

Product: **Exempt**
Name: **THE FOUNDATION FOR ENHANCING COMMUNITIES**
FEIN: *******4355**
Bank Info:
Fiscal Year Begin Date: **1/1/2021**
IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **12/31/2021**

IRS Center: **Ogden**
e-Postmark: **3/28/2022 10:26 AM**

Notification:

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
03/28/2022	21X:01005:V1	Upload Started	25570920220870335e01		Smith,Sara	
03/28/2022	21X:01005:V1	Released for Transmission - Validation in Progress			Smith,Sara	
03/28/2022	21X:01005:V1	Ready to transmit - Validation Complete				
03/28/2022	21X:01005:V1	Transmitted to FD				
03/28/2022	21X:01005:V1	Accepted by FD on 3/28/2022				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

THE FOUNDATION FOR ENHANCING COMMUNITIES

EIN or SSN

01-0564355

Name and title of officer or person subject to tax **JANICE BLACK****PRESIDENT & CEO****Part I Type of Return and Return Information**

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	15,909,729.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 2021 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 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Janice E. Black

Date

3/28/22**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 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Jan L. C. Kell

Date

3/17/22**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2021)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Doing business as SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address)

200 NORTH 3RD STREET, 8TH FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HARRISBURG, PA 17101

F Name and address of principal officer: JANICE BLACK

SAME AS C ABOVE

D Employer identification number

01-0564355

E Telephone number

717-236-5040

G Gross receipts \$ 41,285,336.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ WWW.TFEC.ORG

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

L Year of formation: 1920

M State of legal domicile: PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	22
	6	Total number of volunteers (estimate if necessary)	6	218
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	8,363,936.	7,408,096.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	538,426.	573,761.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,679,403.	7,932,426.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-54,607.	-4,554.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,527,158.	15,909,729.
14		Benefits paid to or for members (Part IX, column (A), line 4)	4,208,352.	4,236,626.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,547,183.	1,634,359.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 295,283.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,598,347.	2,687,587.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,353,882.	8,558,572.
	19	Revenue less expenses. Subtract line 18 from line 12	2,173,276.	7,351,157.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	112,582,110.	134,056,837.
22		Net assets or fund balances. Subtract line 21 from line 20	7,242,710.	8,885,794.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JANICE BLACK, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER CRUVERKIBI	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01316539
	Firm's name ▶ MAHER DUESSEL, CPA'S	Firm's EIN ▶ 25-1622758	Phone no. 717-232-1230		
	Firm's address ▶ 1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 5,521,154. including grants of \$ 3,916,643.) (Revenue \$)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 1,805,430. including grants of \$ 319,983.) (Revenue \$)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$ 573,761.)
SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses **7,326,584.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 70	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 22		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	18			
b Enter the number of voting members included on line 1a, above, who are independent		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► PA, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 FOUNDATION OFFICERS - 717-236-5040
 200 NORTH 3RD STREET, HARRISBURG, PA 17101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, 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) JANICE R. BLACK PRESIDENT & CEO	37.50			X				214,756.	0.	16,748.
(2) KIRK DEMYAN VP & CFO	37.50			X				171,091.	0.	40,425.
(3) JENNIFER DOYLE VP OF PHILANTHROPY & COMMU	37.50			X				141,358.	0.	12,846.
(4) DR. CAROLYN DUMARESQ CHAIRMAN	1.00	X		X				0.	0.	0.
(5) ROBERT E. CAPLAN, CFA VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(6) L. RENEE LIEUX-BRECHBIEL SECRETARY	1.00	X		X				0.	0.	0.
(7) SUSAN SIMMS MARSH ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(8) GREGG D. KLOPP TREASURER	1.00	X		X				0.	0.	0.
(9) DAVID J. MANBECK CPA ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(10) BETH ANN HANCOCK BOARD MEMBER	1.00	X						0.	0.	0.
(11) ROBERT C. GRUBIC, P.E. BOARD MEMBER	1.00	X						0.	0.	0.
(12) ESMERALDA HETRICK BOARD MEMBER	1.00	X						0.	0.	0.
(13) DAVID G. FORNEY BOARD MEMBER	1.00	X						0.	0.	0.
(14) JUDY S. BLUST BOARD MEMBER	1.00	X						0.	0.	0.
(15) SAMIR S. PARIKH BOARD MEMBER	1.00	X						0.	0.	0.
(16) JENNIFER H. ZABORNEY BOARD MEMBER	1.00	X						0.	0.	0.
(17) AMANDA OWENS BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID F. SPANG BOARD MEMBER	1.00	X						0.	0.	0.
(19) MARLENE KANUCK BOARD MEMBER	1.00	X						0.	0.	0.
(20) DAVID W. KUTZ BOARD MEMBER	1.00	X						0.	0.	0.
(21) TODD C. SNOVEL BOARD MEMBER	1.00	X						0.	0.	0.
(22) GREG ROYER BOARD MEMBER THRU SEPT 2021	1.00	X						0.	0.	0.
1b Subtotal								527,205.	0.	70,019.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								527,205.	0.	70,019.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	122,504.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	787,447.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,498,145.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 492,587.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	541900	573,761.	573,761.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				573,761.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,611,601.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)					6,320,825.		6,320,825.
8 a Gross income from fundraising events (not including \$ 122,504. of contributions reported on line 1c). See Part IV, line 18		8a	128,685.				
b Less: direct expenses		8b	133,239.				
c Net income or (loss) from fundraising events					-4,554.		-4,554.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				15,909,729.	573,761.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,825,949.	3,825,949.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	410,677.	410,677.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	597,224.	120,122.	347,704.	129,398.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	757,720.	543,946.	177,583.	36,191.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,290.	4,554.	3,601.	1,135.
9 Other employee benefits	174,896.	85,718.	67,804.	21,374.
10 Payroll taxes	95,229.	46,672.	36,919.	11,638.
11 Fees for services (nonemployees):				
a Management				
b Legal	89,387.	43,817.	34,646.	10,924.
c Accounting	20,940.	10,264.	8,117.	2,559.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,116.	26,523.	20,979.	6,614.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	21,218.	10,400.	8,225.	2,593.
12 Advertising and promotion	144,710.	70,924.	56,101.	17,685.
13 Office expenses	52,859.	25,907.	20,492.	6,460.
14 Information technology	101,676.	49,832.	39,418.	12,426.
15 Royalties				
16 Occupancy	144,701.	70,919.	56,098.	17,684.
17 Travel	6,518.	3,195.	2,526.	797.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,895.	14,162.	11,202.	3,531.
23 Insurance	33,955.	16,642.	13,163.	4,150.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSORSHIPS	1,905,768.	1,905,768.		
b STAFF AND DIRECTOR DEVE	52,174.	25,571.	20,227.	6,376.
c DUES AND FEES	24,495.	12,005.	9,496.	2,994.
d OTHER	6,175.	3,017.	2,404.	754.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,558,572.	7,326,584.	936,705.	295,283.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,162,815.	2	2,228,958.
	3 Pledges and grants receivable, net	700,151.	3	206,525.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,184.	9	44,252.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 435,060.		
	b Less: accumulated depreciation	10b 369,894.		
	11 Investments - publicly traded securities	109,984,117.	11	130,909,715.
	12 Investments - other securities. See Part IV, line 11	641,736.	12	602,221.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	112,582,110.	16	134,056,837.	
Liabilities	17 Accounts payable and accrued expenses	862.	17	250,646.
	18 Grants payable	694,135.	18	546,756.
	19 Deferred revenue		19	17,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,547,713.	25	8,070,892.
	26 Total liabilities. Add lines 17 through 25	7,242,710.	26	8,885,794.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	103,624,358.	27	122,650,754.
	28 Net assets with donor restrictions	1,715,042.	28	2,520,289.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	105,339,400.	32	125,171,043.
	33 Total liabilities and net assets/fund balances	112,582,110.	33	134,056,837.

Form **990** (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,909,729.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,558,572.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,351,157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	105,339,400.
5	Net unrealized gains (losses) on investments	5	12,752,933.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-272,447.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	125,171,043.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2021)

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,139,674.	8,596,947.	8,340,704.	8,363,936.	7,409,656.	42,850,917.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,139,674.	8,596,947.	8,340,704.	8,363,936.	7,409,656.	42,850,917.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,642,667.
6 Public support. Subtract line 5 from line 4.						37,208,250.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	10,139,674.	8,596,947.	8,340,704.	8,363,936.	7,409,656.	42,850,917.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,898,135.	2,020,594.	2,152,303.	1,581,929.	1,611,601.	9,264,562.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						52,115,479.
12 Gross receipts from related activities, etc. (see instructions)					12	2,762,167.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	71.40 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	72.42 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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 foundationCheck 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).

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

Schedule B (Form 990) (2021)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,078,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 204,949.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 203,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 272,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

01-0564355

Part II

[illegible]

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

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection****Name of the organization**

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	129	
2 Aggregate value of contributions to (during year)	831,812.	
3 Aggregate value of grants from (during year)	1,574,544.	
4 Aggregate value at end of year	22,439,105.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c 3,307,929.
d Additions during the year	1d 498,547.
e Distributions during the year	1e
f Ending balance	1f 3,806,476.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	84,483,000.	76,630,000.	59,961,000.	61,980,000.	61,522,000.
b Contributions	883,000.	1,399,000.	4,795,000.	5,235,000.	9,249,000.
c Net investment earnings, gains, and losses	16,746,000.	10,591,000.	15,179,000.	-4,805,000.	11,614,000.
d Grants or scholarships	2,010,000.	1,205,000.		1,017,000.	3,636,000.
e Other expenditures for facilities and programs	2,119,975.	2,611,000.	3,000,000.	1,248,240.	2,242,831.
f Administrative expenses	256,025.	321,000.	305,000.	183,760.	295,169.
g End of year balance	97,726,000.	84,483,000.	76,630,000.	59,961,000.	76,211,000.

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:

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		435,060.	369,894.	65,166.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				65,166.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) LIAB TO RES PROVIDER - AGENCY FUNDS	8,070,892.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,070,892.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	29,023,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	12,752,933.
b	Donated services and use of facilities	2b	1,560.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	631,786.
e	Add lines 2a through 2d	2e	13,386,279.
3	Subtract line 2e from line 1	3	15,637,282.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	272,447.
c	Add lines 4a and 4b	4c	272,447.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,909,729.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	8,693,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,560.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	133,239.
e	Add lines 2a through 2d	2e	134,799.
3	Subtract line 2e from line 1	3	8,558,572.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,558,572.

Part XIII Supplemental Information.

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

PART IV, LINE 1B:

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

TRUSTS AND CHARITABLE ANNUITY TRUSTS. THE CHARITABLE REMAINDER TRUSTS

REQUIRE ANNUAL DISTRIBUTIONS TO THE DONORS OR THE DONOR DESIGNATED

BENEFICIARY AND THE REMAINDER IS DISTRIBUTED TO THE FOUNDATION OR OTHER

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

PART V, LINE 4:

TFEC UTILIZES THE BOARD-DESIGNATED ENDOWMENT FUNDS TO PROVIDE A

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

AS TO MEET CASH NEEDS FOR GENERAL EXPENDITURES.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES	133,239.
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CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	498,547.
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TOTAL TO SCHEDULE D, PART XI, LINE 2D	631,786.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

PAYCHECK PROTECTION PROGRAM LOAN FORGIVENESS	272,447.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	133,239.
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Department of the Treasury
Internal Revenue Service

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

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

2021

Open to Public Inspection

THE FOUNDATION FOR ENHANCING COMMUNITIES

01-0564355

Part I

Fundraising Activities.

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

- d** ☐ In-person solicitations

- ☐
- No

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

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

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

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

		(a) Event #1 FRIENDS OF AUSTIN - GOLF OUTING (event type)	(b) Event #2 AMANDA STROUSS - GOLF OUTING (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	52,194.	44,560.	148,303.	245,057.
	2 Less: Contributions	27,663.	22,129.	66,605.	116,397.
	3 Gross income (line 1 minus line 2)	24,531.	22,431.	81,698.	128,660.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,232.	41,597.	75,064.	123,893.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		2,238.	6,474.	8,712.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				132,605.
11 Net income summary. Subtract line 10 from line 3, column (d)				-3,945.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	23-7147797	501(3)	25,000.	0.			COMMUNITY DEVELOPMENT
BETHESDA MISSION PO BOX 3041 HARRISBURG, PA 17105	23-1389397	501(3)	61,755.	0.			HUMAN SERVICE
BIG BROTHERS-BIG SISTERS OF THE CAPITAL REGION INC - 1519 NORTH THIRD STREET - HARRISBURG, PA 17102	23-2260248	501(3)	17,000.	0.			COMMUNITY DEVELOPMENT
BISHOP MCDEVITT HIGH SCHOOL 1 CRUSADER WAY HARRISBURG, PA 17111	27-1391639	501(3)	10,000.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG - 73 W. BURD STREET - SHIPPENSBURG, PA 17257	27-1658752	501(3)	11,830.	0.			HUMAN SERVICE
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG, PA 17104	25-1636220	501(3)	10,000.	0.			HUMAN SERVICE

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

192.

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

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE OF HOPE HARRISBURG AREA P.O. BOX 15212 HARRISBURG, PA 17105	51-0646249	501(3)	10,000.	0.			HUMAN SERVICE
BUILDON, INC 1111 SUMMER STREET STAMFORD, CT 06905	22-3128648	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CALVARY CHAPEL LEBANON 740 WILLOW ST LEBANON, PA 17046	26-2903840	501(3)	5,846.	0.			HUMAN SERVICE
CAMBRIDGE IN AMERICA 1120 AVENUE OF THE AMERICANS NEW YORK, NY 10036	52-6071299	501(3)	7,000.	0.			EDUCATIONAL
CAMP DUDLEY, INC. 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(3)	14,648.	0.			COMMUNITY DEVELOPMENT
CAMP HEBRON INC 957 CAMP HEBRON ROAD HALIFAX, PA 17032	23-6050517	501(3)	10,000.	0.			EDUCATIONAL
CAPITAL AREA GIRLS ON THE RUN 525 NORTH 12TH STREET LEMOYNE, PA 17043	27-5095044	501(3)	12,000.	0.			HEALTH
CAPITAL AREA INTERMEDIATE UNIT 55 MILLER STREET ENOLA, PA 17025-1640	23-1739071	501(3)	10,000.	0.			EDUCATIONAL
CAPITAL AREA SCHOOL FOR ARTS CHARTER SCHOOL - 150 STRAWBERRY SQUARE - HARRISBURG, PA 17101	23-1739071	501(3)	12,692.	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
CAPITAL REGION LITERACY COUNCIL PO BOX 60723 HARRISBURG, PA 17106-0723	25-1779539	501(3)	6,000.	0.			EDUCATIONAL
CAPITOL THEATRE CENTER FOUNDATION 159 S. MAIN ST. CHAMBERSBURG, PA 17201	94-2722927	501(3)	11,678.	0.			ARTS, HUMANITIES
CENTER FOR ETHICS AND RELIGIOUS VALUES IN BUSINESS - C/O UNIVERSITY OF NOTRE DAME - NOTRE DAME, IN 46556	35-0868188	501(3)	7,500.	0.			EDUCATIONAL
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(3)	72,375.	0.			HUMAN SERVICE
CENTRAL PENNSYLVANIA YOUTH BALLET 5 NORTH ORANGE STREET CARLISLE, PA 17013-2727	23-1971982	501(3)	13,643.	0.			ARTS, HUMANITIES
CHAUTAUQUA FOUNDATION, INC PO BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501(3)	5,500.	0.			ENVIRONMENTAL
CHILDREN AID SOCIETY 343 LINCOLN WAY WEST NEW OXFORD, PA 17350	23-1429838	501(3)	11,000.	0.			HUMAN SERVICE
COMMUNITY FOUNDATION OF WEST KENTUCKY - PO BOX 7 - PADUCAH, KY 42001	61-1304905	501(3)	10,000.	0.			HUMAN SERVICE
CONGREGATION NER TAMID 5721 CRESTRIDGE ROAD RANCHO PALOS VERDES, CA 90275	95-2546462	501(3)	6,838.	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
COYLE FREE LIBRARY 102 N MAIN STREET CHAMBERSBURG, PA 17201	23-1457996	501(3)	8,121.	0.			EDUCATIONAL
CRYSTAL COAST CANCER REHAB CENTER 4913 BRIDGES STREET EXT MOREHEAD CITY, NC 28557	83-1656630	501(3)	6,200.	0.			HEALTH
CUMBERLAND VALLEY ANIMAL SHELTER LLC - 5051 LETTERKENNY RD. WEST - CHAMBERSBURG, PA 17201	25-1753115	501(3)	13,121.	0.			COMMUNITY DEVELOPMENT
CUMBERLAND VALLEY PRESERVATION SOCIETY AT SILVER SPRING - 322 SAMPLE BRIDGE ROAD - MECHANICSBURG, PA 17050	27-0595595	501(3)	6,000.	0.			COMMUNITY DEVELOPMENT
CUMBERLAND VALLEY SCHOOL OF MUSIC 1015 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201	25-1629280	501(3)	26,800.	0.			ARTS, HUMANITIES
DAUPHIN COUNTY CASA 2080 LINGLESTOWN ROAD, SUITE 1 HARRISBURG, PA 17110	83-1780362	501(3)	16,000.	0.			HUMAN SERVICE
DIAPER DEPOT AT CENTRAL 40 LINCOLN WAY WEST CHAMBERSBURG, PA 17201	23-1413661	501(3)	13,000.	0.			HUMAN SERVICE
DIOCESE OF HARRISBURG 4800 UNION DEPOSIT ROAD HARRISBURG, PA 17111-3710	23-1494791	501(3)	10,000.	0.			RELIGION
DISABILITY RIGHTS PENNSYLVANIA 301 CHESTNUT STREET HARRISBURG, PA 17101	23-2041538	501(3)	15,000.	0.			HEALTH

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
DOMESTIC VIOLENCE SERVICES OF CUMBERLAND & PERRY COUNTIES - P.O. BOX 1039 - CARLISLE, PA 17013	25-1629910	501(3)	9,802.	0.			HUMAN SERVICE
EVANGELICAL LUTHERAN CHURCH IN AMERICA - PO BOX 1809 - MERRIFIELD, VA 22116-8009	36-3880422	501(3)	5,881.	0.			RELIGION
FEEDING PENNSYLVANIA 939 EAST PARK DRIVE HARRISBURG, PA 17111	45-4793238	501(3)	10,000.	0.			HUMAN SERVICE
FIRST UNITED METHODIST CHURCH 135 W SIMPSON ST. MECHANICSBURG, PA 17055	23-1405614	501(3)	20,292.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - CHAMBERSBURG - 225 S SECOND STREET - CHAMBERSBURG, PA 17201	23-1510103	501(3)	18,393.	0.			RELIGION
FIRST UNITED METHODIST CHURCH - MILLERSBURG - 356 UNION STREET - MILLERSBURG, PA 17061	23-2253889	501(3)	15,474.	0.			RELIGION
FRANCES LEITER CENTER 343 LINCOLN WAY WEST NEW OXFORD, PA 17350	23-1429838	501(3)	10,875.	0.			HEALTH
FRANKLIN COUNTY HISTORICAL SOC 175 E. KING ST CHAMBERSBURG, PA 17201	25-6065079	501(3)	8,759.	0.			ARTS, HUMANITIES
FRANKLIN COUNTY LEGAL SERVICES 336 LINCOLN WAY EAST CHAMBERSBURG, PA 17201	37-1416631	501(3)	6,830.	0.			HUMAN SERVICE

Schedule I (Form 990)

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FRIENDS OF PAAV 3301 CHURCH RD. EAST BERLIN, PA 17316	84-3378086	501(3)	24,000.	0.			HUMAN SERVICE
FRIENDS OF THE MONTEREY PASS BATTLEFIELD, INC. - PO BOX 652 - BLUE RIDGE SUMMIT, PA 17214	45-2746434	501(3)	10,000.	0.			EDUCATIONAL
FRIENDS OF THE WEST SHORE THEATRE, INC. - 414 BRIDGE STREET - NEW CUMBERLAND, PA 17070	82-5327951	501(3)	10,000.	0.			ARTS, HUMANITIES
GFWC PENNSYLVANIA 4076 MARKET STREET CAMP HILL, PA 17011-4200	23-1119120	501(3)	5,551.	0.			COMMUNITY DEVELOPMENT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVE - HARRISBURG, PA 17104	24-0795960	501(3)	10,000.	0.			EDUCATIONAL
GONZAGA COLLEGE HIGH SCHOOL 19 I STREET NORTHWEST WASHINGTON, DC 20001	53-0204703	501(3)	10,331.	0.			EDUCATIONAL
HABITAT FOR HUMANITY OF THE GREATER HARRISBURG AREA - 4109 DERRY STREET, 1ST FLOOR - HARRISBURG, PA 17111	58-1735541	501(3)	14,648.	0.			COMMUNITY DEVELOPMENT
HARRISBURG ACADEMY 10 ERFORD ROAD WORMLEYSBURG, PA 17043	23-2119591	501(3)	13,403.	0.			SCHOLARSHIP
HARRISBURG SAI SEVA SAMITHI TEMPLE 599 RANGE END RD. DILLSBURG, PA 17019	47-2266572	501(3)	21,001.	0.			RELIGION

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HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501(3)	28,669.	0.			ARTS, HUMANITIES
HARRISBURG SYMPHONY ORCHESTRA 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501(3)	10,000.	0.			ARTS, HUMANITIES
HARRISBURG UNIVERSITY OF SCIENCE AND TECHNOLOGY - 326 MARKET STREET - HARRISBURG, PA 17101	25-1900793	501(3)	12,000.	0.			EDUCATIONAL
HEALTHY STEPS DIAPER BANK 4075 LINGLESTOWN ROAD HARRISBURG, PA 17112	61-1714375	501(3)	6,000.	0.			HUMAN SERVICE
HISTORICAL SOCIETY OF DAUPHIN COUNTY - 219 S FRONT STREET - HARRISBURG, PA 17104	23-1396832	501(3)	5,614.	0.			ARTS, HUMANITIES
HOMELAND HOSPICE 2300 VARTAN WAY HARRISBURG, PA 17110	23-1365148	501(3)	7,000.	0.			HEALTH
HOSPICE OF CENTRAL PENNSYLVANIA 1320 LINGLESTOWN RD HARRISBURG, PA 17110	23-2106895	501(3)	7,000.	0.			HEALTH
HUNGER-FREE PENNSYLVANIA 102 MEADOWVIEW DRIVE CANONSBURG, PA 15317	23-2303821	501(3)	10,000.	0.			HUMAN SERVICE
IT'S NEVER 2 LATE LLC PO BOX 8500 PASADENA, CA 91109-8500	84-1507580	501(3)	6,170.	0.			COMMUNITY DEVELOPMENT

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

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JDRF PO BOX 37920 BOONE, IA 50037-0920	23-1907729	501(3)	60,000.	0.			COMMUNITY DEVELOPMENT
JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC. - 3333 NORTH FRONT STREET - HARRISBURG, PA 17110	23-2894802	501(3)	8,191.	0.			RELIGION
JEWISH FEDERATION OF GREATER HARRISBURG - 3301 NORTH FRONT STREET - HARRISBURG, PA 17110	23-1352338	501(3)	10,038.	0.			RELIGION
JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT STREET MECHANICSBURG, PA 17055	20-8077580	501(3)	25,381.	0.			EDUCATIONAL
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	25-1847902	501(3)	19,643.	0.			HUMAN SERVICE
KIDNEY FOUNDATION OF CHATTANOOGA 931 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-1410005	501(3)	8,022.	0.			HEALTH
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(3)	77,704.	0.			EDUCATIONAL
L-CMD RESEARCH FOUNDATION 7554 AWTY SCHOOL LN HOUSTON, TX 77055	85-2640499	501(3)	44,206.	0.			HEALTH
LEAF PROJECT INC 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(3)	10,000.	0.			EDUCATIONAL

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LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVE ANNVILLE, PA 17078	23-1352354	501(3)	49,372.	0.			EDUCATIONAL
LEHIGH UNIVERSITY 306 S. NEW ST. BETHLEHEM, PA 18015	24-0795445	501(3)	29,296.	0.			EDUCATIONAL
LUTHERAN WORLD RELIEF PO BOX 17061 BALTIMORE, MD 21298-9831	13-2574963	501(3)	6,000.	0.			HUMAN SERVICE
MANADA CONSERVANCY PO BOX 25 HUMMELSTOWN, PA 17036	25-1784517	501(3)	10,000.	0.			ENVIRONMENTAL
MEDARDS HOUSE 1120 DREXEL HILL BLVD NEW CUMBERLAND, PA 17070	47-4386986	501(3)	6,000.	0.			HUMAN SERVICE
MENNO HAVEN, INC. 2011 SCOTLAND AVENUE CHAMBERSBURG, PA 17201	23-6276101	501(3)	8,121.	0.			HEALTH
MILLERSBURG BOROUGH 101 WEST STREET MILLERSBURG, PA 17061	23-6002897	501(3)	5,764.	0.			COMMUNITY DEVELOPMENT
MILLERSBURG FERRY BOAT ASSOCIATION PO BOX 93 MILLERSBURG, PA 17061	25-1624056	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MODEST NEEDS 33 IRVING PLACE NEW YORK, FL 10003	47-0863430	501(3)	10,000.	0.			HUMAN SERVICE

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

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MT. GRETNA SCHOOL OF ART 833 E ORANGE ST LANCASTER, PA 17602-3119	46-1055307	501(3)	10,000.	0.			ARTS, HUMANITIES
NACER, USA PO BOX 266 BLUFFTON, OH 45817	32-0254688	501(3)	10,000.	0.			HUMAN SERVICE
NATIONAL BRAIN TUMOR SOCIETY, INC. 55 CHAPEL STREET NEWTON, MA 02458	04-3068130	501(3)	29,000.	0.			HEALTH
NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVENUE NW - WASHINGTON, DC 20037	53-0210807	501(3)	14,648.	0.			COMMUNITY DEVELOPMENT
NETWORK MINISTRIES 419 HOLLYWELL AVENUE CHAMBERSBURG, PA 17201	23-2896773	501(3)	16,784.	0.			RELIGION
NEW CUMBERLAND OLDE TOWNE FOUNDATION - 714 BRIDGE STREET - NEW CUMBERLAND, PA 17070	25-1890438	501(3)	5,100.	0.			EDUCATIONAL
NEW GUILFORD BRETHREN CHURCH 1575 MONT ALTO ROAD CHAMBERSBURG, PA 17202	25-1777403	501(3)	8,749.	0.			RELIGION
NEW HOPE MINISTRIES INC 99 W. CHURCH STREET DILLSBURG, PA 17019	23-2223120	501(3)	12,080.	0.			HUMAN SERVICE
NEW YORK STUDIO SCHOOL OF DRAWING, PAINTING AND SCULPTURE - 8 W 8TH STREET - NEW YORK, NY 10011	13-6167281	501(3)	10,000.	0.			ARTS, HUMANITIES

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NORTHERN YORK COUNTY HISTORICAL AND PRESERVATION SOCIETY INC - 35 GREENBRIAR LANE - DILLSBURG, PA 17019	23-2305260	501(3)	25,144.	0.			ARTS, HUMANITIES
OLEWINE NATURE CENTER--FRIENDS OF WILDWOOD - 100 WILDWOOD WAY - HARRISBURG, PA 17110	25-1676210	501(3)	21,150.	0.			ENVIRONMENTAL
OPEN STAGE OF HARRISBURG 25 N. COURT STREET HARRISBURG, PA 17101	23-2290559	501(3)	36,000.	0.			ARTS, HUMANITIES
OPERATION MEDICAL 44 HERSHA DRIVE HARRISBURG, PA 17102	46-3008899	501(3)	5,001.	0.			HEALTH
ORYOKI ZENDO, INTEGRATIVE MINDFULNESS THERAPIES - 3612 KRAMER STREET - HARRISBURG, PA 17109	47-4364741	501(3)	9,000.	0.			HUMAN SERVICE
OUR LADY HELP OF CHRISTIANS 732 MAIN ST. LYKENS, PA 17048	84-3967465	501(3)	15,474.	0.			RELIGION
OVER THE RAINBOW CHILDREN'S ADVOCACY CENTER - 1461 S. MAIN STREET - CHAMBERSBURG, PA 17201	46-5011425	501(3)	6,000.	0.			HUMAN SERVICE
PA LYME RESOURCE NETWORK 86 FOXFIRE LANE LEWISBERRY, PA 17339	37-1620786	501(3)	9,900.	0.			HEALTH
PENN STATE UNIVERSITY HARRISBURG 777 W HARRISBURG PIKE MIDDLETOWN, PA 17057	24-6000376	501(3)	7,500.	0.			EDUCATIONAL

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PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION - 1004 W. 9TH AVE. - KING OF PRUSSIA, PA 19406	23-2953796	501(3)	15,000.	0.			HEALTH
PENNSYLVANIA STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER - UNIVERSITY DEVELOPMENT - HERSHEY, PA 17033	25-1854772	501(3)	24,604.	0.			HEALTH
PENNSYLVANIA STATE UNIVERSITY - HARRISBURG (SCHOLARSHIP) - OFFICE OF THE BURSAR - MIDDLETOWN, PA 17057-4898	24-6000376	501(3)	6,000.	0.			EDUCATIONAL
PERRY COUNTY COUNCIL OF THE ARTS 67 N. 4TH STREET NEWPORT, PA 17074	22-2646866	501(3)	81,496.	0.			ARTS, HUMANITIES
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE WARMINSTER, PA 18974	23-2450112	501(3)	13,000.	0.			HEALTH
PLAYING FOR MASON 842 CHIPPENDALE LANE BOWLING GREEN, KY 42103	82-1359566	501(3)	7,500.	0.			HUMAN SERVICE
PRESBYTERIAN HOMES, INC. 1 TRINITY DRIVE EAST DILLSBURG, PA 17019	23-2941518	501(3)	8,190.	0.			HUMAN SERVICE
PUSHTI MARGIYA VAISHNAV SAMAJ 15 MANOR ROAD SCHUYLKILL HAVEN, PA 17972	54-1414079	501(3)	5,001.	0.			RELIGION
QUEEN OF PEACE ROMAN CATHOLIC CHURCH OF MILLERSBURG - 202 ZIMMERMAN RD. - MILLERSBURG, PA 17061	23-2193730	501(3)	15,474.	0.			RELIGION

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ROTARY CLUB OF REDONDO BEACH COMMUNITY FOUNDATION - PO BOX 411 - REDONDO BEACH, CA 90277	26-1447986	501(3)	7,000.	0.			COMMUNITY DEVELOPMENT
ROTARY CLUB OF WAYNESBORO FOUNDATION - P.O. BOX 523 - WAYNESBORO, PA 17268	25-1692970	501(3)	7,000.	0.			COMMUNITY DEVELOPMENT
SEXUAL ASSAULT RESOURCE & COUNSELING CENTER (SARCC) - 615 CUMBERLAND STREET - LEBANON, PA 17042	23-2335091	501(3)	7,500.	0.			HUMAN SERVICE
SHALOM HOUSE 9 SOUTH 15TH STREET HARRISBURG, PA 17110	23-2447254	501(3)	10,000.	0.			HUMAN SERVICE
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013-7012	53-0206027	501(3)	14,648.	0.			COMMUNITY DEVELOPMENT
SMOKEY MOUNTAIN SERVICE DOGS 8376 FAIRVIEW RD. LENOIR CITY, TN 37772	27-3365083	501(3)	21,500.	0.			HUMAN SERVICE
SPAY/NEUTER ASSISTANCE PROGRAM, INC. (SNAP) - PO BOX 126702 - HARRISBURG, PA 17112-6702	23-2172084	501(3)	11,834.	0.			HEALTH
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(3)	8,121.	0.			HUMAN SERVICE
ST. PAULS LUTHERAN CHURCH PO BOX 257 NEWPORT, PA 17074	23-2132361	501(3)	8,771.	0.			RELIGION

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ST. THOMAS CEMETERY ASSOCIATION 197 PIONEER DRIVE ST. THOMAS, PA 17252	25-1328641	501(3)	7,995.	0.			COMMUNITY DEVELOPMENT
ST. THOMAS LUTHERAN CHURCH 7601 LINCOLN WAY WEST ST. THOMAS, PA 17252	25-1253251	501(3)	45,223.	0.			RELIGION
ST. THOMAS TWP VOLUNTEER FIRE COMPANY - PO BOX 46 - ST. THOMAS, PA 17252	25-1297197	501(3)	7,995.	0.			COMMUNITY DEVELOPMENT
SUMMER PROGRAM FOR YOUTH 1A N. HANOVER STREET CARLISLE, PA 17013	25-1798756	501(3)	6,500.	0.			EDUCATIONAL
SUSQUEHANNA ART MUSEUM 1401 NORTH THIRD STREET HARRISBURG, PA 17102	25-1601081	501(3)	130,000.	0.			ARTS, HUMANITIES
TENDER CARE PREGNANCY CENTER 300 JOHN STREET HANOVER, PA 17331	23-2473531	501(3)	10,000.	0.			HEALTH
THE ARC OF PENNSYLVANIA 1007 MUMMA ROAD LEMOYNE, PA 17043	23-1421914	501(3)	10,000.	0.			HEALTH
THE BURG FOUNDATION 920 N 3RD ST. SUITE 101 HARRISBURG, PA 17102	46-2742447	501(3)	12,000.	0.			ARTS, HUMANITIES
THE NICODEMUS CENTER FOR CERAMIC STUDIES INC - 13 S CHURCH ST - WAYNESBORO, PA 17268	25-1744030	501(3)	11,000.	0.			ARTS, HUMANITIES

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THE SALVATION ARMY 506 SOUTH 29TH STREET HARRISBURG, PA 17104	13-5562351	501(3)	31,648.	0.			HUMAN SERVICE
THE WILDCAT FOUNDATION 600 SOUTH NORWAY STREET, 2ND FLOOR MECHANICSBURG, PA 17055	23-2975211	501(3)	44,919.	0.			SCHOLARSHIP
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CARLISLE PENNSYLVANIA - 301 G STREET - CARLISLE, PA 17013	23-1429866	501(3)	9,802.	0.			COMMUNITY DEVELOPMENT
THEATRE HARRISBURG 513 HURLOCK ST HARRISBURG, PA 17110	23-1465635	501(3)	5,117.	0.			ARTS, HUMANITIES
TRINITY WASHINGTON UNIVERSITY TRINITY OFFICE OF DEVELOPMENT WASHINGTON, DC 20017	53-0196640	501(3)	8,617.	0.			EDUCATIONAL
TWIN VALLEY PLAYERS 269 CENTER STREET MILLERSBURG, PA 17061	23-2299789	501(3)	10,000.	0.			ARTS, HUMANITIES
UNITED CHURCH OF CHRIST HOMES, INC. - 30 N 31ST STREET - CAMP HILL, PA 17011	23-1615155	501(3)	10,000.	0.			RELIGION
UNITED WAY FOUNDATION OF THE CAPITAL REGION - 2235 MILLENNIUM WAY - ENOLA, PA 17025	25-1733405	501(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(3)	55,695.	0.			COMMUNITY DEVELOPMENT

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UPMC PINNACLEHEALTH FOUNDATION PO BOX 8700 HARRISBURG, PA 17105-8700	25-1778644	501(3)	44,208.	0.			HEALTH
UW PLATTEVILLE FOUNDATION PO BOX 254 PLATTEVILLE, WI 53818	39-6051705	501(3)	10,000.	0.			EDUCATIONAL
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 64131	47-4960735	501(3)	10,000.	0.			HUMAN SERVICE
WATER MISSIONS INTERNATIONAL PO BOX 31258 CHARLESTON, SC 29417	57-1116978	501(3)	40,000.	0.			HUMAN SERVICE
WAYNESBORO AREA BUSINESS, EDUCATION, AND COMMUNITY FOUNDATION - 210 CLAYTON AVENUE - WAYNESBORO, PA 17268	23-2678530	501(3)	6,000.	0.			COMMUNITY DEVELOPMENT
WAYNESBORO COMMUNITY AND HUMAN SERVICES - 123 WALNUT ST - WAYNESBORO, PA 17268	25-1366504	501(3)	14,225.	0.			HUMAN SERVICE
WELLSPAN CHAMBERSBURG HOSPITAL 785 5TH AVE. CHAMBERSBURG, PA 17201	23-0465970	501(3)	26,513.	0.			HEALTH
WEST SHORE WILDLIFE CENTER 35 EAGLE LANE ETTERS, PA 17319	84-3657913	501(3)	10,000.	0.			ENVIRONMENTAL
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(3)	41,235.	0.			EDUCATIONAL

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WILDHEART INTERNATIONAL MINISTRIES 333 S. 13TH ST. HARRISBURG, PA 17104	81-2194708	501(3)	7,500.	0.			COMMUNITY DEVELOPMENT
WILMER EYE INSTITUTE DEVELOPMENT OFFICE - 600 N. WOLFE ST. - BALTIMORE, MD 21287	52-0595110	501(3)	20,000.	0.			HUMAN SERVICE
WINGS OF PEACE MINISTRIES 4 GLENBAR PL BELLA VISTA, AR 72715	87-1859184	501(3)	8,490.	0.			RELIGION
WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(3)	6,757.	0.			ARTS, HUMANITIES
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(3)	30,560.	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	307	410,677.	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 for instructions and the latest information.**

OMB No. 1545-0047

2021

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

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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)	195,188.	19,568.	0.	6,500.	10,248.	231,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIRK DEMYAN VP & CFO	(i)	156,091.	15,000.	0.	0.	40,425.	211,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER DOYLE VP OF PHILANTHROPY & COMMU	(i)	126,358.	15,000.	0.	900.	11,946.	154,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

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

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20	492,587.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

Part II

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

SCHEDULE O
(Form 990)

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 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

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

INSPIRING GIVING BY PARTNERING WITH DONORS TO ACHIEVE THEIR CHARITABLE

GOALS, AND STRENGTHENING OUR LOCAL COMMUNITIES BY INVESTING IN THEM NOW

AND FOR FUTURE GENERATIONS.

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

INSPIRING GIVING BY PARTNERING WITH DONORS TO ACHIEVE THEIR CHARITABLE

GOALS, AND STRENGTHENING OUR LOCAL COMMUNITIES BY INVESTING IN THEM NOW

AND FOR FUTURE GENERATIONS.

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

THE FOUNDATION FOR ENHANCING FOUNDATION (TFEC) IS A COMMUNITY

FOUNDATION 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

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

Schedule O (Form 990) 2021

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

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

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

TFEC PERFORMS MANY INTERNAL FUNCTIONS FOR ORGANIZATIONS OR INDIVIDUALS

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

ORGANIZATION. USING A FISCAL SPONSORSHIP AGREEMENT, TFEC BECOMES THE

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

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

INCLUDE:

PROJECTS:

EMERGING PHILANTHROPIST PROGRAM (EPP)

THE EMERGING PHILANTHROPISTS PROGRAM (EPP) IS A PARTNERSHIP BETWEEN

HARRISBURG YOUNG PROFESSIONALS (HYP) AND THE FOUNDATION FOR ENHANCING

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

MEMBERS OF HYP AND ARE EMERGING BUSINESS AND COMMUNITY LEADERS WITH THE

GREAT POSSIBILITIES THAT LIE WITHIN PHILANTHROPIC ENDEAVORS IN OUR

REGION. EPP PROVIDES RESOURCES AND EDUCATIONAL OPPORTUNITIES FOR

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

GIVING BACK TO THE COMMUNITY. TFEC JUST GRADUATED IT'S SEVENTH CLASS

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

IPTT HARRISBURG PEACE PROMENADE

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

BECOMING A PROJECT IN 2018, THE PURPOSE OF THE PROJECT IS TO LESSEN THE
BURDENS OF GOVERNMENT BY PROVIDING CONSERVATION, PRESERVATION,
RESTORATION, AND DEDICATION ASSISTANCE TO THE CARE OF CITY AND COUNTY
HISTORIC MONUMENTS AND PUBLIC ARTS EXHIBITIONS. THEIR WORK CULMINATED
THIS YEAR IN THE DESIGN AND INSTALLATION OF "MEET ME AT THE CROSSROADS"
MONUMENT COMMEMORATING THE 150 AND 100-YEAR ANNIVERSARIES OF THE
FIFTEENTH AND NINETEENTH AMENDMENTS TO THE U.S. CONSTITUTION,
RESPECTIVELY. THE MONUMENT ENCIRCLES A PEDESTAL THAT HONORS THE
HISTORY AND PASSING OF THE OLD EIGHTH WARD, ONCE THE MOST ETHNICALLY
DIVERSE SECTION OF THE CITY OF HARRISBURG AND THE HEART OF THE
AFRICAN-AMERICAN COMMUNITY. THEIR WORK ALSO INCLUDES EDUCATIONAL
WORKSHOPS, PERFORMANCES BY LIVING HISTORY CHARACTERS, AND SCHOLARLY
BOOK TALKS.

PENNSYLVANIA CHEESE GUILD

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

HERSHEY COMMUNITY GARDEN

A SINGLE IDEA, ROOTED IN 2012, FROM A SINGLE HERSHEY COMPANY EMPLOYEE,
HAS GROWN INTO A COLLABORATION OF ENTITIES ALSO KNOWN AS THE HERSHEY

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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IMPACT GROUP. THEY HAVE COME TOGETHER TO PROVIDE COMMUNITY RESIDENTS

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

GARDEN (INCLUDING RAISED BEDS HAVE BEEN SET ASIDE FOR WHEELCHAIR

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

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

NEED.

THE HERSHEY COMMUNITY GARDEN OFFERS THE COMMUNITY THE FOLLOWING HEALTH

AND COMMUNITY BENEFITS:

- IMPROVE NUTRITION THROUGH BETTER ACCESS TO FRESH VEGETABLES AND

FRUITS

- SUPPORT THE LOCAL FOOD MOVEMENT

- PROVIDE AN OPPORTUNITY FOR STRESS-RELIEVING PHYSICAL ACTIVITY

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

SHARED EXPERIENCE AND

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

OF LIFE IN HERSHEY

RANDI'S HOUSE OF ANGELS

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

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

VIOLENCE. THIS PROJECT OFFERS THERAPEUTIC PROGRAMS FOR CHILDREN FROM 5

TO 13 YEARS OF AGE.

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

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

DOMESTIC VIOLENCE. THIS PROGRAM HAS BEEN DESIGNED TO HELP CHILDREN

COPE WITH FEELINGS AND EMOTIONS THROUGH ART THERAPY, GAMES AND

RELAXATION TECHNIQUES.

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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- RANDI'S KLUBHOUSE: A TEN-WEEK THERAPEUTIC INTERACTIVE GROUP FOR CHILDREN AGES 5-7 YEARS WHO HAVE EXPERIENCED DOMESTIC VIOLENCE. THE SESSION BLENDS EMOTIONAL, ART THERAPY, AND PSYCHO-EDUCATION TO CHILDREN USING KIND, GENTLE AND PLAYFUL INTERACTIONS AND WELLNESS OPTIONS. IT INCLUDES BOTH THE PARENT/GUARDIAN AND CHILD.

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

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

TFEC INITIATIVES:

EARLY EDUCATION INITIATIVE

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

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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PROVIDERS WITHIN TFEC'S FOOTPRINT SERVICE AREA. THE COMMITTEE EXPLORES

THE SYSTEMS, PARTNERSHIPS, AND LEADERSHIP ROLES THAT BEST ENHANCE AND

STRENGTHEN CONNECTIONS FOCUSING ON SERVICE TO CHILDREN FROM PRENATAL TO

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

THE EARLY EDUCATION SECTOR. THE THREE OVERARCHING GOALS FOR 2019 IN

ALIGNMENT WITH TFEC'S STRATEGIC PLAN INCLUDE A MORE EDUCATED AND

ENGAGED LOCAL BUSINESS COMMUNITY AROUND EARLY EDUCATION, TO RAISE

AWARENESS OF THE IMPACT OF SUCCESSFUL TRANSITIONS THROUGH AN EXPANSION

OF OUR FULL DAY TRANSITION CONFERENCE, AND TO HELP DEVELOP A TRAUMA

INFORMED COMMUNITY THROUGH RESILIENCY PRACTICES. THE EARLY EDUCATION

TASK FORCE CONSISTS OF EXPERTS IN THE FIELD OF EARLY EDUCATION FROM

EACH OF OUR FIVE AND HALF COUNTY AREA INCLUDING EXPERTS FROM THE

PENNSYLVANIA DEPARTMENT OF EDUCATION.

MANAGEMENT SERVICE AGREEMENTS

MANAGEMENT SERVICE AGREEMENTS PROVIDE TFEC THE ABILITY TO PERFORM MANY

INTERNAL BACKROOM FUNCTIONS FOR INDEPENDENT NONPROFIT ORGANIZATIONS AND

FOUNDATIONS. THE ORGANIZATION REMAINS THE LEGAL OWNER OF ITS FINANCIAL

ASSETS AND MAINTAINS ITS OWN GOVERNING BODY, AND TFEC PROVIDES A

SELECTION OF SERVICES FOR A FEE, ACCORDING TO A MANAGEMENT SERVICES

AGREEMENT. TFEC CURRENTLY PROVIDES MANAGEMENT SERVICES TO 16

INDEPENDENT NONPROFIT ORGANIZATIONS AND FOUNDATIONS.

THE TRANSACTIONAL SERVICES PROVIDED IN THIS TYPE OF AN AGREEMENT

INCLUDE:

TRANSACTIONAL SERVICES

- ESTABLISH BANK ACCOUNTS

- ESTABLISH A GENERAL LEDGER

- INPUT INITIAL FUND BALANCES

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

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

ORGANIZATION'S CPA FIRM)

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

AUDIT

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

INFORMATION NECESSARY TO COMPLETE THE ANNUAL AUDIT

BUDGET PREPARATION

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

ANNUAL BUDGET

PAYROLL

- PREPARE PAYROLL JOURNAL ENTRIES, GOVERNMENTAL REPORTS, AND EMPLOYEE

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

FOR HAVING OWN PAYROLL PROVIDER.)

INVESTMENTS

- ESTABLISH RELATIONSHIPS WITH FINANCIAL INSTITUTIONS WHERE FUNDS ARE

INVESTED

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

POLICY GUIDELINES

- ENSURE THAT ALL FEES CHARGED BY INVESTMENT FIRMS ARE APPROPRIATE

- REBALANCE INVESTMENT PORTFOLIO ON A MONTHLY BASIS

- PROVIDE MONTHLY INVESTMENT REPORTS

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

INVESTMENT ADVISORY COMMITTEE**PLANNED GIVING SERVICES**

- PLANNED GIVING SERVICES ARE OFFERED FOR AN ADDITIONAL

FEE-INFORMATION AVAILABLE ON SERVICES PROVIDED

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

THE FOUNDATION'S INTERNAL REVENUE SERVICE (IRS) FORM 990 IS SENT TO THE

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

DIRECTORS AND OFFICERS ELECTRONICALLY PRIOR TO SENDING IT TO THE IRS. THE

FOUNDATION'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT COMMITTEE THE

RESPONSIBILITY TO REVIEW, IN DETAIL, THE FOUNDATION'S IRS FORM 990 EITHER

BEFORE OR AFTER FILING WITH THE IRS.

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

ALL DIRECTORS, OFFICERS, EMPLOYEES AND STANDING COMMITTEE MEMBERS,

INCLUDING REGIONAL FOUNDATION DIRECTORS, ARE REQUIRED TO FILE ANNUAL

DISCLOSURE STATEMENTS. THOSE DIRECTORS HAVING AFFILIATIONS WITH GRANTEE

ORGANIZATIONS AS SHOWN ON THE CURRENT LIST OF CONFLICTS DEVELOPED FROM THE

DISCLOSURE STATEMENTS ARE NOTED AS ABSTAINING FROM VOTES ON GRANTS TO THOSE

ORGANIZATIONS. THE FOUNDATION MAINTAINS A CHART THAT INCLUDES ALL

AFFILIATIONS TO PROVIDE EASY ACCESS TO THE INFORMATION WHEN NEEDED.

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

A CONSULTANT PREPARES A COMPENSATION REPORT FOR THE PERSONNEL COMMITTEE.

THE EXECUTIVE COMMITTEE PREPARES AN OVERVIEW OF THE PROFESSIONAL GOALS FOR

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

COMPENSATION REPORT AND PROFESSIONAL GOAL REPORT.

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

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

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

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

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

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

POLICY STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S

PRESIDENT. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT WHICH CONTAINS

FINANCIAL INFORMATION, AND ITS FINANCIAL STATEMENTS TO DONORS, FUNDHOLDERS

AND INTERESTED PERSONS.

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

PAYCHECK PROTECTION PROGRAM LOAN FORGIVEN BY SBA IN THE

CURRENT YEAR -272,447.

PAGE 1, SECTION C, DOING BUSINESS AS

DILLSBURG AREA COMMUNITY FOUNDATION

FRANKLIN COUNTY COMMUNITY FOUNDATION

GREATER HARRISBURG COMMUNITY FOUNDATION

MECHANICSBURG AREA COMMUNITY FOUNDATION

PERRY COUNTY COMMUNITY FOUNDATION

THE FOUNDATION FOR ENHANCING COMMUNITIES #01-0564355

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

THE FOUNDATION FOR ENHANCING COMMUNITIES (FORMERLY KNOWN AS THE GREATER

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

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

ALTHOUGH A COMPONENT PART OF THE FOUNDATION FOR ENHANCING COMMUNITIES,

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

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

FILING IS MADE.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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

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

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

[illegible]

