

Product: **Exempt**  
Name: **THE FOUNDATION FOR ENHANCING COMMUNITIES**  
FEIN: **\*\*\*\*4355**  
Bank Info:  
Fiscal Year Begin Date: **1/1/2023**  
IRS Message:

Category:  
  
Plan Number:  
  
Fiscal Year End Date: **12/31/2023**

IRS Center: **Ogden**  
e-Postmark: **3/19/2024 11:32 AM**  
  
Notification:  
  
eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
03/19/2024	23X:01005:V1	Upload Started			Smith,Sara	
03/19/2024	23X:01005:V1	Released for Transmission - Validation in Progress			Smith,Sara	
03/19/2024	23X:01005:V1	Ready to transmit - Validation Complete				
03/19/2024	23X:01005:V1	Transmitted to FD	2557092024079034ee17			
03/19/2024	23X:01005:V1	Accepted by FD on 3/19/2024				

---

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
----	-------------	--------	-------------	----------------	------	-------------

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_

# 2023

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 **JENNIFER DOYLE**  
**INTERIM 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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>6,321,119.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

### 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 2023 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 2023 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 2023 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 on the return's disclosure consent screen.

Signature of officer or person subject to tax *Jennifer Doyle* Date 3/19/24

### 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 2023 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 *[Signature]* Date 3/19/24

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2023)

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)

2023

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 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: THE FOUNDATION FOR ENHANCING COMMUNITIES
D Employer identification number: 01-0564355
E Telephone number: 717-236-5040
G Gross receipts \$: 20,551,844.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.TFEC.ORG
K Form of organization: Corporation
L Year of formation: 1920
M State of legal domicile: PA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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.

Signature of officer: JENNIFER DOYLE, INTERIM PRESIDENT & CEO
Preparer: JENNIFER CRUVERKIBI
Firm: MAHER DUESSEL, CPA'S

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 9,202,462. including grants of \$ 7,360,899. ) (Revenue \$ ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,663,771. including grants of \$ 294,811. ) (Revenue \$ ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 624,048. ) SEE SCHEDULE O

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

4e Total program service expenses 10,866,233.

**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 excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
FOUNDATION OFFICERS - 717-236-5040
200 NORTH 3RD STREET, HARRISBURG, PA 17101



**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 CHAIR	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) AMANDA OWENS BOARD MEMBER	1.00	X						0.	0.	0.
(11) MARLENE KANUCK BOARD MEMBER	1.00	X						0.	0.	0.
(12) DAVID W. KUTZ BOARD MEMBER	1.00	X						0.	0.	0.
(13) ROMEO AZONDECON BOARD MEMBER	1.00	X						0.	0.	0.
(14) TODD C. SNOVEL BOARD MEMBER	1.00	X						0.	0.	0.
(15) CYNDEE COHEN BOARD MEMBER (THRU NOV. 2023)	1.00	X						0.	0.	0.
(16) JANICE R. BLACK PRESIDENT & CEO	37.50			X				213,845.	0.	17,794.
(17) KIRK DEMYAN VP & CFO	37.50			X				180,458.	0.	35,351.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for JENNIFER DOYLE and a subtotal row.

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

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	272,997.				
	<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>	3,817,248.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 253,703.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		4,090,245.				
Program Service Revenue	<b>2 a</b>	MANAGEMENT FEES	<b>Business Code</b>	541900	624,048.	624,048.		
	<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 .....			624,048.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			1,873,368.		1,873,368.	
	<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				
					13,875,667.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	14,150,608.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	-274,941.				
<b>d</b>	Net gain or (loss) .....			-274,941.		-274,941.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 272,997. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		88,516.				
			<b>8b</b>	80,117.				
<b>c</b>	Net income or (loss) from fundraising events .....			8,399.		8,399.		
<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>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 .....			6,321,119.	624,048.	0.	1,606,826.	

**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 ...	6,709,096.	6,709,096.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	946,614.	946,614.		
<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 .....	622,699.	107,985.	362,914.	151,800.
<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 .....	885,554.	602,651.	265,871.	17,032.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	9,086.	4,281.	3,788.	1,017.
<b>9</b> Other employee benefits .....	240,304.	113,223.	100,182.	26,899.
<b>10</b> Payroll taxes .....	113,865.	53,649.	47,470.	12,746.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	77,162.	36,359.	32,169.	8,634.
<b>c</b> Accounting .....	24,800.	11,686.	10,339.	2,775.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	37,029.	19,779.	17,250.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	31,339.	14,762.	13,065.	3,512.
<b>12</b> Advertising and promotion .....	181,380.	85,460.	75,617.	20,303.
<b>13</b> Office expenses .....	85,524.	40,297.	35,654.	9,573.
<b>14</b> Information technology .....	153,511.	72,329.	63,998.	17,184.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	73,843.	34,792.	30,785.	8,266.
<b>17</b> Travel .....	18,773.	8,852.	7,832.	2,089.
<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 .....	34,720.	16,358.	14,475.	3,887.
<b>23</b> Insurance .....	42,814.	20,172.	17,849.	4,793.
<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	1,825,403.	1,825,403.		
<b>b</b> STAFF AND DIRECTOR DEVE	52,640.	24,803.	21,945.	5,892.
<b>c</b> OTHER	39,316.	18,524.	16,391.	4,401.
<b>d</b> DUES AND FEES	23,746.	11,188.	9,900.	2,658.
<b>e</b> All other expenses	186,708.	87,970.	77,838.	20,900.
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,415,926.	10,866,233.	1,225,332.	324,361.
<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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,063,146.	<b>2</b>	1,538,192.
	<b>3</b> Pledges and grants receivable, net .....	175,559.	<b>3</b>	126,231.
	<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 .....	91,746.	<b>9</b>	60,933.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 501,125.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 433,412.	42,722.	<b>10c</b> 67,713.
	<b>11</b> Investments - publicly traded securities .....	103,932,995.	<b>11</b>	117,106,289.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	562,422.	<b>12</b>	521,275.
	<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 .....	723,894.	<b>15</b>	653,471.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	107,592,484.	<b>16</b>	120,074,104.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,832.	<b>17</b>	7,581.
	<b>18</b> Grants payable .....	748,921.	<b>18</b>	726,423.
	<b>19</b> Deferred revenue .....	48,205.	<b>19</b>	65,977.
	<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 .....	7,141,225.	<b>25</b>	8,192,411.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,942,183.	<b>26</b>	8,992,392.
<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 .....	97,662,139.	<b>27</b>	109,258,715.
	<b>28</b> Net assets with donor restrictions .....	1,988,162.	<b>28</b>	1,822,997.
	<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 .....	99,650,301.	<b>32</b>	111,081,712.
<b>33</b> Total liabilities and net assets/fund balances .....	107,592,484.	<b>33</b>	120,074,104.	

**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>	6,321,119.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,415,926.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,094,807.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	99,650,301.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	17,399,980.
<b>6</b>	Donated services and use of facilities	<b>6</b>	5,300.
<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>	120,938.
<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>	111,081,712.

**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

**2023**

Open to Public Inspection

<b>Name of the organization</b> THE FOUNDATION FOR ENHANCING COMMUNITIES	<b>Employer identification number</b> 01-0564355
---	---

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,340,704.	8,363,936.	7,409,656.	5,127,668.	4,090,245.	33,332,209.
<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 .....	8,340,704.	8,363,936.	7,409,656.	5,127,668.	4,090,245.	33,332,209.
<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) .....						3,050,550.
<b>6 Public support.</b> Subtract line 5 from line 4.						30,281,659.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	8,340,704.	8,363,936.	7,409,656.	5,127,668.	4,090,245.	33,332,209.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,152,303.	1,581,929.	1,611,601.	1,870,232.	1,873,368.	9,089,433.
<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						42,421,642.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,863,188.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.38 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	73.85 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 2023 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-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<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 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, 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 2023. 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 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>THE FOUNDATION FOR ENHANCING COMMUNITIES</b>	<b>Employer identification number</b>  01-0564355
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 201,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 111,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 100,000.	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
---	---

**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/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 91,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 84,322.	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.)

Name of organization  <b>THE FOUNDATION FOR ENHANCING COMMUNITIES</b>	<b>Employer identification number</b>  01-0564355
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>THE FOUNDATION FOR ENHANCING COMMUNITIES</b>	Employer identification number  01-0564355
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

2023

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 tracking 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 the reporting of art and historical treasures, including revenue and asset amounts.

**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 .....             | 3,309,329. |
| <b>d</b> Additions during the year .....     | 814,363.   |
| <b>e</b> Distributions during the year ..... | 120,938.   |
| <b>f</b> Ending balance .....                | 4,002,754. |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	77,787,000.	97,726,000.	84,483,000.	76,630,000.	59,961,000.
<b>b</b> Contributions .....	1,986,000.	2,636,000.	883,000.	1,399,000.	4,795,000.
<b>c</b> Net investment earnings, gains, and losses .....	15,620,000.	-16,101,000.	16,746,000.	10,591,000.	15,179,000.
<b>d</b> Grants or scholarships .....	3,297,000.	2,912,000.	2,010,000.	1,205,000.	
<b>e</b> Other expenditures for facilities and programs .....	2,783,000.	3,199,000.	2,119,975.	2,611,000.	3,000,000.
<b>f</b> Administrative expenses .....	305,000.	363,000.	256,025.	321,000.	305,000.
<b>g</b> End of year balance .....	89,008,000.	77,787,000.	97,726,000.	84,483,000.	76,630,000.

- 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? ..... |     |    |
- 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 .....		501,125.	433,412.	67,713.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				67,713.

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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, line 15, col. (B))	

**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	7,497,339.
(3) OPERATING LEASE LIABILITY	695,072.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,192,411.

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>	24,620,879.
<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>	17,399,980.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	5,300.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	894,480.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	18,299,760.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,321,119.
<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>	6,321,119.

**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>	12,496,043.
<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>	80,117.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	80,117.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	12,415,926.
<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>	12,415,926.

**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 814,363.

SPECIAL EVENTS DIRECT EXPENSES 80,117.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 894,480.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES 80,117.





**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	NIGHT FOR NICK	11	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	76,251.	53,725.	231,537.	361,513.
	2	Less: Contributions	58,713.	38,145.	176,139.	272,997.
	3	Gross income (line 1 minus line 2)	17,538.	15,580.	55,398.	88,516.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,785.	15,477.	51,855.	80,117.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				80,117.
	11	Net income summary. Subtract line 10 from line 3, column (d)				8,399.

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

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

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

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

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

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

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





**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

**2023**

**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
25 PROJECT INC PO BOX 2908 MCKINNEY, TX 75070	45-3800583	501(C)(3)	10,000.	0.			RELIGION
A MOMENT OF MAGIC 10 E. 39TH STREET FLOOR 12 NEW YORK, NY 10016	81-1740360	501(C)(3)	12,000.	0.			HUMAN SERVICE
ACA CAMPER SCHOLARSHIP FUND/CAMP WAWENOCK - 33 WAWENOCK ROAD - RAYMOND, ME 04071	35-0962419	501(C)(3)	20,000.	0.			EDUCATIONAL
ALEXANDER HAMILTON MEMORIAL FREE LIBRARY - 45 EAST MAIN STREET - WAYNESBORO, PA 17268	23-1352316	501(C)(3)	16,822.	0.			EDUCATIONAL
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	5,349.	0.			RELIGION
ARTS ALLIANCE OF GREATER WAYNESBORO INC - 50 WEST MAIN STREET - WAYNESBORO, PA 17268	46-1781553	501(C)(3)	7,500.	0.			ARTS, HUMANITIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 246.
- 3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) 2023

**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
ATRIUM HEALTH FOUNDATION 208 EAST BLVD. CHARLOTTE, NC 28203	56-6060481	501(C)(3)	10,000.	0.			HEALTH
BEACON CLINIC FOR HEALTH AND HOPE 248 SENECA STREET, PO BOX 5870 HARRISBURG, PA 17110	46-3507570	501(C)(3)	10,500.	0.			HEALTH
BETH EL TEMPLE 2637 N FRONT STREET HARRISBURG, PA 17110	23-1362508	501(C)(3)	10,081.	0.			RELIGION
BETHESDA MISSION OF HARRISBURG P.O. BOX 3041, BUILDING 1, SUITE 30 HARRISBURG, PA 17105	23-1389397	501(C)(3)	77,946.	0.			HUMAN SERVICE
BHADRADRI SRIRAMA TEMPLE OF US P.O. BOX 112, 1410 ATLANTA HIGHWAY CUMMINGS, GA 30040	46-5058826	501(C)(3)	10,000.	0.			RELIGION
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION, INC. - 1519 NORTH THIRD STREET - HARRISBURG, PA 17102	23-2260248	501(C)(3)	10,324.	0.			COMMUNITY DEVELOPMENT
BISHOP MCDEVITT HIGH SCHOOL 1 CRUSADER WAY HARRISBURG, PA 17111	27-1391639	501(C)(3)	10,000.	0.			EDUCATIONAL
BISHOP MCDEVITT HIGH SCHOOL (SCHOLARSHIP) - 1 CRUSADER WAY - HARRISBURG, PA 17111	27-1391639	501(C)(3)	8,350.	0.			SCHOLARSHIP
BLUE MOUNTAIN ESCAPE, INC. 1206 SOUTH MARKET STREET MECHANICSBURG, PA 17055	85-1252874	501(C)(3)	31,630.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSLER MEMORIAL LIBRARY 158 W. HIGH STREET CARLISLE, PA 17013	23-1381007	501(C)(3)	5,150.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG - 73 W. BURD ST. - SHIPPENSBURG, PA 17257	27-1658752	501(C)(3)	19,454.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF HARRISBURG 1227 BERRYHILL STREET HARRISBURG, PA 17104	23-1352043	501(C)(3)	8,600.	0.			COMMUNITY DEVELOPMENT
BRETHREN COMMUNITY MINISTRIES 219 HUMMEL ST. HARRISBURG, PA 17104	25-1855442	501(C)(3)	11,110.	0.			RELIGION
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG, PA 17104	25-1636220	501(C)(3)	10,602.	0.			HUMAN SERVICE
BRIDGE OF HOPE HARRISBURG AREA P.O. BOX 15212 HARRISBURG, PA 17105	51-0646249	501(C)(3)	17,500.	0.			HUMAN SERVICE
CAMBRIDGE IN AMERICA 1120 AVENUE OF THE AMERICANS, 17TH NEW YORK, NY 10036	52-6071299	501(C)(3)	11,500.	0.			EDUCATIONAL
CAMP DUDLEY, INC. 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	16,160.	0.			COMMUNITY DEVELOPMENT
CAMP HILL PRESBYTERIAN CHURCH 101 N 23RD STREET CAMP HILL, PA 17011	32-6393377	501(C)(3)	5,094.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE, DEPT. 2400 ORLANDO, FL 32832	95-6006173	501(C)(3)	9,000.	0.			RELIGION
CAPITAL AREA SCHOOL FOR ARTS CHARTER SCHOOL - 150 STRAWBERRY SQUARE - HARRISBURG, PA 17101	30-0767388	501(C)(3)	8,150.	0.			EDUCATIONAL
CAPITAL AREA THERAPEUTIC RIDING ASSOCIATION - 168 STATION ROAD - GRANTVILLE, PA 17112	23-2381558	501(C)(3)	8,000.	0.			HUMAN SERVICE
CAPITOL THEATRE CENTER FOUNDATION 159 S MAIN ST CHAMBERSBURG, PA 17201	94-2722927	501(C)(3)	20,870.	0.			ARTS, HUMANITIES
CARLISLE CARES 50 W. PENN STREET CARLISLE, PA 17013	26-3194660	501(C)(3)	5,893.	0.			HUMAN SERVICE
CASA OF LANCASTER COUNTY INC. 120 N SHIPPEN ST LANCASTER, PA 17602	26-1826650	501(C)(3)	15,000.	0.			HUMAN SERVICE
CATHEDRAL PARISH OF SAINT PATRICK 212 STATE STREET HARRISBURG, PA 17101-1190	25-1697841	501(C)(3)	12,500.	0.			RELIGION
CATHOLIC CHARITIES OF THE DIOCESE OF HARRISBURG - 4800 UNION DEPOSIT ROAD - HARRISBURG, PA 17111	23-1494791	501(C)(3)	7,000.	0.			HUMAN SERVICE
CENTER FOR ADVANCED SCHOOL TEACHING AND LEARNING - 55 MILLER STREET - ENOLA, PA 17025	80-0841679	501(C)(3)	6,500.	0.			ARTS, HUMANITIES

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PENNSYLVANIA COLLEGE EDUCATION FOUNDATION - 600 VALLEY ROAD, P.O. BOX 309 - SUMMERDALE, PA 17093-0309	23-2242116	501(C)(3)	15,000.	0.			EDUCATIONAL
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	56,573.	0.			HUMAN SERVICE
CENTRAL PENNSYLVANIA FRIENDS OF JAZZ - 5721 JONESTOWN ROAD - HARRISBURG, PA 17112	23-2137529	501(C)(3)	8,750.	0.			ARTS, HUMANITIES
CENTRAL PENNSYLVANIA YOUTH BALLET 5 NORTH ORANGE STREET, SUITE 3 CARLISLE, PA 17013-2727	23-1971982	501(C)(3)	16,507.	0.			ARTS, HUMANITIES
CENTRAL PERRY COMMUNITY SENIOR CITIZEN'S CENTER INC - 227 W. HIGH STREET - NEW BLOOMFIELD, PA 17068	23-2968799	501(C)(3)	6,155.	0.			COMMUNITY DEVELOPMENT
CHAMBERSBURG AREA COUNCIL FOR THE ARTS - 103 NORTH MAIN STREET - CHAMBERSBURG, PA 17201	25-1568370	501(C)(3)	24,525.	0.			ARTS, HUMANITIES
CHAUTAUQUA FOUNDATION, INC PO BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501(C)(3)	5,500.	0.			ENVIRONMENTAL
CHILDREN'S AID SOCIETY 343 LINCOLN WAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	26,562.	0.			HUMAN SERVICE
CHINESE FOR AFFIRMATIVE ACTION 3540 N PROGRESS AVE STE 203 HARRISBURG, PA 17110	94-2161304	501(C)(3)	6,150.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHORAL SOCIETY HARRISBURG PO BOX 215 CAMP HILL, PA 17001	23-1694724	501(C)(3)	5,843.	0.			ARTS, HUMANITIES
CHRISTIAN LIFE CHURCH 1400 WARM SPRING ROAD CHAMBERSBURG, PA 17202	23-2322069	501(C)(3)	13,665.	0.			EDUCATIONAL
COMMUNITY ACTION PARTNERSHIP OF LANCASTER COUNTY INC - 601 SOUTH QUEEN STREET - LANCASTER, PA 17603	23-1667311	501(C)(3)	15,000.	0.			HUMAN SERVICE
COMMUNITY CHECK UP CENTER OF SOUTH HARRISBURG - 38C HALL MANOR - HARRISBURG, PA 17104	25-1724315	501(C)(3)	20,100.	0.			HEALTH
CONGREGATION NER TAMID 5721 CRESTRIDGE ROAD RANCHO PALOS VERDES, CA 90275	95-2546462	501(C)(3)	14,722.	0.			RELIGION
CONSTRUCTION ANGELS 2436 N. FEDERAL HIGHWAY, SUITE 313 LIGHTHOUSE POINT, FL 33064	45-3044158	501(C)(3)	30,000.	0.			HUMAN SERVICE
CORNELL UNIVERSITY SAGE HALL, 114 E. AVE ITHACA, NY 14853	15-0532082	501(C)(3)	250,000.	0.			SCHOLARSHIP
COYLE FREE LIBRARY 102 N MAIN STREET CHAMBERSBURG, PA 17201	23-1457996	501(C)(3)	7,884.	0.			EDUCATIONAL
CUMBERLAND COUNTY HISTORICAL SOCIETY - 21 N PITT STREET - CARLISLE, PA 17013-2945	23-1522656	501(C)(3)	5,250.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUMBERLAND COUNTY LIBRARY SYSTEM FOUNDATION - 400 BENT CREEK BLVD, SUITE 150 - MECHANICSBURG, PA 17050	20-8077580	501(C)(3)	11,000.	0.			EDUCATIONAL
CUMBERLAND VALLEY ANIMAL SHELTER INC - 5051 LETTERKENNY RD. WEST - CHAMBERSBURG, PA 17201	25-1753115	501(C)(3)	8,923.	0.			COMMUNITY DEVELOPMENT
CUMBERLAND VALLEY BREAST CARE ALLIANCE INC - 1601 MOUNTAIN ROAD, SUITE 101 - MERCERSBURG, PA 17236	23-2943334	501(C)(3)	22,000.	0.			HUMAN SERVICE
CUMBERLAND VALLEY SCHOOL OF MUSIC 1015 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201	25-1629280	501(C)(3)	21,300.	0.			ARTS, HUMANITIES
DAUPHIN COUNTY CASA 2080 LINGLESTOWN ROAD, SUITE 107 HARRISBURG, PA 17110	83-1780362	501(C)(3)	21,000.	0.			ARTS, HUMANITIES
DAUPHIN COUNTY CASA 2080 LINGLESTOWN ROAD, SUITE 107 HARRISBURG, PA 17110	83-1780362	501(C)(3)	10,000.	0.			HUMAN SERVICE
DAUPHIN COUNTY LIBRARY SYSTEM 101 WALNUT ST HARRISBURG, PA 17101	23-1352317	501(C)(3)	20,346.	0.			EDUCATIONAL
DIAPER DEPOT CENTRAL CENTRAL PRESBYTERIAN CHURCH, 40 LINCOLN WAY WEST - CHAMBERSBURG, PA 17201	23-1413661	501(C)(3)	8,000.	0.			HUMAN SERVICE
DICKINSON COLLEGE (SCHOLARSHIP) STUDENT ACCOUNTS, P.O. BOX 1773 CARLISLE, PA 17013-2896	23-1365954	501(C)(3)	52,295.	0.			SCHOLARSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF HARRISBURG 4800 UNION DEPOSIT ROAD HARRISBURG, PA 17111-3710	23-1494791	501(C)(3)	10,000.	0.			RELIGION
DISABILITY RIGHTS PENNSYLVANIA 301 CHESTNUT STREET, SUITE 300 HARRISBURG, PA 17101	23-2041538	501(C)(3)	20,000.	0.			HEALTH
DISCIPLEMAKER 365 SCIENCE PARK ROAD STATE COLLEGE, PA 16803	25-1411175	501(C)(3)	11,162.	0.			RELIGION
DOMESTIC VIOLENCE SERVICES OF CUMBERLAND & PERRY COUNTIES - P.O. BOX 1039 - CARLISLE, PA 17013	25-1629910	501(C)(3)	22,424.	0.			HUMAN SERVICE
DOWNTOWN DAILY BREAD 234 SOUTH ST HARRISBURG, PA 17101-1326	87-2021179	501(C)(3)	8,754.	0.			HUMAN SERVICE
ELDERGROW, LLC 6843 26TH AVE NE SEATTLE, WA 98115	81-4822502	501(C)(3)	7,671.	0.			HUMAN SERVICE
EMPLOYMENT SKILLS CENTER 29 S. HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	13,800.	0.			EDUCATIONAL
EVOLVE YOUTH TRADES ACADEMY 4309 LINGLESTOWN ROAD HARRISBURG, PA 17112	85-3686316	501(C)(3)	13,600.	0.			EDUCATIONAL
FAMILY PROMISE OF HARRISBURG CAPITAL REGION (FPHCR) - 56 ERFORD RD. - CAMP HILL, PA 17011	35-2340680	501(C)(3)	11,909.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAYETTEVILLE CONTRACTORS INC. P.O. BOX 610 FAYETTEVILLE, PA 17222-0610	25-1180634	501(C)(3)	5,710.	0.			COMMUNITY DEVELOPMENT
FIRST START PARTNERSHIPS FOR CHILDREN AND FAMILIES - 254 E. KING STREET #101 - CHAMBERSBURG, PA 17201	23-1152007	501(C)(3)	50,000.	0.			EDUCATIONAL
FIRST UNITED METHODIST CHURCH 135 W SIMPSON ST. MECHANICSBURG, PA 17055	23-1405614	501(C)(3)	33,989.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - CHAMBERSBURG - 225 S SECOND STREET - CHAMBERSBURG, PA 17201	23-1510103	501(C)(3)	22,015.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - MILLERSBURG - 356 UNION STREET - MILLERSBURG, PA 17061	23-2253889	501(C)(3)	19,654.	0.			RELIGION
FRANKLIN & MARSHALL COLLEGE ATTN. CASHIERS OFFICE, P.O. BOX 300 LANCASTER, PA 17604-3003	23-1352635	501(C)(3)	14,389.	0.			SCHOLARSHIP
FRANKLIN COUNTY HISTORICAL SOCIETY - KITTOCHTINNY - 175 E. KING ST, SUITE B - CHAMBERSBURG, PA 17201	25-6065079	501(C)(3)	31,466.	0.			ARTS, HUMANITIES
FRANKLIN COUNTY LEGAL SERVICES 336 LINCOLN WAY EAST CHAMBERSBURG, PA 17201	37-1416631	501(C)(3)	6,680.	0.			HUMAN SERVICE
FRESH START MINISTRIES 207 BROOKSIDE STREET SWEETWATER, TN 37874	86-2991815	501(C)(3)	5,500.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CLARKS FERRY TAVERN P.O. BOX 184 DUNCANNON, PA 17020	87-3313380	501(C)(3)	6,200.	0.			COMMUNITY DEVELOPMENT
FRIENDS OF FORT HUNTER 5300 NORTH FRONT STREET HARRISBURG, PA 17110	23-2144064	501(C)(3)	6,002.	0.			COMMUNITY DEVELOPMENT
FRIENDS OF PAAV 3301 CHURCH RD. EAST BERLIN, PA 17316	84-3378086	501(C)(3)	24,000.	0.			HUMAN SERVICE
FRIENDS OF THE WEST SHORE THEATRE, INC. - 414 BRIDGE STREET - NEW CUMBERLAND, PA 17070	82-5327951	501(C)(3)	6,001.	0.			ARTS, HUMANITIES
GAMUT THEATRE GROUP INC. 15 N. 4TH STREET HARRISBURG, PA 17101	25-1727630	501(C)(3)	15,707.	0.			ARTS, HUMANITIES
GETTYSBURG COLLEGE 300 N WASHINGTON STREET, ADVANCEMENT/BOX 423 - GETTYSBURG, PA 17325-1400	23-1352641	501(C)(3)	37,862.	0.			EDUCATIONAL
GFWC PENNSYLVANIA 4076 MARKET STREET, STE. 211 CAMP HILL, PA 17011-4200	23-1119120	501(C)(3)	6,407.	0.			COMMUNITY DEVELOPMENT
GIRLS ON THE RUN MID STATE PA 123 N ENOLA DR STE 1A ENOLA, PA 17025	27-5095044	501(C)(3)	25,172.	0.			COMMUNITY DEVELOPMENT
GONZAGA COLLEGE HIGH SCHOOL 19 I ST NW WASHINGTON, DC 20001-1425	53-0204703	501(C)(3)	11,090.	0.			EDUCATIONAL

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
HABITAT FOR HUMANITY OF THE GREATER HARRISBURG AREA - 2416 PARK DRIVE STE B - HARRISBURG, PA 17110	58-1735541	501(C)(3)	18,253.	0.			COMMUNITY DEVELOPMENT
HANNA'S PANTRY INC 3500 ELMERTON AVE. HARRISBURG, PA 17109	92-0370919	501(C)(3)	19,500.	0.			HUMAN SERVICE
HARRISBURG ACADEMY 10 ERFORD ROAD WORMLEYSBURG, PA 17043	23-2119591	501(C)(3)	14,389.	0.			SCHOLARSHIP
HARRISBURG AREA YMCA 805 NORTH FRONT STREET HARRISBURG, PA 17102	23-1665437	501(C)(3)	13,007.	0.			COMMUNITY DEVELOPMENT
HARRISBURG MEN'S CHORUS P.O. BOX 62201 HARRISBURG, PA 17106-2201	25-1596862	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE, SUITE 101 HARRISBURG, PA 17111	23-1355180	501(C)(3)	56,514.	0.			ARTS, HUMANITIES
HARRISBURG SYMPHONY ORCHESTRA 800 CORPORATE CIRCLE, SUITE 101 HARRISBURG, PA 17110	23-1355180	501(C)(3)	29,315.	0.			ARTS, HUMANITIES
HARRISBURG UNIVERSITY OF SCIENCE AND TECHNOLOGY - 326 MARKET STREET - HARRISBURG, PA 17101	25-1900793	501(C)(3)	31,715.	0.			EDUCATIONAL
HEALTHY STEPS DIAPER BANK 4075 LINGLESTOWN ROAD, PMB #229 HARRISBURG, PA 17112	61-1714375	501(C)(3)	10,912.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORIC HARRISBURG ASSOCIATION 1230 N THIRD STREET HARRISBURG, PA 17105	23-7244724	501(C)(3)	5,540.	0.			ARTS, HUMANITIES
HISTORICAL SOCIETY OF DAUPHIN COUNTY - 219 S FRONT STREET - HARRISBURG, PA 17104	23-1396832	501(C)(3)	6,719.	0.			ARTS, HUMANITIES
HOFFMAN HOMES INC 815 ORPHANAGE ROAD, P.O. BOX 4777 LITTLESTOWN, PA 17340	23-2732296	501(C)(3)	7,500.	0.			HUMAN SERVICE
HOMELAND CENTER 1901 NORTH FIFTH STREET HARRISBURG, PA 17102	23-1365148	501(C)(3)	6,258.	0.			HEALTH
HOMELAND HOSPICE 2300 VARTAN WAY, SUITE 270 HARRISBURG, PA 17110	23-1365148	501(C)(3)	12,637.	0.			HEALTH
HOOD COLLEGE 401 ROSEMONT AVE FREDERICK, MD 21701	52-0591608	501(C)(3)	37,862.	0.			EDUCATIONAL
HOOF AND HARNESS 470 JUDSON ROAD STRAWBERRY PLAINS, TN 37871	27-4394275	501(C)(3)	6,000.	0.			HUMAN SERVICE
HOPE INSPIRE LOVE INC. P.O. BOX 10995 LANCASTER, PA 17605	82-0722363	501(C)(3)	15,000.	0.			HUMAN SERVICE
HOPE WALKS PO BOX 218 YORK SPRINGS, PA 17372	83-1167436	501(C)(3)	21,600.	0.			HUMAN SERVICE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF CENTRAL PA 1320 LINGLESTOWN RD HARRISBURG, PA 17110	23-2106895	501(C)(3)	12,208.	0.			HEALTH
HUMANE SOCIETY OF THE HARRISBURG AREA, INC. - 7790 GRAYSON ROAD - HARRISBURG, PA 17111	23-1365361	501(C)(3)	11,222.	0.			COMMUNITY DEVELOPMENT
JEWISH FAMILY SERVICE OF GREATER HARRISBURG - 3333 NORTH FRONT STREET - HARRISBURG, PA 17110	23-2894802	501(C)(3)	27,874.	0.			RELIGION
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(C)(3)	18,764.	0.			RELIGION
JOIN HANDS MINISTRY INC 51 SOUTH CHURCH STREET, P.O. BOX 38 NEW BLOOMFIELD, PA 17068	32-0271270	501(C)(3)	15,050.	0.			HUMAN SERVICE
JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT STREET MECHANICSBURG, PA 17055	23-1652343	501(C)(3)	22,051.	0.			EDUCATIONAL
JOSHI HEALTH FOUNDATION 1750 ADELINE DR. MECHANICSBURG, PA 17050	84-4264109	501(C)(3)	25,000.	0.			HEALTH
JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA - 610 S. GEORGE STREET - YORK, PA 17401	23-1598129	501(C)(3)	12,000.	0.			EDUCATIONAL
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	25-1847902	501(C)(3)	15,157.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE SERVICE SYSTEMS 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	23-1915567	501(C)(3)	12,912.	0.			HUMAN SERVICE
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	10,000.	0.			EDUCATIONAL
LATINO HISPANIC AMERICAN COMMUNITY CENTER - 1301 DERRY STREET - HARRISBURG, PA 17104	27-1032748	501(C)(3)	6,000.	0.			COMMUNITY DEVELOPMENT
LEAF PROJECT INC 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
LEAGUE OF WOMEN VOTERS OF PENNSYLVANIA CITIZEN EDUCATION FUND - 1425 CROOKED HILL ROAD, P.O. BOX 60890 - HARRISBURG, PA	46-4971552	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
LEBANON FAMILY HEALTH SERVICES INC 615 CUMBERLAND STREET LEBANON, PA 17042	23-1900450	501(C)(3)	50,000.	0.			HEALTH
LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVE ANNVILLE, PA 17078	23-1352354	501(C)(3)	17,401.	0.			EDUCATIONAL
LEBANON VALLEY COLLEGE (SCHOLARSHIP) - BUSINESS OFFICE, 101 N. COLLEGE AVENUE - ANNVILLE, PA 17003	23-1352354	501(C)(3)	10,641.	0.			EDUCATIONAL
LEBANON VALLEY COUNCIL ON THE ARTS 770 CUMBERLAND ST LEBANON, PA 17042	23-2439214	501(C)(3)	5,700.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S. 8TH STREET - LEBANON, PA 17042	26-3915958	501(C)(3)	18,000.	0.			HEALTH
LEFT OUT ORGANIZATION PROGRAM (LOOP) - 3139 PENNWOOD ROAD - HARRISBURG, PA 17110	46-1883552	501(C)(3)	5,150.	0.			COMMUNITY DEVELOPMENT
LEHIGH UNIVERSITY 125 GOODMAN DRIVE BETHLEHEM, PA 18015	24-0795445	501(C)(3)	32,319.	0.			EDUCATIONAL
LGBT CENTER OF CENTRAL PA PO BOX 5629 HARRISBURG, PA 17110	25-1897350	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
LGD ALLIANCE 7901 4TH STREET NORTH, SUITE 5761 SAINT PETERSBURG, FL 33702	26-1224181	501(C)(3)	95,000.	0.			HEALTH
LINCOLN INTERMEDIATE UNITE NO. 12 518 CLEVELAND AVE, SUITE 1A CHAMBERSBURG, PA 17201	23-1743636	501(C)(3)	12,150.	0.			EDUCATIONAL
LITTLE THEATRE OF MECHANICSBURG PO BOX 325 MECHANICSBURG, PA 17055	23-7360571	501(C)(3)	8,000.	0.			ARTS, HUMANITIES
LYKENS VALLEY CHILDRENS MUSEUM 33 S. MARKET STREET, P.O. BOX 719 ELIZABETHVILLE, PA 17023	83-1253070	501(C)(3)	8,000.	0.			ARTS, HUMANITIES
MAKING MIRACLES HAPPEN INC 525 N. 12TH ST SUITE 100 LEMOYNE, PA 17043	88-0969470	501(C)(3)	10,000.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARKET SQUARE CONCERTS P.O. BOX #1292 HARRISBURG, PA 17108	22-2570747	501(C)(3)	15,577.	0.			ARTS, HUMANITIES
MECHANICSBURG AREA MEALS ON WHEELS PO BOX 1093 MECHANICSBURG, PA 17055	23-7043841	501(C)(3)	5,849.	0.			HUMAN SERVICE
MECHANICSBURG AREA SCHOOL DISTRICT 600 S NORWAY ST., 2ND FLOOR MECHANICSBURG, PA 17055	23-2089866	501(C)(3)	14,488.	0.			EDUCATIONAL
MECHANICSBURG ART CENTER 18 ARTCRAFT DRIVE MECHANICSBURG, PA 17050	23-7146607	501(C)(3)	8,900.	0.			ARTS, HUMANITIES
MECHANICSBURG PRESBYTERIAN CHURCH 300 E SIMPSON STREET MECHANICSBURG, PA 17055-6509	23-1489818	501(C)(3)	6,053.	0.			RELIGION
MEDARD'S HOUSE 1120 DREXEL HILL BLVD. CUMBERLAND, PA 17070	47-4386986	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MENNO HAVEN 300 RIDGEVIEW CHAMBERSBURG, PA 17201	23-6276101	501(C)(3)	7,884.	0.			HEALTH
MESSIAH LUTHERAN CHURCH 901 N 6TH STREET HARRISBURG, PA 17102-1700	23-1445647	501(C)(3)	5,122.	0.			RELIGION
MILLERSBURG AREA ART ASSOCIATION, INC. - 226 UNION STREET - MILLERSBURG, PA 17061	25-1649495	501(C)(3)	8,000.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLERSBURG AREA POOL ASSOCIATION 120 LINCOLN LN MILLERSBURG, PA 17061	23-6050978	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MILLERSBURG AREA SENIOR CENTER 109 EDWARD DRIVE MILLERSBURG, PA 17061	25-1696670	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MOUNT GRETNA SCHOOL OF ART PO BOX 182 MOUNT GRETNA, PA 17064	46-1055307	501(C)(3)	11,000.	0.			ARTS, HUMANITIES
MT. GRETNA SCHOOL OF ART PO BOX 182 MOUNT GRETNA, PA 17064	46-1055307	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
MUSIC AT GRETNA, INC. P O BOX 366 MT. GRETNA, PA 17064	23-2137025	501(C)(3)	10,694.	0.			ARTS, HUMANITIES
NACER, USA PO BOX 266 BLUFFTON, OH 45817	32-0254688	501(C)(3)	30,000.	0.			HUMAN SERVICE
NATIONAL TRUST FOR HISTORIC PRESERVATION - 600 14TH STREET NW, SUITE 500 - WASHINGTON, DC 20005	53-0210807	501(C)(3)	16,160.	0.			COMMUNITY DEVELOPMENT
NED SMITH CENTER FOR NATURE AND ART - 176 WATER COMPANY ROAD - MILLERSBURG, PA 17061	25-1735097	501(C)(3)	10,136.	0.			ARTS, HUMANITIES
NETWORK MINISTRIES 419 HOLLYWELL AVENUE CHAMBERSBURG, PA 17201	23-2896773	501(C)(3)	12,441.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LANE - MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	27,344.	0.			COMMUNITY DEVELOPMENT
NEW CUMBERLAND FIRE DEPARTMENT 319 4TH ST NEW CUMBERLAND, PA 17070	23-2214997	501(C)(3)	5,592.	0.			COMMUNITY DEVELOPMENT
NEW GUILFORD BRETHREN CHURCH 1575 MONT ALTO ROAD CHAMBERSBURG, PA 17202	25-1777403	501(C)(3)	10,869.	0.			RELIGION
NEW HOPE MINISTRIES, INC. 99 W. CHURCH STREET, P.O. BOX 448 DILLSBURG, PA 17019	23-2223120	501(C)(3)	16,754.	0.			EDUCATIONAL
NEW YORK STUDIO SCHOOL OF DRAWING, PAINTING AND SCULPTURE - 8 W 8TH STREET - NEW YORK, NY 10011	13-6167281	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
NEWPORT ASSEMBLY OF GOD 253 N 6TH STREET NEWPORT, PA 17074	23-1988339	501(C)(3)	5,600.	0.			HEALTH
NEWPORT PUBLIC LIBRARY 316 N 4TH ST NEWPORT, PA 17074	23-7043950	501(C)(3)	6,696.	0.			EDUCATIONAL
NICK SERVICES 1145 HARVEST DRIVE LEBANON, PA 17046	47-4259056	501(C)(3)	6,500.	0.			ARTS, HUMANITIES
NORTHERN YORK COUNTY HISTORICAL AND PRESERVATION SOCIETY INC - 35 GREENBRIAR LANE - DILLSBURG, PA 17019	23-2305260	501(C)(3)	28,760.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLEWINE NATURE CENTER--FRIENDS OF WILDWOOD - 100 WILDWOOD WAY - HARRISBURG, PA 17110	25-1676210	501(C)(3)	23,234.	0.			ENVIRONMENTAL
OPEN STAGE 25 N. COURT ST. HARRISBURG, PA 17101	23-2290559	501(C)(3)	12,750.	0.			ARTS, HUMANITIES
OPEN STAGE OF HARRISBURG 25 N. COURT ST. HARRISBURG, PA 17101	23-2290559	501(C)(3)	32,990.	0.			ARTS, HUMANITIES
ORYOKI ZENDO, INTEGRATIVE MINDFULNESS THERAPIES - 3612 KRAMER STREET - HARRISBURG, PA 17109	47-4364741	501(C)(3)	7,500.	0.			HUMAN SERVICE
OUR LADY HELP OF CHRISTIANS 732 MAIN ST. LYKENS, PA 17048	84-3967465	501(C)(3)	17,664.	0.			RELIGION
PARKINSON'S FOUNDATION 200 SE 1ST STREET, SUITE 800 MIAMI, FL 33131	13-1866796	501(C)(3)	7,425.	0.			HEALTH
PENNS YOUTH INITIATIVE 983 LINCOLN WAY EAST STE C CHAMBERSBURG, PA 17201	86-2272064	501(C)(3)	9,412.	0.			EDUCATIONAL
PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION - 1004 W. 9TH AVE. - KING OF PRUSSIA, PA 19406	23-2953796	501(C)(3)	20,000.	0.			HEALTH
PENNSYLVANIA COLLEGE OF ART AND DESIGN - 204 N. PRINCE STREET - LANCASTER, PA 17608	23-2215278	501(C)(3)	7,000.	0.			EDUCATIONAL

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
PENNSYLVANIA PARKS AND FORESTS FOUNDATION - 704 LISBURN ROAD, SUITE 102 - CAMP HILL, PA 17011	25-1859016	501(C)(3)	5,223.	0.			ENVIRONMENTAL
PENNSYLVANIA SOCIETY FOR BIOMEDICAL RESEARCH - 4900 CARLISLE PIKE #271 - MECHANICSBURG, PA 17050	25-1634552	501(C)(3)	7,930.	0.			EDUCATIONAL
PENNSYLVANIA STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER - UNIVERSITY DEVELOPMENT, P.O. BOX 852, MCHS20 - HERSHEY, PA 17033	25-1854772	501(C)(3)	38,964.	0.			HEALTH
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	30,000.	0.			EDUCATIONAL
PERRY COUNTY COUNCIL OF THE ARTS 67 N. 4TH STREET, P.O. BOX 354 NEWPORT, PA 17074	22-2646866	501(C)(3)	108,376.	0.			ARTS, HUMANITIES
PERRY COUNTY LITERACY COUNCIL 133 S 5TH ST PO BOX 37 NEWPORT, PA 17074	23-2450099	501(C)(3)	38,496.	0.			EDUCATIONAL
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE. NW, SUITE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	15,000.	0.			HEALTH
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE, SUITE 300 WARMINSTER, PA 18974	23-2450112	501(C)(3)	7,439.	0.			HEALTH
PRESBYTERIAN HOMES, INC. 1 TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA 17019	23-2941518	501(C)(3)	8,476.	0.			HUMAN SERVICE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEEN OF PEACE ROMAN CATHOLIC CHURCH OF MILLERSBURG - 202 ZIMMERMAN RD, CLOVERLY ACRES - MILLERSBURG, PA 17061-1269	23-2193730	501(C)(3)	19,654.	0.			RELIGION
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL PA - 745 WEST GOVERNOR ROAD - HERSHEY, PA 17033	23-2204761	501(C)(3)	7,045.	0.			HUMAN SERVICE
ROTARY CLUB OF HARRISBURG FOUNDATION - 3211 NORTH FRONT ST STE 201 - HARRISBURG, PA 17110	23-6298147	501(C)(3)	10,711.	0.			EDUCATIONAL
SAMARA 210 OAKLEIGH AVE HARRISBURG, PA 17111	20-8559454	501(C)(3)	15,000.	0.			HUMAN SERVICE
SAMARPAN HINDU TEMPLE 2746 MECHANICSVILLE RD. BENSALEM, PA 19020	23-2724651	501(C)(3)	25,001.	0.			RELIGION
SANKARA EYE FOUNDATION, USA 1900 MCCARTHY BLVD., SUITE 302 MILPITAS, CA 95035	77-6141976	501(C)(3)	935,420.	0.			HEALTH
SANKOFA AFRICAN AMERICAN THEATRE COMPANY - 1425 CROOKED HILL RD PO BOX 61183 - HARRISBURG, PA 17106-1183	82-1799550	501(C)(3)	7,500.	0.			ARTS, HUMANITIES
SANSKRITI FOUNDATION 6523 ASHDALE PLACE CHARLOTTE, NC 28215	77-0315501	501(C)(3)	11,001.	0.			COMMUNITY DEVELOPMENT
SAVE THE BRAVE 33175 TEMECULA PARKWAY, SUITE A #21 TEMECULA, CA 92592	35-2530797	501(C)(3)	12,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEXUAL ASSAULT RESOURCE & COUNSELING CENTER (SARCC) - 615 CUMBERLAND STREET - LEBANON, PA 17042	23-2335091	501(C)(3)	20,000.	0.			HEALTH
SHALOM HOUSE 9 SOUTH 15TH STREET HARRISBURG, PA 17110	23-2447254	501(C)(3)	8,110.	0.			HUMAN SERVICE
SHANTI MANDIR 649 JERSEYTOWN RD. DANVILLE, PA 17821	30-0120507	501(C)(3)	5,001.	0.			RELIGION
SHE'S SOMEBODYS DAUGHTER 701D BOSLER AVE. LEMOYNE, PA 17043	46-4766274	501(C)(3)	8,000.	0.			HUMAN SERVICE
SHIPPENSBURG ARTS PROGRAMMING AND EDUCATION INC - PO BOX 4 - SHIPPENSBURG, PA 17257	55-0837426	501(C)(3)	8,543.	0.			ARTS, HUMANITIES
SHIPPENSBURG UNIVERSITY FOUNDATION 500 NEWBURG ROAD SHIPPENSBURG, PA 17257	23-2046093	501(C)(3)	8,369.	0.			COMMUNITY DEVELOPMENT
SHIPPENSBURG UNIVERSITY FOUNDATION (SCHOLARSHIP) - 500 NEWBURG ROAD - SHIPPENSBURG, PA 17257	23-2046093	501(C)(3)	14,000.	0.			SCHOLARSHIP
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013-7012	53-0206027	501(C)(3)	16,160.	0.			ARTS, HUMANITIES
SOMEONE TO TELL IT TO 922 NORTH 3RD STREET HARRISBURG, PA 17102	45-4216827	501(C)(3)	22,500.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY/NEUTER ASSISTANCE PROGRAM, INC. (SNAP) - PO BOX 126702 - HARRISBURG, PA 17112-6702	23-2172084	501(C)(3)	13,356.	0.			HEALTH
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	7,884.	0.			HUMAN SERVICE
ST. PAULS LUTHERAN CHURCH PO BOX 257 NEWPORT, PA 17074	23-2133261	501(C)(3)	15,263.	0.			RELIGION
ST. STEPHEN'S EPISCOPAL SCHOOL 215 NORTH FRONT STREET HARRISBURG, PA 17101-1407	23-2107935	501(C)(3)	11,571.	0.			EDUCATIONAL
ST. THOMAS CEMETERY ASSOCIATION 197 PIONEER DRIVE ST. THOMAS, PA 17252	25-1328641	501(C)(3)	8,751.	0.			COMMUNITY DEVELOPMENT
ST. THOMAS LUTHERAN CHURCH 7601 LINCOLN WAY W SAINT THOMAS, PA 17252	25-1253251	501(C)(3)	54,872.	0.			RELIGION
SUMMER PROGRAM FOR YOUTH 1 N. HANOVER STREET, P.O. BOX 192 CARLISLE, PA 17013	25-1798756	501(C)(3)	28,000.	0.			ARTS, HUMANITIES
SUMMIT HEALTH FOUNDATION 785 5TH AVE., SUITE 1 CHAMBERSBURG, PA 17201	23-0465970	501(C)(3)	29,207.	0.			HEALTH
SURVIVOR FITNESS SURVIVOR FITNESS, P.O. BOX 41434 NASHVILLE, TN 37204	46-1934408	501(C)(3)	10,000.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSQUEHANNA ART MUSEUM 1401 NORTH THIRD STREET HARRISBURG, PA 17102	25-1601081	501(C)(3)	30,886.	0.			ARTS, HUMANITIES
SUSQUEHANNA CHORALE INC PO BOX 397 MECHANICSBURG, PA 17055-6807	23-2250626	501(C)(3)	6,000.	0.			ARTS, HUMANITIES
SWAN - SCALING WALLS A NOTE AT A TIME - PO BOX 249 - LYNDELL, PA 19354	45-1353501	501(C)(3)	15,000.	0.			HUMAN SERVICE
TEMPLE UNIVERSITY (SCHOLARSHIP) OUTSIDE SCH. PAYMENT PROCESSING, 1803 N. BROAD ST., 216 CARNELL HALL - PHILA	23-1365971	501(C)(3)	20,000.	0.			EDUCATIONAL
THE ARC OF PENNSYLVANIA 1007 MUMMA ROAD, SUITE 100 LEMOYNE, PA 17043	23-1421914	501(C)(3)	20,000.	0.			HEALTH
THE CAPITAL REGION LITERACY COUNCIL - PO BOX 60723 - HARRISBURG, PA 17106-0723	25-1779539	501(C)(3)	11,000.	0.			EDUCATIONAL
THE FOUR DIAMONDS FUND PO BOX 852 HERSHEY, PA 17033	24-6000376	501(C)(3)	20,000.	0.			COMMUNITY DEVELOPMENT
THE HEALTH MINISTRIES OF CHRIST LUTHERAN CHURCH - 124 S. 13TH STREET - HARRISBURG, PA 17104	23-1445638	501(C)(3)	7,286.	0.			RELIGION
THE LEBANON VALLEY CONSERVANCY 770 CUMBERLAND ST, SUITE A LEBANON, PA 17042	25-1866023	501(C)(3)	10,000.	0.			ENVIRONMENTAL

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
THE NICODEMUS CENTER FOR CERAMIC STUDIES INC - 13 S CHURCH ST - WAYNESBORO, PA 17268	25-1744030	501(C)(3)	8,827.	0.			ARTS, HUMANITIES
THE PENNSYLVANIA STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	27-4628784	501(C)(3)	1,000,001.	0.			EDUCATIONAL
THE SALVATION ARMY 506 S. 29TH STREET HARRISBURG, PA 17104	13-5562351	501(C)(3)	25,917.	0.			HUMAN SERVICE
THE WILDCAT FOUNDATION 600 SOUTH NORWAY STREET, 2ND FLOOR MECHANICSBURG, PA 17055	23-2975211	501(C)(3)	38,265.	0.			SCHOLARSHIP
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CARLISLE PENNSYLVANIA - 301 G STREET - CARLISLE, PA 17013	23-1429866	501(C)(3)	11,019.	0.			HUMAN SERVICE
THEATRE HARRISBURG 513 HURLOCK ST HARRISBURG, PA 17110	23-1465635	501(C)(3)	26,499.	0.			ARTS, HUMANITIES
TRI COUNTY OPPORTUNITIES INDUSTRIALIZATION CENTER INC - 500 MACLAY STREET - HARRISBURG, PA 17110	23-1667266	501(C)(3)	10,000.	0.			EDUCATIONAL
TRINITY UNITED CHURCH OF CHRIST 30 WEST NORTH STREET WAYNESBORO, PA 17268	23-1603924	501(C)(3)	20,000.	0.			RELIGION
TRINITY WASHINGTON UNIVERSITY 125 MICHIGAN AVENUE NE MAIN HALL RM WASHINGTON, DC 20017	53-0196640	501(C)(3)	11,156.	0.			EDUCATIONAL

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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - PO BOX 71332 - PHILADELPHIA, PA 19176	23-1352685	501(C)(3)	10,500.	0.			EDUCATIONAL
TSM/SOURCE OF LIFE MINISTRIES PO BOX 96 HANOVER, PA 17331	30-0213425	501(C)(3)	28,800.	0.			HUMAN SERVICE
TWIN VALLEY PLAYERS 269 CENTER STREET MILLERSBURG, PA 17061	23-2299789	501(C)(3)	9,263.	0.			ARTS, HUMANITIES
UNITARIAN CHURCH OF HARRISBURG 1280 CLOVER LANE HARRISBURG, PA 17113	23-1687114	501(C)(3)	8,293.	0.			RELIGION
UNITED CHURCH OF CHRIST HOMES, INC. - 30 N 31ST STREET - CAMP HILL, PA 17011	23-1615155	501(C)(3)	20,000.	0.			RELIGION
UNITED WAY OF CARLISLE & CUMBERLAND COUNTY - 145 S. HANOVER ST. - CARLISLE, PA 17013	23-1552261	501(C)(3)	50,500.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	75,701.	0.			COMMUNITY DEVELOPMENT
UPMC PINNACLEHEALTH FOUNDATION 409 S. SECOND ST. HARRISBURG, PA 17104	22-2691718	501(C)(3)	52,442.	0.			HEALTH
VICKIE'S ANGEL WALK INC 511 BRIDGE STREET, P.O. BOX 174 NEW CUMBERLAND, PA 17070	20-8755452	501(C)(3)	7,000.	0.			HUMAN SERVICE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VRAJ TEMPLE USA 15 MANOR RD SCHUYLKILL HAVEN, PA 17972	54-1414079	501(C)(3)	6,551.	0.			RELIGION
VYO-USA INC. 4 KAREN CT OLD BRIDGE, NJ 08857	27-4029809	501(C)(3)	32,371.	0.			RELIGION
WAYFORWARD HOUSE 760 EBY ROAD PALMYRA, PA 17078	87-0898338	501(C)(3)	15,000.	0.			HUMAN SERVICE
WAYNESBORO COMMUNITY & HUMAN SERVICES - 123 WALNUT ST - WAYNESBORO, PA 17268	25-1366504	501(C)(3)	13,000.	0.			HUMAN SERVICE
WB MUSIC THERAPY LLC 7728 GREEN HILL ROAD HARRISBURG, PA 17112	27-4384888	501(C)(3)	9,690.	0.			HEALTH
WELLSPAN PHILHAVEN 283 SOUTH BUTLER ROAD, P.O. BOX 550 MOUNT GRETN, PA 17064	23-1548822	501(C)(3)	5,105.	0.			HEALTH
WEST SHORE SYMPHONY ORCHESTRA INC. P.O. BOX 125 MECHANICSBURG, PA 17055	22-2837683	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(C)(3)	64,173.	0.			EDUCATIONAL
WILDHEART INTERNATIONAL MINISTRIES 333 S. 13TH ST. HARRISBURG, PA 17104	81-2194708	501(C)(3)	10,650.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILMER EYE INSTITUTE DEVELOPMENT OFFICE - 600 N. WOLFE ST., WILMER 112 - BALTIMORE, MD 21287	52-0595110	501(C)(3)	10,000.	0.			HUMAN SERVICE
WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	11,187.	0.			ARTS, HUMANITIES
WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	5,550.	0.			ARTS, HUMANITIES
YORK SUBURBAN HIGH SCHOOL 1800 HOLLYWOOD DRIVE YORK, PA 17403	26-2935232	501(C)(3)	8,250.	0.			EDUCATIONAL
YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013	23-1429866	501(C)(3)	29,000.	0.			HUMAN SERVICE
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(C)(3)	40,606.	0.			COMMUNITY DEVELOPMENT



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	368	261,312.	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.

**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

**2023**

Open to Public  
Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- 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>1b</b>		
<b>2</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>		

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

Schedule J (Form 990) 2023

**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)	209,736.	0.	4,109.	7,500.	10,294.	231,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIRK DEMYAN VP & CFO	(i)	165,458.	15,000.	0.	0.	35,351.	215,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER DOYLE VP OF PHILANTHROPY & COMM. INVEST.	(i)	145,878.	15,000.	0.	2,113.	12,261.	175,252.	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)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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	253,703.	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.

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

Schedule M (Form 990) 2023

**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

**2023**

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

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

Schedule O (Form 990) 2023



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

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
--	--

THE FOUNDATION FOR ENHANCING COMMUNITIES (TFEC) SERVES AS THE FISCAL

SPONSOR FOR 67 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. FOUR EXAMPLES OF OUR PROJECTS INCLUDE:

DIVERSITY, EQUITY & INCLUSION MURAL

THE CHARITABLE PURPOSE OF THE PROJECT IS TO INSPIRE, ENLIGHTEN, AND

EDUCATE PEOPLE OF ALL AGES AND ENCOURAGE THEM TO SEE THE BEAUTY IN OUR

DIVERSITY. THIS PROJECT SPENT 29 MONTHS PRODUCING A BEAUTIFUL

TWENTY-FOOT-LONG BY FIVE-FOOT-HIGH MURAL, CALLED "BLOOM AND BELONG."

THE MURAL CELEBRATES THE DIVERSITY OF THE COMMUNITY AND STANDS AS A

REMINDER TO RESPECT AND WELCOME ALL PEOPLE. IT FEATURES APPROXIMATELY

10,000 GLASS TILES INCLUDING 1,000 TILES MADE BY MORE THAN 500 STUDENTS

AT MILTON HERSHEY SCHOOL, HERSHEY HIGH SCHOOL, LOWER DAUPHIN SCHOOL

DISTRICT, AND THE VISTA SCHOOL.

3.21 FOR LIFE

A PROJECT SINCE 2022, THEIR CHARITABLE PURPOSE IS TO RAISE AWARENESS

AND PROVIDE SUPPORT TO NONPROFITS ORGANIZATIONS/FOUNDATIONS/CENTERS

THAT HAVE A DIRECT OR INDIRECT FOCUS ON NOT ONLY THOSE WITH DOWN

SYNDROME BUT ALL INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENT

DISABILITIES (IDD). THIS PAST YEAR, THE PROJECT SUPPORTED 15 LOCAL

NONPROFITS AND COMMUNITY PROGRAMS BY PROVIDING \$49,000 IN SUPPORT.

PENNSYLVANIA CHEESE GUILD

BECOMING A PROJECT IN 2015, THE CHARITABLE PURPOSE OF THE PROJECT IS TO

STRENGTHEN THE FUTURE OF THE LOCAL AGRICULTURAL INDUSTRY BY INTRODUCING

STUDENTS AND FUTURE CHEESEMAKERS TO CAREERS BASED IN REGIONAL

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

AGRICULTURAL AND/OR FOOD PRODUCTION AND TO PROMOTE THE IMPORTANCE OF SUPPORTING LOCAL PRODUCTION OF CHEESE BY EDUCATING THE GENERAL PUBLIC, HIGHLIGHTING THE DIVERSE BENEFITS OF THIS SEGMENT OF THE DAIRY INDUSTRY. SOME OF THEIR ACTIVITIES AND KEY MILESTONES HAVE BEEN: RESEARCHED, DESIGNED, AND IMPLEMENTED A MARKETING PLAN FOR THE PA CHEESE GUILD; MARKETING INITIATIVES FOR THE PENNSYLVANIA CHEESE MONTH MARKETING INITIATIVE FOR A COMBINATION OF VIRTUAL AND POTENTIALLY IN-PERSON EVENTS; DEVELOPED AND IMPLEMENTED A BRAND IDENTITY AND A MARKETING TOOLKIT FOR PA CHEESE GUILD FARMERS; UTILIZED GRANT FUNDS TO IMPLEMENT PENNSYLVANIA CHEESE TRAIL BEING PROMOTED THROUGH VISIT PA - EVENTS INCLUDED VIRTUAL TASTINGS, INFLUENCER PARTNERSHIPS, VIRTUAL FARM AND CREAMERY TOURS, SOCIAL MEDIA AND RADIO PROMOTION WITH THE PA DAIRY PRINCESSES, AND PARTICIPATION AT THE PA FARM SHOW; DEVELOPED CONSUMER-FOCUSED EDUCATIONAL CONTENT, AND PACG MEMBER PROFILES ON A REBRANDED MOBILE FRIENDLY WEBPAGE AND FACEBOOK PAGE; PROVIDED EDUCATIONAL WORKSHOPS FOR PA CHEESE GUILD FARMERS; EVENT PARTNERSHIPS WITH THE CENTER FOR DAIRY OF EXCELLENCE, PROFESSIONAL DAIRY MANAGERS OF PENNSYLVANIA, PA WINE ASSOCIATION, PHILADELPHIA BIERFEST AND THE PHILADELPHIA GERMAN SOCIETY.

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 EARLY EDUCATION INITIATIVE IS GUIDED BY THE EXPERTISE OF THE TFEC EARLY

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

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 A 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 AND FOUNDATIONS.

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
--	--

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

O 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
--	--

CHARITABLE LEAD TRUSTS

LIFE INSURANCE POLICIES

RETIREMENT PLAN ASSETS

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
--	--

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

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

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

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

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

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

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

POLICY STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S

PRESIDENT. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT WHICH CONTAINS

FINANCIAL INFORMATION, AND ITS FINANCIAL STATEMENTS TO DONORS, FUNDHOLDERS

AND INTERESTED PERSONS.

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

TERMINATION OF SPLIT-INTEREST AGREEMENT	120,938.
---	----------

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.,



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

ALTHOUGH A COMPONENT PART OF THE FOUNDATION FOR ENHANCING COMMUNITIES,  
HAD FILED SEPARATELY UNDER ITS OWN EIN, EFFECTIVE WITH THE FILING OF  
THE INFORMATION RETURN FOR THE YEAR ENDED DECEMBER 31, 2000, A SINGLE  
FILING IS MADE.

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GHF, INC - 22-2436382 200 NORTH THIRD STREET, 8TH FLOOR HARRISBURG, PA 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



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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



