERSITY 306 S. NEW ST. BETHLEHEM, PA 18015	24-0795445	501(C)(3)	31,209.	0.			TO BE USED FOR THE DEPARTMENT OF MATERIALS AND ENGINEERING
LGBT CENTER OF CENTRAL PA PO BOX 5629 HARRISBURG, PA 17110	25-1897350	501(C)(3)	5,198.	0.			COMMON ROADS: SUPPORTING LGBTQ+ YOUTH IN OUR COMMUNITY
LINCOLN INTERMEDIATE UNIT 12, FRANKLIN COUNTY LITERACY COUNCIL - 101 EAST KING STREET - CHAMBERSBURG, PA 17201	23-1743636	501(C)(3)	6,676.	0.			BUILDING CAPACITY TO OUTREACH TO AND SERVE NON-ENGLISH SPEAKERS
LITTLE THEATRE OF MECHANICSBURG PO BOX 325 MECHANICSBURG, PA 17055	23-7360571	501(C)(3)	8,000.	0.			WHERE NEEDED.
LYKENS VALLEY CHILDRENS MUSEUM 33 S. MARKET STREET ELIZABETHVILLE, PA 17023	83-1253070	501(C)(3)	8,000.	0.			STEAM STATION EXPRESS
MAKING A DIFFERENCE OF LEBANON PA 11 NORTH 9TH STREET LEBANON, PA 17042	46-2991269	501(C)(3)	5,500.	0.			INTERACTIVE ART FOR UNDERREPRESENTED COMMUNITIES IN LEBANON, PA

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MECHANICSBURG AREA SCHOOL DISTRICT 600 S NORWAY ST. MECHANICSBURG, PA 17055	23-2089866	501(C)(3)	5,145.	0.			TO BE USED TO PAY FOR THE USE OF MUSICAL INSTRUMENTS AND BAND UNIFORMS FOR FINANCIALLY
MECHANICSBURG PRESBYTERIAN CHURCH 300 E SIMPSON STREET MECHANICSBURG, PA 17055-6509	23-1489818	501(C)(3)	5,762.	0.			TO BE USED FOR GENERAL SUPPORT
MEN OF THE SOUTHEAST LEAGUE FIELD 1508 S 13TH ST HARRISBURG, PA 17104-3109	25-1709734	501(C)(3)	5,189.	0.			FOR HARRISBURG RBI
MENNO HAVEN, INC. 2011 SCOTLAND AVENUE CHAMBERSBURG, PA 17201	23-6276101	501(C)(3)	8,103.	0.			TO BE USED FOR GENERAL SUPPORT
MILLERSBURG AREA POOL ASSOCIATION 120 LINCOLN LN MILLERSBURG, PA 17061	23-6050978	501(C)(3)	10,000.	0.			POOL REJUVENATION PROJECT
MILLERSBURG FERRY BOAT ASSOCIATION PO BOX 93 MILLERSBURG, PA 17061	25-1624056	501(C)(3)	10,000.	0.			DEVELOPMENT OF FIRST MATES
MT. GRETNA SCHOOL OF ART PO BOX 182 MOUNT GRETNA, PA 17064	46-1055307	501(C)(3)	10,000.	0.			50% FOR THE SUMMER LECTURE PROGRAM AND 50% FOR GENERAL PURPOSES
NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVENUE NW - WASHINGTON, DC 20037	53-0210807	501(C)(3)	15,604.	0.			TO BE USED FOR GENERAL SUPPORT
NETWORK MINISTRIES 419 HOLLYWELL AVENUE CHAMBERSBURG, PA 17201	23-2896773	501(C)(3)	12,258.	0.			TO BE USED FOR GENERAL SUPPORT

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NEW CUMBERLAND FIRE DEPARTMENT 319 4TH ST NEW CUMBERLAND, PA 17070	23-2214997	501(C)(3)	5,281.	0.			TO BE USED FOR GENERAL SUPPORT
NEW GUILFORD BRETHERN CHURCH 1575 MONT ALTO ROAD CHAMBERSBURG, PA 17202	25-1777403	501(C)(3)	9,072.	0.			TO BE USED FOR GENERAL SUPPORT IN MEMORY OF N. ERNEST WINGERT AND HIS TWO SISTERS EMMA E.
NEW HOPE MINISTRIES INC 99 W. CHURCH STREET DILLSBURG, PA 17019	23-2223120	501(C)(3)	9,121.	0.			MEETING THE NEEDS OF LOW-INCOME MECHANICSBURG RESIDENTS
NEW YORK STUDIO SCHOOL OF DRAWING, PAINTING AND SCULPTURE - 8 W 8TH STREET - NEW YORK, NY 10011	13-6167281	501(C)(3)	13,000.	0.			GENERAL SUPPORT
NORTHERN YORK COUNTY HISTORICAL AND PRESERVATION SOCIETY INC - 35 GREENBRIAR LANE - DILLSBURG, PA 17019	23-2305260	501(C)(3)	27,178.	0.			FOR DILL TAVERN
OLEWINE NATURE CENTER--FRIENDS OF WILDWOOD - 100 WILDWOOD WAY - HARRISBURG, PA 17110	25-1676210	501(C)(3)	22,396.	0.			2022 DISTRIBUTION
OPEN STAGE 25 N. COURT ST. HARRISBURG, PA 17101	23-2290559	501(C)(3)	25,000.	0.			FOR THE BOARD CHALLENGE MATCH GIFT
OPEN STAGE 25 N. COURT ST. HARRISBURG, PA 17101	23-2290559	501(C)(3)	7,500.	0.			THE GOOD AT HEART FESTIVAL
ORPHANOS FOUNDATION PO BOX 1057 CORDOVA, TN 38088-1057	62-1694378	501(C)(3)	6,200.	0.			TO SUPPORT POINT HONDURAS HOME CONSTRUCTION.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORYOKI ZENDO, INTEGRATIVE MINDFULNESS THERAPIES - 3612 KRAMER STREET - HARRISBURG, PA 17109	47-4364741	501(C)(3)	7,500.	0.			TO ASSIST IN FUNDING OF NEEDY JAZZ MUSICIANS.
ORYOKI ZENDO, INTEGRATIVE MINDFULNESS THERAPIES - 3612 KRAMER STREET - HARRISBURG, PA 17109	47-4364741	501(C)(3)	7,500.	0.			TO SUPPORT NEEDY JAZZ MUSICIANS
OUR LADY HELP OF CHRISTIANS 732 MAIN ST. LYKENS, PA 17048	84-3967465	501(C)(3)	16,660.	0.			TO BE USED FOR GENERAL SUPPORT
PENNCARES 788 CHERRY TREE COURT HANOVER, PA 17331	23-1878861	501(C)(3)	6,832.	0.			BRAIN HEALTH NAVIGATION SUPPORTING MEMORY AND AGING
PENNS YOUTH INITIATIVE 983 LINCOLN WAY EAST STE C CHAMBERSBURG, PA 17201	86-2272064	501(C)(3)	7,000.	0.			PENN'S YOUTH INITIATIVE-FRANKLIN COUNTY
PENNS YOUTH INITIATIVE 983 LINCOLN WAY EAST STE C CHAMBERSBURG, PA 17201	86-2272064	501(C)(3)	7,000.	0.			PENN'S YOUTH INITIATIVE - FRANKLIN
PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION - 1004 W. 9TH AVE. - KING OF PRUSSIA, PA 19406	23-2953796	501(C)(3)	15,000.	0.			INVESTING IN THE FUTURE: FINANCIAL EDUCATION FOR FAMILIES AND YOUTH WITH DISABILITIES
PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION - 1004 W. 9TH AVE. - KING OF PRUSSIA, PA 19406	23-2953796	501(C)(3)	100,000.	0.			PROJECT BEYOND DIAGNOSIS: ADDRESSING SERVICE ACCESS GAPS AND BARRIERS
PENNSYLVANIA COMMUNITY FOUNDATION ASSOCIATION - 609 WALNUT STREET - ERIE, PA 16502	87-4701835	501(C)(3)	120,352.	0.			PROJECT CLOSEOUT

Schedule I (Form 990)

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PENNSYLVANIA STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER - UNIVERSITY DEVELOPMENT - HERSHEY, PA 17033	25-1854772	501(C)(3)	21,895.	0.			TO BE USED FOR RESEARCH IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE HUMAN BRAIN
PENNSYLVANIA STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER - UNIVERSITY DEVELOPMENT - HERSHEY, PA 17033	25-1854772	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	15,000.	0.			UNRESTRICTED
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	10,000.	0.			UNRESTRICTED
PERRY COUNTY COUNCIL OF THE ARTS 67 N. 4TH STREET NEWPORT, PA 17074	22-2646866	501(C)(3)	91,033.	0.			2022 DISTRIBUTION
PERRY COUNTY COUNCIL OF THE ARTS 67 N. 4TH STREET NEWPORT, PA 17074	22-2646866	501(C)(3)	6,800.	0.			PCCA EARLY ART EDUCATION (DROP-IN ART)
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE. NW - WASHINGTON, DC 20016	52-1394893	501(C)(3)	10,000.	0.			UNRESTRICTED
PRESBYTERIAN HOMES, INC. 1 TRINITY DRIVE EAST DILLSBURG, PA 17019	23-2941518	501(C)(3)	8,482.	0.			TO BE USED FOR GENERAL SUPPORT
QUEEN OF PEACE ROMAN CATHOLIC CHURCH OF MILLERSBURG - 202 ZIMMERMAN RD. - MILLERSBURG, PA 17061	23-2193730	501(C)(3)	16,660.	0.			TO BE USED FOR GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANDI'S HOUSE OF ANGELS PO BOX 1173 CAMP HILL, PA 17111	20-4124607	501(C)(3)	14,168.	0.			PROJECT CLOSEOUT
RANDI'S HOUSE OF ANGELS PO BOX 1173 CAMP HILL, PA 17111	20-4124607	501(C)(3)	40,274.	0.			PROEJCT CLOSEOUT
RANDI'S HOUSE OF ANGELS PO BOX 1173 CAMP HILL, PA 17111	20-4124607	501(C)(3)	158,581.	0.			PROJECT CLOSEOUT
RANGE FORE HOPE PO BOX 41 BLYTHEWOOD, SC 29016	86-1691628	501(C)(3)	5,702.	0.			THIS WILL SECURE DRIVING RANGE TIME AT COBBLESTONE GOLF CLUB FOR 2 HOURS ONCE WEEKLY FOR NINE
REBUILDING TOGETHER GREATER HBG INC - 251 VERBEKE STREET - HARRISBURG, PA 17102	23-2811100	501(C)(3)	10,000.	0.			HOME REPAIR PROGRAM
SANKARA EYE FOUNDATION, USA 1900 MCCARTHY BLVD. MILPITAS, CA 95035	77-6141976	501(C)(3)	514,601.	0.			IN SUPPORT OF 82,376 SURGERIES PERFORMED 1-1-22 TO 6-30-22
SANKARA EYE FOUNDATION, USA 1900 MCCARTHY BLVD. MILPITAS, CA 95035	77-6141976	501(C)(3)	105,001.	0.			GENERAL SUPPORT
SANKARA EYE FOUNDATION, USA 1900 MCCARTHY BLVD. MILPITAS, CA 95035	77-6141976	501(C)(3)	23,346.	0.			GENERAL SUPPORT
SANKOFA AFRICAN AMERICAN THEATRE COMPANY - 1425 CROOKED HILL RD - HARRISBURG, PA 17106-1183	82-1799550	501(C)(3)	7,500.	0.			SANKOFA AFRICAN AMERICAN THEATRE COMPANY'S 2022-23 PRODUCTION AND EDUCATIONAL PROGRAMMING

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE BRAVE 33175 TEMECULA PARKWAY TEMECULA, CA 92592	35-2530797	501(C)(3)	17,075.	0.			TO ADVANCE THE MISSION OF SAVE THE BRAVE AND THE WORK THEY DO WITH VETERANS SUFFERING FROM
SEXUAL ASSAULT RESOURCE & COUNSELING CENTER OF LEBANON & SCHU - 615 CUMBERLAND STREET - LEBANON, PA 17042	23-2335091	501(C)(3)	11,000.	0.			EVIDENCE-BASED TRAUMA THERAPY FOR CHILD SEXUAL ABUSE SURVIVORS AND FAMILIES
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013-7012	53-0206027	501(C)(3)	15,604.	0.			TO BE USED FOR GENERAL SUPPORT
SOUTH CENTRAL COMMUNITY ACTION PROGRAMS - 533 S. MAIN ST. - CHAMBERSBURG, PA 17201	23-2020123	501(C)(3)	6,784.	0.			THE GLEANING PROJECT
SPAY/NEUTER ASSISTANCE PROGRAM, INC. (SNAP) - PO BOX 126702 - HARRISBURG, PA 17112-6702	23-2172084	501(C)(3)	7,919.	0.			REMAINING 2022 DISTRIBUTION
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	8,103.	0.			TO BE USED FOR GENERAL SUPPORT
ST. JOHN'S UNITED CHURCH OF CHRIST 1811 LINCOLN WAY EAST CHAMBERSBURG, PA 17202	23-6307200	501(C)(3)	5,086.	0.			TO BE USED FOR GENERAL SUPPORT
ST. PAULS LUTHERAN CHURCH PO BOX 257 NEWPORT, PA 17074	23-2064707	501(C)(3)	14,082.	0.			2022 DISTRIBUTION
ST. THOMAS CEMETERY ASSOCIATION 197 PIONEER DRIVE ST. THOMAS, PA 17252	25-1328641	501(C)(3)	8,410.	0.			TO BE USED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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ST. THOMAS LUTHERAN CHURCH 7601 LINCOLN WAY WEST ST. THOMAS, PA 17252	25-1253251	501(C)(3)	49,575.	0.			TO BE USED FOR GENERAL SUPPORT
ST. THOMAS TWP VOLUNTEER FIRE COMPANY - PO BOX 46 - ST. THOMAS, PA 17252	25-1297197	501(C)(3)	8,410.	0.			TO BE USED TO PURCHASE NEW INTERNAL EQUIPMENT FOR THE AMBULANCE.
SUMMER PROGRAM FOR YOUTH 1 N. HANOVER STREET CARLISLE, PA 17013	25-1798756	501(C)(3)	12,955.	0.			TRANSFORMATIVE EXPERIENCES AND MEMORIES OF A LIFETIME FOR SPY CAMPERS
SUSQUEHANNA ART MUSEUM 1401 NORTH THIRD STREET HARRISBURG, PA 17102	25-1601081	501(C)(3)	10,000.	0.			THIS GRANT IS TO BE USED TO MARKET THE PROGRAMS AND SERVICES OF THE MUSEUM.
SUSQUEHANNA ART MUSEUM 1401 NORTH THIRD STREET HARRISBURG, PA 17102	25-1601081	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE ARC OF PENNSYLVANIA 1007 MUMMA ROAD LEMOYNE, PA 17043	23-1421914	501(C)(3)	15,000.	0.			PENNSYLVANIA OPERATION HOUSE CALL
THE BOYS & GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG - 73 W. BURD ST. - SHIPPENSBURG, PA 17257	27-1658752	501(C)(3)	7,000.	0.			EXPANDING ACCESS & EXPOSURE TO ARTS PROGRAM
THE CAPITAL REGION LITERACY COUNCIL - PO BOX 60723 - HARRISBURG, PA 17106-0723	25-1779539	501(C)(3)	6,086.	0.			CLRC THE GREAT BOOK ADVENTURE
THE LEBANON VALLEY CONSERVANCY 770 CUMBERLAND ST LEBANON, PA 17042	25-1866023	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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THE PERFORMANCE ZONE, INC. 296 WEST 10TH STREET NEW YORK, NY 10014	13-3357408	501(C)(3)	7,464.	0.			COCOON STEELTON PA: THE MIGRATIONS OF MANY
THE SALVATION ARMY 506 S. 29TH STREET HARRISBURG, PA 17104	13-5562351	501(C)(3)	15,604.	0.			2022 DISTRIBUTION
THE SALVATION ARMY 506 S. 29TH STREET HARRISBURG, PA 17104	13-5562351	501(C)(3)	6,000.	0.			CLOTHING & SHOES FOR LOCAL CHILDREN IN NEED
THE SALVATION ARMY 506 S. 29TH STREET HARRISBURG, PA 17104	13-5562351	501(C)(3)	6,000.	0.			COOKING MATTERS: MAKING FAMILY MEALS FAST, HEALTHY, AND AFFORDABLE
THE SILVER ACADEMY 3301 N, FRONT STREET HARRISBURG, PA 17110	25-1707927	501(C)(3)	5,256.	0.			FOR SCHOLARSHIP SUPPORT
THE WILDCAT FOUNDATION 600 SOUTH NORWAY STREET, 2ND FLOOR MECHANICSBURG, PA 17055	23-2975211	501(C)(3)	13,894.	0.			2022 DISTRIBUTION
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CARLISLE PENNSYLVANIA - 301 G STREET - CARLISLE, PA 17013	23-1429866	501(C)(3)	10,948.	0.			TO BE DIRECTED TO THE SEXUAL ASSAULT RAPE CRISIS SERVICES OF CUMBERLAND COUNTY FOR
THEATRE HARRISBURG 513 HURLOCK ST HARRISBURG, PA 17110	23-1465635	501(C)(3)	5,991.	0.			TO BE USED FOR GENERAL SUPPORT
TOGETHER: CHANGE THROUGH COMMUNITY 121 NORTH SPRING STREET MIDDLETOWN, PA 17057	23-1421911	501(C)(3)	5,500.	0.			TOGETHER: CHANGE THROUGH COMMUNITY

Schedule I (Form 990)

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

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TRINITY UNITED CHURCH OF CHRIST 30 WEST NORTH STREET WAYNESBORO, PA 17268	23-1603924	501(C)(3)	20,000.	0.			SUPPORT OF CHURCH MISSION
TRINITY UNITED CHURCH OF CHRIST 30 WEST NORTH STREET WAYNESBORO, PA 17268	23-1603924	501(C)(3)	20,000.	0.			GENERAL SUPPORT
TRINITY WASHINGTON UNIVERSITY TRINITY WASHINGTON UNIVERSITY WASHINGTON, DC 20017	53-0196640	501(C)(3)	8,938.	0.			TO BE USED FOR A SCHOLARSHIP BASED ON PRE-DETERMINED CRITERIA
TWIN VALLEY PLAYERS 269 CENTER STREET MILLERSBURG, PA 17061	23-2299789	501(C)(3)	10,000.	0.			SUMMER MUSICAL PRODUCTION
UNITED CHURCH OF CHRIST HOMES, INC. - 30 N 31ST STREET - CAMP HILL, PA 17011	23-1615155	501(C)(3)	20,000.	0.			FOR BENEVOLENCE FUND.
UNITED WAY FOUNDATION OF THE CAPITAL REGION - 2235 MILLENNIUM WAY - ENOLA, PA 17025	25-1733405	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	17,500.	0.			GENERALL SUPPORT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	10,000.	0.			ANNUAL DONATION
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

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UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UPMC PINNACLEHEALTH FOUNDATION PO BOX 8700 HARRISBURG, PA 17105-8700	22-2691718	501(C)(3)	21,895.	0.			TO BE USED FOR GENERAL SUPPORT FOR UPMC HARRISBURG HOSPITAL
UPMC PINNACLEHEALTH FOUNDATION PO BOX 8700 HARRISBURG, PA 17105-8700	22-2691718	501(C)(3)	21,895.	0.			TO BE USED FOR HOSPICE PURPOSES FOR UPMC PINNACLE HEALTH SYSTEM
VICKIES ANGEL WALK INC 511 BRIDGE STREET NEW CUMBERLAND, PA 17070	20-8755452	501(C)(3)	6,000.	0.			ELIMINATING FINANCIAL CHALLENGES FOR FAMILIES FIGHTING CANCER
VYO-USA INC. 4 KAREN CT OLD BRIDGE, NJ 08857	27-4029809	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT
WAYNESBORO COMMUNITY & HUMAN SERVICES INC - 123 WALNUT ST - WAYNESBORO, PA 17268	25-1366504	501(C)(3)	8,000.	0.			HOMELESSNESS PREVENTION: EMERGENCY FINANCIAL FUND
WELLSPAN CHAMBERSBURG HOSPITAL 785 5TH AVE. CHAMBERSBURG, PA 17201	23-0465970	501(C)(3)	8,103.	0.			TO BE USED FOR GENERAL SUPPORT
WELLSPAN CHAMBERSBURG HOSPITAL 785 5TH AVE. CHAMBERSBURG, PA 17201	23-0465970	501(C)(3)	20,248.	0.			TO BE USED FOR GENERAL SUPPORT
WELLSPAN PHILHAVEN 283 SOUTH BUTLER ROAD MOUNT GRETNA, PA 17064	23-1548822	501(C)(3)	9,694.	0.			2022 DISTRIBUTION

Schedule I (Form 990)

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

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WEST SHORE WILDLIFE CENTER 35 EAGLE LANE ETTERS, PA 17319	84-3657913	501(C)(3)	8,640.	0.			WILDLIFE REHABILITATION PROGRAM GROWTH
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(C)(3)	7,594.	0.			2022 DISTRIBUTION
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(C)(3)	32,012.	0.			2022 DISTRIBUTION
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(C)(3)	5,959.	0.			TO BE USED FOR FREE ADMISSION FOR NEEDY STUDENTS TO THE SCIENCE EXHIBITS AND PROGRAMS
WILDHEART INTERNATIONAL MINISTRIES 333 S. 13TH ST. HARRISBURG, PA 17104	81-2194708	501(C)(3)	7,325.	0.			LOVE THE HILL SUMMER PROJECT
WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	7,773.	0.			TO BE USED FOR GENERAL SUPPORT
YESLIBERIA PO BOX 55832 OKLAHOMA CITY, OK 73155	26-3189407	501(C)(3)	8,830.	0.			FOR THE "HOP ON THE BUS" CAMPAIGN TO PURCHASE A SCHOOL BUS
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(C)(3)	10,000.	0.			YWCA 21-DAY CHALLENGE & RACE AGAINST RACISM
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(C)(3)	6,197.	0.			2022 DISTRIBUTION

Schedule I (Form 990)

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

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YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(C)(3)	10,000.	0.			DOMESTIC/SEXUAL VIOLENCE AND HOMELESSNESS PROJECT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	302	454,591.	0.		

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

PART I, LINE 2:

NONPROFIT ORGANIZATIONS RECEIVING GRANT FUNDS MUST SIGN A GRANT CONTRACT

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

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

ONE YEAR EVALUATION AFTER THE GRANT IS PAID.

SCHOLARSHIP FUNDS ARE MONITORED THROUGH EVALUATION OF STUDENTS TUITION

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

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

**Part IV Supplemental Information**

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

---

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

---

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

---

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

---

RECEIPTS ARE RECEIVED AND REVIEWED. RECEIPTS ARE GENERATED AND ACCOMPANY

---

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

---

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

---

APPROPRIATE USE OF THE FUNDS.

---

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGE OF HOPE HARRISBURG AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: RENTAL, HOMEOWNERSHIP, AND EMERGENCY

ASSISTANCE FOR SINGLE MOTHERS AND CHILDREN EXPERIENCING HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL AREA GIRLS ON THE RUN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTERING MENTALLY, PHYSICALLY,

EMOTIONALLY AND SOCIALLY STRONG, HEALTHY AND CONFIDENT GIRLS: GOTR

CAPITAL AREA

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL PENNSYLVANIA COLLEGE EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO PROVIDE SCHOLARSHIP,

TEXTBOOK AND TECHNOLOGY ASSISTANCE TO VETERANS ENROLLED AT CENTRAL PENN

COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: GONZAGA COLLEGE HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NEEDY MINORITY STUDENTS

ATTENDING GONZAGA COLLEGE HIGH SCHOOL IN WASHINGTON, D.C.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

HISTORICAL SOCIETY OF MILLERSBURG AND UPPER PAXTON TOWNSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE LIGHTING PROJECT FOR THE MUSEUM AND THE PURCHASE OF DISPLAY CABINETS FOR THE MIDDLE AND HIGH SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: IDENTIFY THE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS TO SUPPORT THE ONGOING WORK KRISTI CARR AND HER ENTIRE ORGANIZATION DO TO SEND PHYSICAL THERAPY MISSION TEAMS TO GUATEMALA.

NAME OF ORGANIZATION OR GOVERNMENT: JOSEPH T SIMPSON PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED BY THE LIBRARY FOR THE SOLE PURPOSE OF SUPPORTING ITS ACQUISITION OF BOOKS FOR READERS OF ALL AGES

NAME OF ORGANIZATION OR GOVERNMENT: LEBANON VALLEY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED TO UNDERWRITE ANNUAL SCHOLARSHIP SUPPORT FOR MINORITY STUDENTS WITH PERMANENT HOMES WITHIN A 40 MILES RADIUS

NAME OF ORGANIZATION OR GOVERNMENT: MECHANICSBURG AREA SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED TO PAY FOR THE USE OF MUSICAL INSTRUMENTS AND BAND UNIFORMS FOR FINANCIALLY NEEDY ELEMENTARY, SECONDARY AND HIGH SCHOOL MECHANICSBURG AREA SCHOOL DISTRICT STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: MODEST NEEDS



**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO KEEP WORKING INDIVIDUALS AND FAMILIES FROM ENTERING INTO A CYCLE OF POVERTY. KEITH, THANK YOU FOR THE OPPORTUNITY TO DO THIS WORK TOGETHER!

NAME OF ORGANIZATION OR GOVERNMENT: NEW GUILFORD BROTHERS CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR GENERAL SUPPORT IN MEMORY OF N. ERNEST WINGERT AND HIS TWO SISTERS EMMA E. WINGERT AND HANNAH M. WINGERT

NAME OF ORGANIZATION OR GOVERNMENT: RADIANT HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SPREAD AWARENESS OF THE RADIANT HOPE MISSION THROUGH SUPPORTING THEIR PROGRAMMING WHICH LIFTS UP FAMILIES FACING CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: RANGE FORE HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS WILL SECURE DRIVING RANGE TIME AT COBBLESTONE GOLF CLUB FOR 2 HOURS ONCE WEEKLY FOR NINE MONTHS FOR MILITARY FAMILIES AND VETERANS

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE BRAVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE THE MISSION OF SAVE THE BRAVE AND THE WORK THEY DO WITH VETERANS SUFFERING FROM PTSD.

NAME OF ORGANIZATION OR GOVERNMENT: THE PEYTON WALKER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED TO PAY FOR THE COSTS ASSOCIATED WITH ALL CPR CLASSES AND ANY EQUIPMENT NEEDED TO RUN THE CLASSES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CARLISLE PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE DIRECTED TO THE SEXUAL ASSAULT

RAPE CRISIS SERVICES OF CUMBERLAND COUNTY FOR SERVICES TO BATTERED WOMEN

AND PHYSICALLY AND SEXUALLY ABUSED CHILDREN

**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

**2022**

Open to Public  
Inspection

Name of the organization <b>THE FOUNDATION FOR ENHANCING COMMUNITIES</b>	Employer identification number <b>01-0564355</b>
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**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANICE R. BLACK PRESIDENT & CEO	(i)	203,096.	20,350.	0.	6,750.	14,316.	244,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIRK DEMYAN VP & CFO	(i)	157,202.	28,383.	0.	0.	41,066.	226,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER DOYLE VP OF PHILANTHROPY & COMMU	(i)	131,463.	26,137.	0.	900.	14,123.	172,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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	14	401,714.	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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.

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, LINE 9

CERTAIN NONCASH CONTRIBUTIONS RELATE TO ADDITIONS TO THE ESCROW AND  
CUSTODIAL ARRANGEMENTS REPORTED ON SCHEDULE D, PART IV.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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.

VALUES

INCLUSION - WE BELIEVE THAT ALL VOICES ARE VITAL FOR OUR REGION'S  
FUTURE. WE PROMOTE EQUITY AND EMBRACE THE DIVERSITY OF INDIVIDUALS,  
IDEAS AND EXPRESSIONS.

STEWARDSHIP - WE ARE PRUDENT AND GRATEFUL STEWARDS OF THE ASSETS, TIME  
AND TALENT ENTRUSTED TO US.

ENDURANCE - WE VALUE CREATING PERMANENT LEGACIES THAT SUPPORT LASTING  
COMMUNITY CHANGE.

INTEGRITY - WE WILL ACCEPT NOTHING BUT THE HIGHEST STANDARDS OF  
HONESTY, MUTUAL RESPECT, CONFIDENTIALITY AND TRANSPARENCY.

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.

VALUES

INCLUSION WE BELIEVE THAT ALL VOICES ARE VITAL FOR OUR REGION'S  
FUTURE. WE PROMOTE EQUITY AND EMBRACE THE DIVERSITY OF INDIVIDUALS,  
IDEAS AND EXPRESSIONS.

STEWARDSHIP- WE ARE PRUDENT AND GRATEFUL STEWARDS OF THE ASSETS, TIME  
AND TALENT ENTRUSTED TO US.

ENDURANCE- WE VALUE CREATING PERMANENT LEGACIES THAT SUPPORT LASTING

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

Schedule O (Form 990) 2022



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

INTEGRITY - WE DO WE WILL ACCEPT NOTHING BUT THE HIGHEST STANDARDS OF

HONESTY, MUTUAL RESPECT, CONFIDENTIALITY AND TRANSPARENCY.

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

THE FOUNDATION FOR ENHANCING FOUNDATION (TFEC) IS A COMMUNITY

FOUNDATION ESTABLISHED IN 1920. WE ARE THE 18TH OLDEST COMMUNITY

FOUNDATION IN THE UNITED STATES. TFEC HAS 950 FUNDS AND SERVES A

GEOGRAPHICAL AREA OF FIVE AND A HALF 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;

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

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

TFEC SERVES AS THE FISCAL SPONSOR FOR 63 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. THREE EXAMPLES OF OUR PROJECTS

INCLUDE:

PROJECTS:

HEART OF LEMOYNE MURAL PROJECT

THIS PROJECT SPENT 18 MONTHS PRODUCING A BEAUTIFUL PORTRAIT MURAL OF

400 YEARS OF LEMOYNE'S HISTORY FROM A TRANSPORTATION LENS AND AN EVENT

LENS. BECAUSE THEY PAINTED THE MURAL ON A SPECIALTY CLOTH, THE PROJECT

WAS ABLE TO "HANG" THE MURAL (LIKE WALLPAPER) OVER A ONE WEEK'S TIME

AND CELEBRATED WITH A COMMUNITY DEDICATION AND CELEBRATION IN JUNE OF

2017. THOUSANDS OF CARS PASS BY THE "LEMOYNE PASSAGE" MURAL EVERY DAY

AND COMMUNITY PRIDE IS VISIBLE WHENEVER THE SUBJECT OF THE MURAL COMES

UP.

FARMERS MARKET IN HERSHEY

FOR THE PAST 7 YEARS, THE MARKET SUPPORTS OVER 25 LOCAL VENDORS SELLING

LOCALLY GROWN FRUITS AND VEGETABLES, DAIRY PRODUCTS, MEATS, BAKED

GOODS, AND OTHER SPECIALTY ITEMS. IT BENEFITS OVER 50 LOCAL SMALL

BUSINESSES, ARTISANS, AND MUSICIANS. THE MARKET SERVES OVER 8,000

PEOPLE ANNUALLY AND PROVIDES OVER 1,000 FREE HEALTH SCREENINGS AND

EDUCATION SESSIONS BY PENN STATE HEALTH MILTON S. HERSHEY MEDICAL

CENTER HEALTH PROFESSIONALS. IT OFFERS WEEKLY HEALTH PROGRAMMING AT THE

MARKET AND HANDS-ON ACTIVITIES. COOKING TIPS AND RECIPES ARE

HIGHLIGHTED FOR USING THE FRESH PRODUCE FROM THE MARKET. THE MARKET

SUPPORTS "PRESCRIPTION PRODUCE," A PROGRAM IN WHICH PENN STATE COLLEGE

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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OF MEDICINE STUDENTS COACH AT RISK YOUTH AND THEIR FAMILIES ON HEALTHY CHOICES FOR EATING. THE MARKET SUPPLIES FRESH FRUITS, VEGETABLES, AND EDUCATION TO UNDERSERVED AND FOOD INSECURE POPULATIONS IN OUR REGION. IT PROVIDES A WEEKLY, WHOLESOME FAMILY AND COMMUNITY GATHERING FEATURING MUSIC, LOCAL MUSICIANS, AND A BREADTH OF DIVERSE TALENT. IPTT HARRISBURG PEACE PROMENADE BECOMING A PROJECT IN 2018, THE PURPOSE OF THE PROJECT IS TO LESSEN THE 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.

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

TFEC INITIATIVES:

EARLY EDUCATION INITIATIVE

THE MISSION OF THE TFEC EARLY EDUCATION INITIATIVE IS TO CULTIVATE, CONVENE AND STRENGTHEN COMMUNITY OPPORTUNITIES FOR GROWTH, SAFETY, AND WELLNESS FOR ALL CHILDREN, NOW AND FOR FUTURE GENERATIONS. THE TFEC

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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EARLY EDUCATION INITIATIVE IS GUIDED BY THE EXPERTISE OF THE TFEC EARLY

EDUCATION ADVISORY COMMITTEE. THE COMMITTEE EXPLORES THE SYSTEMS,

PARTNERSHIPS, AND LEADERSHIP ROLES THAT BEST ENHANCE AND STRENGTHEN

CONNECTIONS FOCUSING ON SERVICE TO CHILDREN FROM PRENATAL TO FIVE YEARS

OF AGE, WHICH IS CRITICAL DUE TO THE LACK OF COHESIVENESS IN THE EARLY

EDUCATION SECTOR. THE THREE OVERARCHING GOALS INCLUDE A MORE EDUCATED

AND ENGAGED LOCAL BUSINESS COMMUNITY AROUND EARLY EDUCATION, TO RAISE

AWARENESS OF THE IMPORTANCE OF SCHOOL READINESS SKILLS ALONG WITH

SUCCESSFUL TRANSITIONS INTO KINDERGARTEN, AND TO HELP DEVELOP A

RESILIENT COMMUNITY THROUGH PRACTICES SUCH AS THE BASICS. THE BASICS

STRATEGY IS GROUNDED IN FIVE PROVEN, SCIENCE-BASED PRINCIPLES FOR EARLY

LEARNING AND BRAIN DEVELOPMENT. THE EARLY EDUCATION ADVISORY COMMITTEE

CONSISTS OF EXPERTS IN THE FIELD OF EARLY EDUCATION FROM EACH OF OUR

FIVE AND HALF COUNTY AREA INCLUDING EXPERTS FROM THE PENNSYLVANIA KEY,

THE EARLY LEARNING RESOURCE CENTER, AND THE OFFICE OF CHILD DEVELOPMENT

AND EARLY LEARNING.

MANAGEMENT SERVICE AGREEMENTS

MANAGEMENT SERVICE AGREEMENTS PROVIDE THE FOUNDATION FOR ENHANCING

COMMUNITIES 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 16 INDEPENDENT NONPROFIT ORGANIZATIONS.

THE TRANSACTIONAL SERVICES PROVIDED IN THIS TYPE OF AN AGREEMENT

INCLUDE:

TRANSACTIONAL SERVICES

-ESTABLISH BANK ACCOUNTS

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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-ESTABLISH A GENERAL LEDGER

-INPUT INITIAL FUND BALANCES

-ESTABLISH AN INVESTMENT ACCOUNT(S)

-TRANSFER ASSETS INTO PROPER INVESTMENT ACCOUNTS

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

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

CARD PROCESSING PROVIDER), PUBLICLY - TRADED AND CLOSELY HELD

SECURITIES, REAL ESTATE, INSURANCE POLICIES, AND OTHER NONTRADITIONAL

ASSETS

-ACKNOWLEDGE ALL GIFTS TO DONORS AND PROVIDE TAX DEDUCTION LETTERS

-PREPARE AND RECORD ALL INVESTMENT POOL ALLOCATIONS

-CALCULATE FEES ON ALL FUNDS

-PROCESS ALL GRANTS AND SCHOLARSHIPS

-PROCESS ALL VENDOR PAYMENTS

FINANCIAL REPORTING

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

OTHER DESIGNEES

-AVAILABLE REPORTS INCLUDE:

- STATEMENTS OF FINANCIAL POSITION

- STATEMENTS OF ACTIVITY (ACTUAL VS BUDGET)

- CASH FLOW FORECAST

- GRANTS PAID AND PAYABLE

- PLEDGES RECEIVED AND RECEIVABLE

- GIFTS RECEIVED

- RETURN EARNED ON THE INVESTMENT

- LIST OF ALL GIFTS WITH FUND BALANCES

-STATEMENT OF FINANCIAL POSITION FOR EACH FUND

- SCHEDULE OF ACCOUNTS PAYABLE

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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- 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 AS REQUESTED BY POTENTIAL DONORS.

WE HAVE AN ATTORNEY ON RETAINER WHO IS AVAILABLE IN THESE

CIRCUMSTANCES. OUR PLANNED GIVING PRODUCTS INCLUDE:

-CHARITABLE REMAINDER TRUSTS

-CHARITABLE REMAINDER ANNUITY TRUSTS

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

-LIFE INSURANCE POLICIES

-RETIREMENT PLAN QUALIFIED CHARITABLE DISTRIBUTIONS

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

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

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

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

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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PA, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC

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

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

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

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

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

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

POLICY STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S

PRESIDENT. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT WHICH CONTAINS

FINANCIAL INFORMATION, AND ITS FINANCIAL STATEMENTS TO DONORS, FUNDHOLDERS

AND INTERESTED PERSONS.

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,

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

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





**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <p align="center">THE FOUNDATION FOR ENHANCING COMMUNITIES</p>	Employer identification number <p align="center">01-0564355</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GHF, INC - 22-2436382 200 NORTH THIRD STREET, 8TH FLOOR HARRISBURG, PA 17101	HOLDING TRUST FUNDS	PENNSYLVANIA	501(C)(3)	LINE 8	N/A		X
TFEC PROPERTIES, INC - 20-8561997 200 NORTH THIRD STREET, 8TH FLOOR HARRISBURG, PA 17101	HOLDING REAL ESTATE FOR TFEC	PENNSYLVANIA	501(C)(2)	N/A	N/A		X

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

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



