Product: Exempt Category: IRS Center: Ogden e-Postmark: 3/24/2025 7:13 AM

Name: THE FOUNDATION FOR ENHANCING

COMMUNITIES

FEIN: *****4355 Plan Number: Notification:

Bank Info:

Fiscal Year Begin Date: 1/1/2024 Fiscal Year End Date: 12/31/2024 eSigned:

IRS Message:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
03/24/2025	24X:01005:V1	Upload Started			Smith,Sara	
03/24/2025	24X:01005:V1	Released for Transmission - Validation in Progress			Smith,Sara	
03/24/2025	24X:01005:V1	Ready to transmit - Validation Complete				
03/24/2025	24X:01005:V1	Transmitted to FD	25570920250830332e03			
03/24/2025	24X:01005:V1	Accepted by FD on 3/24/2025				

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

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

icicy		

OMB No. 1545-0047

		For calendar year 2	2024, or fiscal year beginning	, 20	24, and ending	20	2024
Departn	nent of the Treasury			I to the IRS. Keep fo			ZUZ4
Internal	Revenue Service		Go to www.irs.go	v/Form8879TE for tl	ne latest information.		
Name						EIN or SSN	
-			HANCING COMMUNIT			01-05	64355
Name	and title of officer or pe	rson subject to tax					
Par	Type of I	Return and R	PRESIDENT & CI				
-					applicable amount, if any, f	Al A	F 0000 OD 1
Form or 10a which	5330 filers may enter a below, and the amo	dollars and cent ount on that line f	ts. For all other forms, for the return being file	enter whole dollars o	applicable amount, it ally, fonly. If you check the box of blank, then leave line 1b, 2 nen enter -0- on the applical	n line 1a, 2a, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9, 6b, 7b, 8b, 9b, or 10b.
1a	Form 990 check h			, if any (Form 990, P	art VIII, column (A), line 12)	***************************************	1b16,860,850
2a	Form 990-EZ che		_ b Total revenue	, if any (Form 990-EZ	, line 9)		2b
За	Form 1120-POL o		j b Total tax (For	m 1120-POL, line 22)			3b
4a	Form 990-PF chec		」 b Tax based on	investment income	(Form 990-PF, Part V, line	5)	4b
5a	Form 8868 check		」 b Balance due (Form 8868, line 3c)			5b
6a	Form 990-T check		b Total tax (Form	n 990-T, Part III, line	4)		6b
7a	Form 4720 check		b Total tax (Form	n 4720, Part III, line 1	I)		7b
8a	Form 5227 check		」 b FMV of assets	at end of tax year	(Form 5227, Item D)		8b
9a	Form 5330 check		b lax due (Form	1533U, Part II, line 19) sted (Form 8038-CP, Part II	E 00\	
Part			ature Authorizati	on of Officer or	Person Subject to Ta	, line 22)	10b
					I am a person subject to		ant to Inamo
					ram a person subject to l) a		•
acknown of any entry to financial later the payme	wledgement of receip refund. If applicable, o the financial institution al institution to debit aan 2 business days p nt of taxes to receive	ot or reason for reason for real authorize the Lation account indicate the entry to this prior to the payme confidential info	ejection of the transmi J.S. Treasury and its d cated in the tax prepa account. To revoke a ent (settlement) date. ormation necessary to	ssion, (b) the reason esignated Financial A ration software for pr payment, I must con I also authorize the f answer inquiries and	the return to the IRS and to for any delay in processing Agent to initiate an electronial ayment of the federal taxes tact the U.S. Treasury Finarinancial institutions involved resolve issues related to the plicable, the consent to electronic federal and the consent f	the return or c funds withdo owed on this ncial Agent at I in the proces e payment. I h	refund, and (c) the date awal (direct debit) eturn, and the 1-888-353-4537 no sing of the electronic laye selected a
	neck one box only		na la				
[3	I authorize MAHE	R DUESSEL, C		e1		to enter my PI	
			ERO	firm name			Enter five numbers, but do not enter all zeros
Simpaturo	with a state agenon the return's dis As an officer or poreturn. If I have in	cy(ies) regulating sclosure consent erson subject to dicated within th gram, I will enter	charities as part of the screen. tax with respect to the	e IRS Fed/State prog e entity, I will enter m if the return is being i	eated within this return that gram, I also authorize the af y PIN as my signature on the filed with a state agency(less t screen.	orementioned e tax year 202	ERO to enter my PIN
Part	III Certificat	ion and Auth	entication			Date	700
ERO's	EFIN/PIN. Enter you	r six-digit electro	nic filing identification				
numbe	r (EFIN) followed by y	our five-digit self	selected PIN.		25570912345 Do not enter all zeros		
submitt	ting this return in acc ss Returns.				ctronically filed return indica e-File (MeF) Information for	ted above. I co	
	•						
		De Net C	ERO Must Retai	n This Form - Se	ee Instructions	0-	

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

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

Form 8879-TE (2024)

PUBLIC DISCLOSURE COPY 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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2024 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change THE FOUNDATION FOR ENHANCING COMMUNITIES Name change SEE SCHEDULE O 01-0564355 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 200 NORTH 3RD STREET, 8TH FLOOR 717-236-5040 21,600,969. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return HARRISBURG, PA 17101 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JENNIFER DOYLE Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.TFEC.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1920 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 23 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) Total number of volunteers (estimate if necessary) 225 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 4,090,245, 13,243,431. Contributions and grants (Part VIII, line 1h) 8 Revenue 651,468. 624,048 Program service revenue (Part VIII, line 2g) 1,598,427, 2,973,543. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -7,592**.** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,399 11 6,321,119 16,860,850. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,655,710 8,321,648. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,871,508. 2,030,578. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,888,708. 2,962,706. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,415,926. 13,314,932. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -6,094,807. 3,545,918. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 120,074,104. 142,041,541. Total assets (Part X, line 16) 8,992,392, 10,064,495. 21 Total liabilities (Part X, line 26) 三年 111,081,712. 131,977,046. Net assets or fund balances. Subtract line 21 from line 20 ... 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.

Signature of officer Date Sign JENNIFER DOYLE, PRESIDENT & CEO Here Type or print name and title Date PTIN Preparer's name Preparer's signature JENNIFER CRUVERKIBI P01316539 Paid MAHER DUESSEL, CPA'S 25-1622758 Preparer Firm's name Firm's EIN Firm's address 1800 LINGLESTOWN ROAD, SUITE 306 Use Only Phone no.717-232-1230 HARRISBURG, PA 17110 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

	Check if Schedule O contains		Part III	X
1	Briefly describe the organization's m SEE SCHEDULE O			
2	Nid the organization undertake any	significant program services during th	e year which were not listed on the	
2			e year which were not listed on the	Yes X No
	If "Yes," describe these new service			
3			w it conducts, any program services?	Yes X No
	If "Yes," describe these changes on		, , , , , , , , , , , , , , , , , , , ,	
4			f its three largest program services, as measur	red by expenses.
	Section 501(c)(3) and 501(c)(4) organ	nizations are required to report the an	nount of grants and allocations to others, the t	otal expenses, and
	revenue, if any, for each program se	rvice reported.		
4a		9,861,724. including grants of	\$ 7 ,664 ,706.) (Revenue \$)
	SEE SCHEDULE O			
	-			
4b	(Code:) (Expenses \$	1,689,155. including grants of	\$\$ (Revenue \$)
	SEE SCHEDULE O			
40	(Oth.)	to all office and a second and) (0	651,468.)
4c	SEE SCHEDULE O	including grants of	\$) (Hevenue \$	
	-			
4d	Other program services (Describe or	n Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	11,550,879.		

Form 990 (2024) THE FOUNDATION FOR ENHANCING COMMUNITIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		Х
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?		v	
	If "Yes," complete Schedule D, Part IV	9	X	_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	demostic gereniment out factor, continity y, into the new rest, configurate ochequien, Farts rand n		L	

Form 990 (2024) THE FOUNDATION FOR ENHANCING COMMUNITIES Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Λ	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36	х	
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	х	
Pai		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 81			
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		

024) THE FOUNDATION FOR ENHANCING COMMUNITIES

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

			Yes	No
2 a	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 23	-	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	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	1.		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		A
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).			
50		5a		х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4047(x)(4) non-exempt about the latter to the exemption filling Form 900 in liquid Form 10412	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	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		х
	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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
40-	Did the constitution have been been been been been as a fill shoot	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Λ	
D	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	х	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	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		Х
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		
Sec	tion 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)	availal	ole
	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	financ	cial	
	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			

Form 990 (2024)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	I	IIIZA		C)	ірсі	isatt	(D)	(E)	(F)
Name and title	Average hours per week	(do not check box, unless p		Position do not check more than one ox, unless person is both an fficer and a director/trustee)				Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBERT E. CAPLAN, CFA	1.00									0
CHAIR (2) ROMEO AZONDECON	1 00	Х		Х				0.	0.	0.
(2) ROMEO AZONDECON VICE CHAIR	1.00	х		Х				0.	0.	0.
(3) TODD C. SNOVEL	1.00									
SECRETARY		Х		х				0.	0.	0.
(4) SUSAN SIMMS MARSH	1.00									
ASSISTANT SECRETARY		х		х				0.	0.	0.
(5) GREGG D. KLOPP	1.00									
TREASURER		х		х				0.	0.	0.
(6) DAVID J. MANBECK CPA	1.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(7) CATE BARRON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BETH ANN HANCOCK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ROBERT C. GRUBIC, P.E.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ESMERALDA HETRICK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) AMANDA MARTIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MARLENE KANUCK	1.00								_	_
BOARD MEMBER		Х				_		0.	0.	0.
(13) DAVID W. KUTZ	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) ROBYN HOLDER	1.00									2
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) KEATON MACUT BOARD MEMBER	1.00	Х							0.	0
(16) MARIELLE HAZEN	1.00	Λ			\vdash	\vdash		0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	n
(17) AMY BOCKIS	1.00	Λ				\vdash		0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
DOING HIMDUK	l	23						1 0.	0.	000

432007 12-10-24 Form **990** (2024)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	ı	ar	nount	
	week	_	T a	T a u	recid	Trirus	iee)	from	from related			other	
	(list any hours for	director						the	organizations			pensa	
	related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISO 1099-NEC)	/ر		om th	
	organizations	rustee	trust		e e	npen		1099-NEC)	1099-NEC)		_ ~	anizat d relat	
	below	dual t	rtiona	_	nploy	st cor		·				anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
(18) TERESA BECKNER	1.00												
BOARD MEMBER		х						0.		0.			0.
(19) JANICE R. BLACK	37.50												
FORMER PRESIDENT & CEO							х	224,849.		0.		9,	306.
(20) KIRK DEMYAN	37.50												
SENIOR EXECUTIVE VP & CFO				х				213,322.		0.		36,	632.
(21) JENNIFER DOYLE	37.50												
PRESIDENT & CEO & COMMUNITY INVESTME				х				206,693.		0.		18,	143.
1b Subtotal								644,864.		0.		64,	081.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								644,864.		0.		64,	081.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization													3
										1		Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s											3	X	
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	•				•			ū					
rendered to the organization? If "Yes." com	plete Schedule	e <i>J f</i>	or su	uch į	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.	—			
(A) Name and business	address	NO	NE					(B) Description of s	ervices	C)) ompe	C) nsatio	ın
Name and business	address	NO	1412					Description of s	SI VIOCO		ompo	Hourie	
							\dashv						
-													
2 Total number of independent contractors (ii	ncludina hut n	ot lir	nite	d to	thos	se lis	ted:	above) who received mo	re than				
\$100.000 of compensation from the organiz						0							

\$100,000 of compensation from the organization

Form 990 (2024) THE FOUNDAY
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		Officer if Generalic G contains a response	corriote to arry line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts		Federated campaigns 1a					
ira Ou		Membership dues					
s, (Am		Fundraising events 1c	167,186.				
ar F	d	Related organizations 1d					
s, (mi	е	Government grants (contributions) 1e					
<u>S</u> S	f	All other contributions, gifts, grants, and					
out the		similar amounts not included above 1f	13,076,245.				
Ē	q	Noncash contributions included in lines 1a-1f	825,820.				
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f		13,243,431.			
<u> </u>			Business Code				
•	2 a	MANAGEMENT FEES	541900	651,468.	651,468.		
ķ	b			,	,		
Ser	c						
m Ser	_						
gra Re	d						
Program Service Revenue	e	All able on the superior and the superio					
ъ.		All other program service revenue		651,468.			
-		Total. Add lines 2a-2f		051,400.			
	3	Investment income (including dividends, inte		1 007 600			1 007 600
		other similar amounts)		1,997,680.			1,997,680.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 5,644,217	•				
	b	Less: cost or other basis					
<u>o</u>		and sales expenses 7b 4,668,354					
eur	c	Gain or (loss) 7c 975,863					
Revenue		Net gain or (loss)		975,863.			975,863.
er F		Gross income from fundraising events (not					
Ğ.	0 a	including \$ 167,186. of					
٦		contributions reported on line 1c). See					
		Part IV, line 188	a 64,173.				
	.						
			υ ₁ , τ , , , , , , , , , , , , , , , , ,	-7,592.			-7,592.
		Net income or (loss) from fundraising events		,,552.			,,352.
	э а	Gross income from gaming activities. See	_				
		Part IV, line 19					
		Less: direct expenses	D				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold)b				
	С	Net income or (loss) from sales of inventory	····				
<u>s</u>			Business Code				
eo r Ie	11 a						
Miscellaneous Revenue	b						
Sev Sev	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d			4 =		
	12	Total revenue See instructions	l	16 860 850.	651 468.	l 0.	2 965 951.

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).

Do i	Check if Schedule O contains a respons	(A)	(B)	(C)	_ (D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,035,081.	8,035,081.		
2	Grants and other assistance to domestic	006 568	206 567		
	individuals. See Part IV, line 22	286,567.	286,567.		
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,	700 045	100 153	400 050	100 024
_	trustees, and key employees	708,945.	109,153.	400,858.	198,934
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	062 622	CEO 201	240 607	70 705
7	Other salaries and wages	963,633.	650,301.	240,607.	72,725
8	Pension plan accruals and contributions (include	0 100	4 126	2 402	1 450
_	section 401(k) and 403(b) employer contributions)	9,108.	4,136.	3,493.	1,479
9	Other employee benefits	219,934.	99,863.	84,349.	35,722
10	Payroll taxes	128,958.	58,555.	49,458.	20,945
11	Fees for services (nonemployees):				
a	Management	107 F04	49.960	41 261	17 472
b	Legal	107,594.	48,860.	41,261.	17,473
С.	Accounting	24,100.	10,944.	9,242.	3,914
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	20 225	10 474	16 446	2 415
f	Investment management fees	39,335.	19,474.	16,446.	3,415
g	Other. (If line 11g amount exceeds 10% of line 25,	20 257	17 267	14 672	6 210
	column (A), amount, list line 11g expenses on Sch O.)	38,257. 144,720.	17,367. 65,712.	14,672. 55,503.	6,218 23,505
12	Advertising and promotion	101,210.	45,955.	38,816.	16,439
13	Office expenses	116,337.	52,825.		-
14	Information technology	110,337.	32,023.	44,617.	18,895
15	Royalties	245,038.	111,262,	93,977.	39,799
16	Occupancy	27,649.	12,554.	10,604.	4,491
17	Travel	27,043.	12,334.	10,004.	4,491
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21					
	Payments to affiliates	32,341.	14,685.	12,403.	5,253
22 23		41,789.	18,975.	16,027.	6,787
	Other expenses. Itemize expenses not covered	22,703.	20,570	20,027.	<u> </u>
24	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 0.) FISCAL SPONSORSHIPS	1 750 004	1 750 004		
a		1,759,094.	1,759,094.	72 144	20 076
b	STAFF AND DIRECTOR DEVE	190,717.	86,597.	73,144.	30,976
C	OTHER DUES AND FEES	61,985.	28,144. 14,775.	23,774.	10,067 5,285
d		32,540.	14,775.	12,480.	5,265
	All other expenses Add lines 1 through 24s	12 31/ 022	11 550 970	1,241,731.	522 222
25	Total functional expenses. Add lines 1 through 24e	13,314,932.	11,550,879.	1,241,731.	522,322
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2024) Part X Balance Sheet

Pai	t X	Balance Sheet						
		Check if Schedule O contains a response or	note to	any lir	e in this Part Xr			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing					1	
	2	Savings and temporary cash investments				1,538,192.	2	910,816.
	3	Pledges and grants receivable, net				126,231.	3	94,782.
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su	ubstantia	al cont	ributor, or 35%			
		controlled entity or family member of any of t	these pe	rsons			5	
	6	Loans and other receivables from other disqu	ualified p	ersor				
		under section 4958(f)(1)), and persons descri	ibed in s	ectior	4958(c)(3)(B)		6	
ς,	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	Donat alid according to the state of the sta				60,933.	9	65,932.
	10a	Land, buildings, and equipment: cost or other	1					
		basis. Complete Part VI of Schedule D		a	527,511.			
	b	Less: accumulated depreciation		b	465,753.	67,713.	10c	61,758.
	11	Investments - publicly traded securities				117,106,289.	11	139,958,325.
	12	Investments - other securities. See Part IV, lir				521,275.	12	483,165.
	13	Investments - program-related. See Part IV, li					13	
	14						14	
	15	Intangible assets Other assets. See Part IV, line 11			653,471.	15	466,763.	
	16	Total assets. Add lines 1 through 15 (must e				120,074,104.	16	142,041,541.
	17	Accounts payable and accrued expenses Grants payable			7,581.	17	113,888.	
	18				726,423.	18	781,490.	
	19	Deferred revenue				65,977.	19	62,227.
	20	Tax-exempt bond liabilities				,	20	,
	21	Escrow or custodial account liability. Comple					21	
.	22	Loans and other payables to any current or f						
Liabilities		trustee, key employee, creator or founder, su						
iii		controlled entity or family member of any of t					22	
Lia	23	Secured mortgages and notes payable to un	•				23	
	24	Unsecured notes and loans payable to unrela		•	·····		24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on li						
				,	·	8,192,411.	25	9,106,890.
	26					8,992,392.	26	10,064,495.
		Organizations that follow FASB ASC 958,			X	, , -		, ,
es		and complete lines 27, 28, 32, and 33.	01100It 11	0.0				
ů	27	Net assets without donor restrictions				109,258,715.	27	130,326,666.
3ala	28	Net assets with donor restrictions				1,822,997.	28	1,650,380.
힐		Organizations that do not follow FASB AS				, ,		, ,
F.		and complete lines 29 through 33.	0 000, 0	oon				
ō	29	Capital stock or trust principal, or current fur	nds				29	
ets	30	Paid-in or capital surplus, or land, building, o					30	
Ass	31	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				111,081,712.	32	131,977,046.
Z I	33	Total liabilities and net assets/fund balances				120,074,104.	33	142,041,541.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	,860,	850,
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	314,	932.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,545,	918.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111	081,	712
5	Net unrealized gains (losses) on investments	5	17	,325,	852
6	Donated services and use of facilities	6		23,	564.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	131	977,	046.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024
Open to Public

Inspection
Employer identification number

		THE FO	UNDATION FOR EN	HANCING COMMUNITIE	IS				01-0564355
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	\Box	A hospital or a cooperative)(b)(1)(A)(i	ii).		
4	一	A medical research organiz					•	ii). Enter	the hospital's name.
·		city, and state:		,			(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(,
5		An organization operated for	or the benefit of a col	lleae or university owned	or operat	ed by a go	overnmental unit	t describe	ed in
Ū		section 170(b)(1)(A)(iv). (C		g,		, 9-			
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
7	Ħ	An organization that norma	_					neneral r	oublic described in
•	ш	section 170(b)(1)(A)(vi). (C	-	Titial part of its support if	om a gove	Jiiiiiontai	unit of from the	general	Sabile described in
8	Х	A community trust describe		(1)(A)(vi) (Complete Part	F II \				
9		An agricultural research org				nd in conju	inction with a la	nd grant	collogo
9		or university or a non-land-g				-		-	-
		university:	grant conege or agric	ulture (see iristructions).	Litter tile i	name, city	, and state of th	ie college	; ()
10		An organization that norma	Illy receives (1) more	than 33 1/30/ of its supp	ort from o	ontribution	ns momborship	foos and	d gross rosoints from
10		activities related to its exen	•				•		*
		income and unrelated busin							
		See section 509(a)(2). (Coi		(less section of reax) no	iii busiiles	sses acqui	red by the organ	iizatioi i a	inter durie 30, 1973.
11		An organization organized a	•	ivaly to tost for public sat	foty Soo	caction 50	00(2)(4)		
12	H	An organization organized a	•	•	•			out the	nurnoses of one or
12		more publicly supported or	•		-		-		• •
		lines 12a through 12d that							Drieck trie box orr
ē		Type I. A supporting orga	* *			-		-	aivina
•	·	the supported organization	· · · · · · · · · · · · · · · · · · ·	·	•	-			
		organization. You must o			majority C	n the direc	cors or trustees	or the st	аррогинд
b		Type II. A supporting org	-		ion with it	e cupporto	od organization(c) by bay	ina
	,	control or management o							
		organization(s). You mus			arrie perso	iis tilat co	Titioi oi manage	tile supp	Jorted
		Type III functionally inte			in connect	tion with	and functionally	integrate	ad with
•		its supported organization					-	intograte	with,
c	, _	Type III non-functionally		•	•	•	•	d organiz	zation(s)
•	•	that is not functionally int						-	
		requirement (see instructi	-		•		-	ir attoriti	7011000
e		Check this box if the orga						Type III	
		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	.) po	
1	Fnte	er the number of supported of							
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of m	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)
				abovo (oco mondonomo)					
Tot	al								

432021 01-14-25

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,363,936.	7,409,656.	5,127,668.	4,090,245.	13,243,431.	38,234,936.
2	Tax revenues levied for the organ-						
	ization'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	8,363,936.	7,409,656.	5,127,668.	4,090,245.	13,243,431.	38,234,936.
	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)						8,404,500.
6	Public support. Subtract line 5 from line 4.						29,830,436.
	ction B. Total Support						, , .
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	8,363,936.	7,409,656.	5,127,668.	4,090,245.	13,243,431.	38,234,936.
	Gross income from interest,	, ,					· · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,581,929.	1,611,601.	1,870,232.	1,873,368.	1,997,680.	8,934,810.
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						47,169,746.
	Gross receipts from related activities,	etc (see instruction	ne)			12	3,008,337.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stor	· ·		•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2024 (li			olumn (f))		14	63.24 %
	Public support percentage from 2023					15	71.38 %
	33 1/3% support test - 2024. If the o					ore, check this box	
	stop here. The organization qualifies					,	v
b	33 1/3% support test - 2023. If the o		-				
-	and stop here. The organization qual	~					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			=	•		
h	10% -facts-and-circumstances test					 7a. and line 15 is 1	0% or
J	more, and if the organization meets the						2,00.
	organization meets the facts-and-circu				-	otion	
12	Private foundation. If the organization		-				
i	i i i ate i dandationi ii tile digaliizatio	and not officer a L	on on mic 10, 10a	, 100, 11a, 01 11b,	OFFICER HITS DUX AI	14 300 11131140110113	

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.)

Sed	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 organ- ization'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						
7 <i>a</i>	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
		(a) 2020	(6) 2021	(0) 2022	(4) 2020	(6) 2024	(i) rotal
	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				+		
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	()()	· —
	check this box and stop here						
	tion C. Computation of Publi					T 1	
	Public support percentage for 2024 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	<u>%</u>
	Public support percentage from 2023		-			16	%
	ction D. Computation of Inves					T 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2023. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
20		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9c		
10a		
10b ule A (Forn	n 000)	2024

THE FOUNDATION FOR ENHANCING COMMUNITIES 01-0564355 Schedule A (Form 990) 2024 Page 5 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? If "Yes" to line 11a, 11b, or 11c, <u>provide detail in</u> Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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? If "Yes," describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. 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? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. 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? If "Yes" or "No," provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

За

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
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	st complete	Sections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2024

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	S	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
a	From 2019				
b	From 2020				
с	From 2021				
d	From 2022				
<u>e</u>	From 2023				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to under distributions of prior years				
<u>h</u>	Applied to 2024 distributable amount				
<u> i </u>	Carryover from 2019 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
	Excess from 2023				
	Excess from 2024				
	EXCOSC HOITI EDE-T				

Schedule A (Form 990) 2024

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

	тні	FOUNDATION FOR ENHANCING COMMUNITIES	01-0564355					
Organiza	Organization type (check one):							
Filers of	:	Section:						
Form 990	0 or 990-EZ	X 501(c)(³) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990	O-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Or	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or							
		one contributor. Complete Parts I and II. See instructions for determining a contributor's	total contributions.					
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (Rev. 12-2024)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	- Nume, address, and En 1 1	\$\$ 786,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 6,726,011.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 487,211.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE FOUNDATION FOR ENHANCING COMMUNITIES

01-0564355

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of o	organization		Employer ide	ntification number
THE FOUN	NDATION FOR ENHANCING COMMUNITIES		01-0564	1355
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, used uplicate copies of Part III if additional	through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry. For organizations	n \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
		(e) Transfer of ç	l jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
		(e) Transfer of g	aift	
	Transferee's name, address, a		Relationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tran	sferee

SCHEDULE D (Form 990)

(Rev. December 2024) 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 Open to Public Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01 - 0564355

Pa	organizations Maintaining Donor Advisorganization answered "Yes" on Form 990, Part IV, I		or Accounts. Complete if the
	organization answered Tes On Form 950, Fait IV, I	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	· · ·	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Pa	rt II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (for example, recre	eation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
a			1 1
b			
С.	Number of conservation easements on a certified historic st		2c
d	•		
2	on a historic structure listed in the National Register Number of conservation easements modified, transferred, re		
3	year	eleased, extilliguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the po		
Ū	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
			-
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservati	ion easements during the year
8	Does each conservation easement reported on line 2d above	ve 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 conserva	•	
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial stateme	ents that describes the
Dai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	har Similar Assats
Fai	Complete if the organization answered "Yes" on For		ilei Siiililai Assets.
10	If the organization elected, as permitted under FASB ASC 9		ad balanca shoot works
ıa	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina	· · · · · · · · · · · · · · · · · · ·	•
b			
-	art, historical treasures, or other similar assets held for publ	· · · · · · ·	
	provide the following amounts relating to these items.		o. a. 100 0. paono 00. 1100,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tr		gain, provide
	the following amounts required to be reported under FASB		
а		_	\$ <u></u>
b	Assets included in Form 990, Part X		

he	dule D	(Form 990) (Rev. 12-2024) THE FOUNDATION FOR ENHANCING COMMUNITIES	01-0564	i age —
aı	rt 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	
	collec	ction items (check all that apply).		
_		Dublic subibition		

ı aı	Cin Organizations Maintaining C	Ollections of Art	, mistoricai ire	asures, or Othe	i Sillillai As	25612	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant use o	of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpose in	Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang						ne 9. or		_
	reported an amount on Form 990, Par		3		,	,	,		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets no	t included				
	on Form 990, Part X?					Х	Yes		No
h	If "Yes," explain the arrangement in Part XIII						00		
	Too, explain the arrangement in rait xiii v	and complete the foll	owing table.				Amour	nt	
С	Beginning balance				1c			,002,	754.
	Additions during the year							945,	
								,	
_	Distributions during the year				16		4	,948,	163
f	Ending balance Did the organization include an amount on Fo					\neg	Yes] No
	· ·		•			ட	_ 1es	<u> </u>	
Par	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds Complete if								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	hack	(e) Fou	r vears	hack
4.	Deginning of year belongs	89,008,000.	77,787,000.	97,726,000.	84,483,			,630,	
	Beginning of year balance	10,556,000.	1,986,000.	2,636,000.				,399,	
	Contributions	15,918,000.	· · ·		883,000. 16,746,000.				
	Net investment earnings, gains, and losses	3,375,000.	15,620,000.			 			
	Grants or scholarships	3,373,000.	3,297,000.	2,912,000.	2,010,	000.		,205,	000.
е	Other expenditures for facilities	2 422 000	2 702 000	3 100 000	2 110	075	_	C11	000
	and programs	3,423,000.	2,783,000.					,611,	
f	Administrative expenses	359,000.	305,000.	· · · · · · · · · · · · · · · · · · ·			0.4	321,	
g	End of year balance	108,325,000.	89,008,000.	· ·	97,726,	000.	84	,483,	000.
2	Provide the estimated percentage of the curr	•	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for t	he				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	Х	
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.						
Par	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated		(d) Boo	k valu	e
		basis (investm		' '	epreciation				
1a	Land								
	Buildings								
	•					$\overline{}$			

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		527,511.	465,753.	61,758.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	61,758.			

Schedule D (Form 990) (Rev. 12-2024)

Part VIII 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	d-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, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	 		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 990 Part V line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
	Description		(b) Book value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co			
Part X Other Liabilities	71. (D))		
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LIAB TO RES PROVIDER - AGENCY FUNDS			8,604,079
(3) OPERATING LEASE LIABILITY			502,811.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		9,106,890.
2. Liability for uncertain tax positions. In Part XIII. provide			nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 12-2024)

Part	<u> </u>		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			25 227 440
	otal revenue, gains, and other support per audited financial statements			1	35,227,440.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما	17 325 852		
	Net unrealized gains (losses) on investments		17,325,852. 23,564.	-	
	Oonated services and use of facilities Recoveries of prior year grants		23,304.	-	
	Other (Describe in Part XIII.)		1,017,174.		
	Add lines 2a through 2d			2e	18,366,590.
	Subtract line 2e from line 1			3	16,860,850.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	16,860,850.
Part	XII Reconciliation of Expenses per Audited Financial		Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
				1	13,386,697.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Oonated services and use of facilities			-	
	Prior year adjustments			-	
	Other losses		71,765.	-	
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	,		71,765.
	Add lines 2a through 2d			2e 3	13,314,932.
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	13,314,332.
	nvestment expenses not included on Form 990, Part VIII, line 7b	42			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5	13,314,932.
Part	XIII Supplemental Information	<u> </u>			
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b	and 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional inform	ation.		
	IV, LINE 1B:				
	ATION AND GHF, INC. ARE THE TRUSTEES FOR SEVERAL CHAR				
	S AND CHARITABLE ANNUITY TRUSTS. THE CHARITABLE REMAIN				
	RE ANNUAL DISTRIBUTIONS TO THE DONORS OR THE DONOR DE				
	ICIARY AND THE REMAINDER IS DISTRIBUTED TO THE FOUNDAY NATED 501(C)(3) ORGANIZATION(S) AT TERMINATION OF THE				
DESIG	NATED SUIVEY(S) ORGANIZATION(S) AT TERMINATION OF THE	TRUST.			
PART '	V, LINE 4:				
	UTILIZES THE BOARD-DESIGNATED ENDOWMENT FUNDS TO PROV	IDE A			
PREDI	CTABLE STREAM OF FUNDING TO SUPPORT ITS PROGRAMS AND I	MISSION AS WELL			
AS TO	MEET CASH NEEDS FOR GENERAL EXPENDITURES.				
PART :	XI, LINE 2D - OTHER ADJUSTMENTS:				
	E IN VALUE OF SPLIT INTEREST AGREEMENTS	945,409			
	AL EVENTS DIRECT EXPENSES	71,765			
TOTAL	TO SCHEDULE D, PART XI, LINE 2D	1,017,174	•		
	XII, LINE 2D - OTHER ADJUSTMENTS:				
	AL EVENT DIRECT EXPENSES	71,765			
		, 1 , , 0 3	•		

Schedule D (Form 990) (Rev. 12-2024) THE FOUNDATION FOR ENHANCING COMMUNITIES	01-0564355	Page 5
Schedule D (Form 990) (Rev. 12-2024) THE FOUNDATION FOR ENHANCING COMMUNITIES Part XIII Supplemental Information (continued)		

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	TION FOR ENHANGING COMMINTE	TEC				Employer ide 01-056435	ntification number
	TION FOR ENHANCING COMMUNIT Complete if the organization answe		es" or	n Form 990. Part IV. I	ine 1		
required to complete this par							
1 Indicate whether the organization rais							
a Mail solicitationsb Internet and email solicitations				overnment grants nment grants			
c Phone solicitations	g Special						
d In-person solicitations	<u> </u>		J				
2 a Did the organization have a written of	•		-		tees,	or	
key employees listed in Form 990, P	•			-		Yes	
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the		ant to	agreer	ments under which tr	ne fur	ndraiser is to be)
	T			Γ			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser	(vi) Amount paid to (or retained by)
		or cor contrib	utions?	nom donviey		ted in col. (i)	organization
		Yes	No				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

		of fundraising events. Complete if the offundraising event contributions and grant of the contributions and grant of the contributions.	_	-EZ. lines 1 and 6b. List ev	ents with gross receipt	ts greater than \$5.000.
		5. Tantal aloning 6.5 th 66.111.22 the 1.2 g.	(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events (add col. (a) through
			3.21 FOR LIFE	FWG - PURSE	4	col. (c))
ō			(event type)	(event type)	(total number)	33 (3)
Revenue						
Rev	1	Gross receipts	72,442.	48,233.	106,123.	226,798.
	2	Less: Contributions	58,678.	33,763.	70,250.	162,691.
	3	Gross income (line 1 minus line 2)	13,764.	14,470.	35,873.	64,107.
	4	Cash prizes				
"		Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
⊡		R Entertainment				
	٩	B Entertainment		15,637.	40,764.	71,256.
	10				·	71,256.
		Net income summary. Subtract line 10 from	. ,			-7,149.
Pa	art	III Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(, ,	bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
\exists						
	2	2 Cash prizes				
xpenses	3	Cash prizes Noncash prizes				
Direct Expenses	3					
Direct Expenses	3	Noncash prizes Rent/facility costs				
Direct Expenses	3	Noncash prizes	Vas %	Vas %	Vas %	
Direct Expenses	4	Noncash prizes Rent/facility costs Other direct expenses			Yes %	
Direct Expenses	. 3	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No	No No	No	
Direct Expenses	. 3	Noncash prizes Rent/facility costs Other direct expenses	No No		No	
Direct Expenses	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No h 5 in column (d)	□ No	No	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d)	□ No	No	
9	. 3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line inter the state(s) in which the organization cond	No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No	Yes No
9	3 4 4 5 6 7 8 Er	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No	Yes No
9	3 4 4 5 6 7 8 Er	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line inter the state(s) in which the organization conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No	Yes No
9 a	. 3 4 4 5 6 7 8 Erral Is	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line inter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No	
9 a b	6 7 8 Err I Is D If	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line inter the state(s) in which the organization conduct organization licensed to conduct gaming a "No," explain: Gere any of the organization's gaming licenses response.	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these services.	states?	No	
9 a b	6 7 8 Err I Is D If	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line inter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these services.	states?	No	
9 a b	6 7 8 Err I Is D If	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line inter the state(s) in which the organization conduct organization licensed to conduct gaming a "No," explain: Gere any of the organization's gaming licenses response.	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these services.	states?	No	

Sch	edule G (Form 990) (Rev. 12-2024) THE FOUNDATION FOR ENHANCING COMMUNITIES 01-	-0564355	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	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?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	,,
•	Enter the harrie and dadress of the person time propares the organization organization of garming, openial overthe beside and resolves.		
	Name		
	- Name		
	Address		
	Address		
150	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
IJa	boes the organization have a contract with a tillid party from whom the organization receives gaming revenue?	10	3110
L	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
L	, <u> </u>		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter the 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:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Ye	s L 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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990)	THE FOUNDATION FOR	ENHANCING COMM	UNITIES	01-0564355	Page 4
Part IV	(Form 990) Supplemental Info	ormation (continued)				

SCHEDULE I (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

name of the organization THE FOUNDATION	FOR ENHANCIN	G COMMUNITIES					01-0564355
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's properties. Part II Grants and Other Assistance to It recipient that received more than \$	tance? cedures for monit Domestic Organia	oring the use of grant	funds in the United	States. omplete if the organic	-		X Yes No
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
A MOMENT OF MAGIC 10 E. 39TH STREET FLOOR 12 NEW YORK, NY 10016	81-1740360	501(C)(3)	10,000.	0.			HUMAN SERVICE
ALEXANDER HAMILTON MEMORIAL FREE LIBRARY - 45 EAST MAIN STREET - WAYNESBORO, PA 17268	23-1352316	501(C)(3)	20,796.	0.			EDUCATIONAL
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	5,691.	0.			COMMUNITY DEVELOPMENT
ANTIETAM HUMANE SOCIETY, INC. 8513 LYONS ROAD WAYNESBORO, PA 17268	23-7311188	501(C)(3)	14,996.	0.			COMMUNITY DEVELOPMENT
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET, P. O. BOX 80 HARPERS FERRY, WV 25425-0807) 52-6046689	501(C)(3)	10,000.	0.			ENVIRONMENTAL
ART ASSOCIATION OF HARRISBURG 21 N FRONT ST HARRISBURG, PA 17101	23-6299916	501(C)(3)	14,470.	0.			ARTS, HUMANITIES
2 Enter total number of section 501(c)(3) ar	•	•					· · · · · · · · · · · · · · · · · · ·
3 Enter total number of other organizations listed in the line 1 table 5 Paragraphy Park Notice and Notice and the Instructions for Form 200 (Pay 12 2004)							

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
ASBURY FOUNDATION, INC.							
325 WESLEY DRIVE							
MECHANICSBURG, PA 17055	52-1862674	501(C)(3)	20,000.	0.			EDUCATIONAL
·							
BEACON CLINIC FOR HEALTH AND HOPE							
PO BOX 5870, 248 SENECA STREET							
HARRISBURG, PA 17110	46-3507570	501(C)(3)	9,700.	0.			HUMAN SERVICE
BETH EL TEMPLE							
2637 N FRONT STREET							
	22 1262500	E01/G \/3\	6 041	0.			COMMINITARY DEVELOPMENT
HARRISBURG, PA 17110	23-1362508	501(C)(3)	6,941.	0.			COMMUNITY DEVELOPMENT
BETHESDA MISSION OF HARRISBURG							
P.O. BOX 3041, BUILDING 1, SUITE 3	1						
HARRISBURG, PA 17105	23-1389397	501(C)(3)	75,785.	0.			HUMAN SERVICE
BIG BROTHERS BIG SISTERS OF THE	23 1303337	501(0)(5)	73,703.	••			I BERVICE
CAPITAL REGION, INC 1519 NORTH							
THIRD STREET - HARRISBURG, PA							
17102	23-2260248	501(C)(3)	19,078.	0.			COMMUNITY DEVELOPMENT
	23 2200210	501(0)(0)	13,070.	••			
BISHOP MCDEVITT HIGH SCHOOL							
(SCHOLARSHIP) - 1 CRUSADER WAY -							
HARRISBURG, PA 17111	27-1391639	501(C)(3)	8,600.	0.			SCHOLARSHIP
		, , , , ,	,,,,,,,				
BLUE MOUNTAIN ESCAPE, INC.							
1206 SOUTH MARKET STREET							
MECHANICSBURG, PA 17055	85-1252874	501(C)(3)	33,375.	0.			HUMAN SERVICE
BOYS & GIRLS CLUB OF CHAMBERSBURG			, ,				
AND SHIPPENSBURG - 20 EAST BURD							
STREET, SUITE 3 - SHIPPENSBURG, PA							
17257	27-1658752	501(C)(3)	27,500.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF HARRISBURG							
1227 BERRYHILL STREET							
HARRISBURG, PA 17104	23-1352043	501(C)(3)	12,500.	0.			COMMUNITY DEVELOPMENT

Part II Continuation of Grants and Other				,	,,,	<u> </u>	
(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
BRETHREN HOUSING ASSOCIATION							
219 HUMMEL STREET							
HARRISBURG, PA 17104	25-1636220	501(C)(3)	7,836.	0.			HUMAN SERVICE
BRIDGE OF HOPE HARRISBURG AREA							
P.O. BOX 15212							
HARRISBURG, PA 17105	51-0646249	501(C)(3)	11,650.	0.			HUMAN SERVICE
CAMP DUDLEY, INC.							
126 CAMP DUDLEY ROAD							
WESTPORT, NY 12993	14-1504974	501(C)(3)	16,731.	0.			COMMUNITY DEVELOPMENT
CAMP HEBRON INC							
957 CAMP HEBRON ROAD							
HALIFAX, PA 17032	23-6050517	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CAMP HILL FIRE COMPANY, NO. 1							
2198 WALNUT STREET							
CAMP HILL, PA 17011	23-6266703	501(C)(3)	7,863.	0.			COMMUNITY DEVELOPMENT
,			,,,,,				
CAMP HILL PRESBYTERIAN CHURCH							
101 N 23RD STREET							
CAMP HILL, PA 17011	32-6393377	501(C)(3)	8,889.	0.			RELIGION
CAMP KOALA							
94 CHESTNUT STREET	26 2051752	E01/G \/2\	E 022	0			COMMINITARY DEVIET ODMENT
MIFFLINBURG, PA 17844	26-3851753	501(C)(3)	5,023.	0.			COMMUNITY DEVELOPMENT
CAMPUS CRUSADE FOR CHRIST							
100 LAKE HART DRIVE, DEPT. 2400							
ORLANDO, FL 32832	95-6006173	501(C)(3)	8,000.	0.			RELIGION
CAPITAL AREA SCHOOL FOR THE ARTS							
CHARTER SCHOOL - 150 STRAWBERRY							
SQUARE - HARRISBURG, PA 17101	30-0767388	501(C)(3)	29,047.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ago
(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 AREA THERAPEUTIC RIDING							
ASSOCIATION - 168 STATION ROAD -							
GRANTVILLE, PA 17112	23-2381558	501(C)(3)	12,500.	0.			HUMAN SERVICE
CAPITOL THEATRE CENTER FOUNDATION							
159 S MAIN ST							
CHAMBERSBURG, PA 17201	94-2722927	501(C)(3)	19,375.	0.			ARTS, HUMANITIES
CARLISLE ARTS LEARNING CENTER INC							
38 W. POMFRET STREET							
CARLISLE, PA 17013	25-1717457	501(C)(3)	7,500.	0.			EDUCATIONAL
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
CARLISLE CARES							
50 W. PENN STREET							
CARLISLE, PA 17013	26-3194660	501(C)(3)	20,000.	0.			HUMAN SERVICE
CENTRAL PA TOOL LIBRARY AND							
MAKERSPACE - 310 SPRING RD -		504 (5.) (2)	15 000				
PALMYRA, PA 17078	88-0826446	501(C)(3)	15,000.	0.			COMMUNITY DEVELOPMENT
CENTRAL PENN COLLEGE EDUCATION							
FOUNDATION - 600 VALLEY ROAD, P.O.							
BOX 309 - SUMMERDALE, PA 17093	23-2242116	501(C)(3)	40,000.	0.			EDUCATIONAL
,				-			
CENTRAL PENNSYLVANIA COMMUNITY							
FOUNDATION - 1616 E PLEASANT							
VALLEY BLVD - ALTOONA, PA 16602	25-1761379	501(C)(3)	123,951.	0.			ENVIRONMENTAL
CENTRAL PENNSYLVANIA FOOD BANK							
3908 COREY ROAD	22 22222	E01/G \/3\	04 080	_			WINAN GERVICE
HARRISBURG, PA 17109	23-2202250	DUI(C)(3)	81,072.	0.			HUMAN SERVICE
CENTRAL PENNSYLVANIA FRIENDS OF							
JAZZ - 5721 JONESTOWN ROAD -							
HARRISBURG, PA 17112	23-2137529	501(C)(3)	6,000.	0.			ARTS, HUMANITIES

Part II Continuation of Grants and Other A	Assistance to Doi	nesuc Organizations	and Domestic Go	vernments (SCIII	Guile I (FOITH 990), Fa	T II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PENNSYLVANIA YOUTH BALLET							
5 NORTH ORANGE STREET, SUITE 3							
CARLISLE, PA 17013-2727	23-1971982	501(C)(3)	23,352.	0.			ARTS, HUMANITIES
SINCELDEE, 111 17013 2727	23 1371302	301(0 /(3/	25,552.	•			, nommercus
CHAMBERSBURG BALLET GUILD							
PO BOX 961							
CHAMBERSBURG, PA 17201	84-3292847	501(C)(3)	27,370.	0.			ARTS, HUMANITIES
·			,				
CHASE THE VICTORY							
341 MALLARD DR							
CARROLLTON, GA 30116	85-1151304	501(C)(3)	10,000.	0.			HUMAN SERVICE
CHAUTAUQUA FOUNDATION, INC							
PO BOX 28							
CHAUTAUQUA, NY 14722-0028	16-6028421	501(C)(3)	5,500.	0.			ENVIRONMENTAL
CHILDREN'S AID SOCIETY, SOUTHERN							
DISTRICT CHURCH OF THE BRETHREN -							
343 LINCOLN WAY WEST - NEW OXFORD,							
PA 17350	23-1429838	501(C)(3)	21,803.	0.			HUMAN SERVICE
CHILDREN'S HOSPITAL OF							
PHILADELPHIA - CHOP FOUNDATION,							
P.O. BOX 781352 - PHILADELPHIA, PA							
19104-4399	23-2237932	501(C)(3)	5,346.	0.			HEALTH
CHRISTIAN CHURCHES UNITED OF THE							
TRI COUNTY AREA - 413 S 19TH ST							
HARRISBURG, PA 17104	23-2085603	501(C)(3)	9,873.	0.			RELIGION
COMMUNITY CHECK UP CENTER OF SOUTH							
HARRISBURG - 38C HALL MANOR -							
HARRISBURG, PA 17104	25-1724315	501(C)(3)	14,100.	0.			HEALTH
CONGREGATION NER TAMID							
5721 CRESTRIDGE ROAD							
RANCHO PALOS VERDES, CA 90275	95-2546462	501(C)(3)	18,417.	0.			COMMUNITY DEVELOPMENT

Part II Continuation of Grants and Other A	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			
CONOCOCHEAGUE INSTITUTE FOR THE										
STUDY OF CULTURAL HERITAGE - 12995										
BAIN ROAD - MERCERSBURG, PA 17236	25-1763245	501(C)(3)	10,100.	0.			ARTS, HUMANITIES			
COUNCIL FOR THE ARTS										
103 NORTH MAIN STREET										
CHAMBERSBURG, PA 17201	25-1568370	501(C)(3)	25,500.	0.			ARTS, HUMANITIES			
COVENANT CHRISTIAN ACADEMY										
1982 LOCUST LANE										
HARRISBURG, PA 17109	23-2879022	501(C)(3)	5,804.	0.			EDUCATIONAL			
			·							
COYLE FREE LIBRARY										
102 N MAIN STREET										
CHAMBERSBURG, PA 17201	23-1457996	501(C)(3)	7,929.	0.			EDUCATIONAL			
CUMBERLAND COUNTY LIBRARY SYSTEM										
FOUNDATION - 400 BENT CREEK BLVD,										
SUITE 150 - MECHANICSBURG, PA										
17050	20-8077580	501(C)(3)	19,720.	0.			EDUCATIONAL			
CUMBERLAND VALLEY ANIMAL SHELTER,										
INC 5051 LETTERKENNY RD W -										
CHAMBERSBURG, PA 17201	25-1753115	501(C)(3)	8,469.	0.			COMMUNITY DEVELOPMENT			
,			, = 11							
CUMBERLAND VALLEY BREAST CARE										
ALLIANCE INC - 1601 MOUNTAIN ROAD,										
SUITE 101 - MERCERSBURG , PA 17236	23-2943334	501(C)(3)	22,500.	0.			HUMAN SERVICE			
CUMBERLAND VALLEY SCHOOL OF MUSIC										
1015 PHILADELPHIA AVENUE										
CHAMBERSBURG, PA 17201	25-1629280	501(C)(3)	5,500.	0.			ARTS, HUMANITIES			
CYSA										
PO BOX 680										
CHAMBERSBURG, PA 17201	25-1743136	501(C)(3)	29,484.	0.			COMMUNITY DEVELOPMENT			
CIMIND DONG, IN 1/201	23 1/43130	Port (C / (3/	27, =04.	٠.			COMMONITY DEVELOTMENT			

(a) Name and address of	/6\ EINI	(a) IDO a a ation	(4) A	(a) A a a f	(f) Mathead of	(a) Description of	(b) Diving a si supert
(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
DALLASTOWN EDUCATION FUND							
700 NEW SCHOOL LANE							
DALLASTOWN, PA 17313	55-0792133	501(C)(3)	10,000.	0.			EDUCATIONAL
DAUPHIN COUNTY CASA							
2080 LINGLESTOWN ROAD, SUITE 107							
HARRISBURG, PA 17110	83-1780362	501(C)(3)	18,025.	0.			ARTS, HUMANITIES
DAUPHIN COUNTY LIBRARY SYSTEM							
101 WALNUT ST							
HARRISBURG, PA 17101	23-1352317	501(C)(3)	5,940.	0.			EDUCATIONAL
DIAPER DEPOT CENTRAL	25 1552517	501(6)(5)	3,540.	••			EDUCATIONAL
CENTRAL PRESBYTERIAN CHURCH, 40							
LINCOLN WAY W - CHAMBERSBURG, PA							
17201	23-1413661	501(C)(3)	12,000.	0.			HUMAN SERVICE
DICKINSON COLLEGE (SCHOLARSHIP)							
STUDENT ACCOUNTS, P.O. BOX 1773							
CARLISLE, PA 17013-2896	23-1365954	501(C)(3)	52,295.	0.			SCHOLARSHIP
DIOCESE OF HARRISBURG							
4800 UNION DEPOSIT ROAD				_			
HARRISBURG, PA 17111-3710	23-1494791	501(C)(3)	10,250.	0.			RELIGION
DISABILITY RIGHTS PENNSYLVANIA							
301 CHESTNUT STREET, SUITE 300							
HARRISBURG, PA 17101	23-2041538	501 (C) (3)	20,000.	0.			HEALTH
maxissons, in 17101	23 2041330	301(0 /(3/	20,000.	•			
DISCIPLEMAKER							
365 SCIENCE PARK ROAD							
STATE COLLEGE, PA 16803	25-1411175	501(C)(3)	7,000.	0.			RELIGION
DOCTORS WITHOUT BORDERS							
40 RECTOR STREET, 16TH FLOOR							
NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	7,065.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other A		_					
(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(C)(3)	15,097.	0.			HUMAN SERVICE
		, , , , ,		- •			
EASTERN PA TRANS EQUITY PROJECT,							
INC 1807 MAJESTIC DRIVE -							
OREFIELD, PA 18069	84-3324666	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
ELDERGROW, LLC							
6843 26TH AVE NE							
SEATTLE, WA 98115	81-4822502	501(C)(3)	11,878.	0.			HUMAN SERVICE
EMPLOYMENT SKILLS CENTER							
29 S. HANOVER STREET		L		_			
CARLISLE, PA 17013	23-1995705	501(C)(3)	8,430.	0.			EDUCATIONAL
EVANGELICAL LUTHERAN CHURCH IN							
AMERICA - LUTHERAN DISASTER							
RESPONSE, P.O. BOX 1809 -	54-1704431	E01/G \/3\	13,401.	0.			COMMUNITY DEVELOPMENT
MERRIFIELD, VA 22116-8009	54-1704451	501(C)(3)	13,401.	0.			COMMUNITY DEVELOPMENT
FEEDING PENNSYLVANIA							
20 ERFORD RD STE 115							
LEMOYNE, PA 17043	45-4793238	501(C)(3)	50,000.	0.			HUMAN SERVICE
,							
FIRST UNITED METHODIST CHURCH -							
CHAMBERSBURG - 225 S SECOND STREET							
- CHAMBERSBURG, PA 17201	23-1510103	501(C)(3)	24,274.	0.			COMMUNITY DEVELOPMENT
FIRST UNITED METHODIST CHURCH -							
MILLERSBURG - 356 UNION STREET -							
MILLERSBURG, PA 17061	23-2253889	501(C)(3)	21,299.	0.			COMMUNITY DEVELOPMENT
FIRST UNITED METHODIST CHURCH OF							
MECHANICSBURG - 135 W SIMPSON ST.	22 1405614	E01/G \/2\	35.000	•			COMMINITAL DEVEL OF VENEZA
- MECHANICSBURG, PA 17055	23-1405614	DOT(C)(3)	35,868.	0.			COMMUNITY DEVELOPMENT

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ra,
(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
FOUNDATION FOR THE CENTRAL DAUPHIN							
SCHOOLS - 600 RUTHERFORD ROAD -							
HARRISBURG, PA 17109	36-4511725	501(C)(3)	6,000.	0.			EDUCATIONAL
FRANKLIN & MARSHALL COLLEGE	30 4311723	301(0 /(3/	0,000.	••			EDUCITIONIE .
ATTN. CASHIERS OFFICE, POST OFFICE							
BOX 3003 - LANCASTER, PA							
17604-3003	23-1352635	501(C)(3)	15,378.	0.			EDUCATIONAL
FRANKLIN COUNTY HISTORICAL SOCIETY							
- KITTOCHTINNY - 175 E. KING ST -							
CHAMBERSBURG, PA 17201	25-6065079	501(C)(3)	18,200.	0.			ARTS, HUMANITIES
FRIENDS OF CLARKS FERRY TAVERN							
P.O. BOX 184							
DUNCANNON, PA 17020	87-3313380	501(C)(3)	5,100.	0.			COMMUNITY DEVELOPMENT
FRIENDS OF FORT HUNTER							
5300 NORTH FRONT STREET							
HARRISBURG, PA 17110	23-2144064	501(C)(3)	6,525.	0.			COMMUNITY DEVELOPMENT
EDIENDO OE DANA							
FRIENDS OF PAAV 3301 CHURCH RD.							
EAST BERLIN, PA 17316	84-3378086	501/C \/3\	24,000.	0.			HUMAN SERVICE
FRIENDS OF ROBERT KENNEDY MEMORIAL	04-3370000	501(6 /(5/	24,000.	0.			HOMAN SERVICE
PRESBYTERIAN CHURCH - 11693							
MERCERSBURG RD - MERCERSBURG, PA							
17236	32-0131488	501(C)(3)	9,927.	0.			 RELIGION
		, , , , ,	-,				
FRIENDS OF THE REDEEMER UNITED							
6001 VISTA CIRCLE							
GULFPORT, MS 39507	26-1578216	501(C)(3)	15,000.	0.			HUMAN SERVICE
·			,				
FRIENDS OF THE WEST SHORE THEATRE,							
INC 414 BRIDGE STREET - NEW							
CUMBERLAND, PA 17070	82-5327951	501(C)(3)	103,500.	0.			ARTS, HUMANITIES

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	rt II.)	T
(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
GAMUT THEATRE GROUP INC.							
15 N. 4TH STREET							
HARRISBURG, PA 17101	25-1727630	501(C)(3)	16,969.	0.			ARTS, HUMANITIES
GETTYSBURG COLLEGE							
300 N WASHINGTON STREET, CAMPUS							
BOX 0410 - GETTYSBURG, PA							
17325-1400	23-1352641	501(C)(3)	40,981.	0.			EDUCATIONAL
GFWC PENNSYLVANIA 1301 ALLEGHENY STREET, SUITE 119 HOLLIDAYSBURG, PA 16648	23-1119120	501(C)(3)	7,113.	0.			COMMUNITY DEVELOPMENT
medilibriodone, in reere	23 1113120	501(5)(5)	,,113.	•			COMMONITY BEVEROIMENT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 4640 TRINDLE RD - CAMP HILL, PA 17011	24-0795960	501(C)(3)	20,268.	0.			HUMAN SERVICE
GIRLS ON THE RUN MID STATE PA 123 N ENOLA DR STE 1A							
ENOLA, PA 17025	27-5095044	501(C)(3)	29,000.	0.			COMMUNITY DEVELOPMENT
GIRLS ON THE RUN OF LANCASTER PO BOX 262 LANDISVILLE, PA 17538	27-0200927	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
GONZAGA COLLEGE HIGH SCHOOL 19 I ST NW							
WASHINGTON, DC 20001-1425	53-0204703	501(C)(3)	12,393.	0.			EDUCATIONAL
GOOD SAMARITAN HEALTH SERVICES FOUNDATION OF LEBANON PA - PO BOX 2767 - YORK, PA 17405	23-2356151	501(C)(3)	472,534.	0.			HEALTH
GREENLIGHT OPERATION P.O. BOX 229	06 2201220	E01/G \/3\	0. 500				WINN GERMAN
LEMOYNE, PA 17043	86-2281338	501(C)(3)	9,500.	0.			HUMAN SERVICE

(a) Name and address of	/b) []N]	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(a) Description of	(h) Durnage of grant
organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF THE							
GREATER HARRISBURG AREA - 2416							
PARK DRIVE STE B - HARRISBURG, PA							
17110	58-1735541	501(C)(3)	17,407.	0.			COMMUNITY DEVELOPMENT
HARRISBURG ACADEMY							
LO ERFORD ROAD							
WORMLEYSBURG, PA 17043	23-2119591	501(C)(3)	15,378.	0.			SCHOLARSHIP
·							
HARRISBURG AREA YMCA							
805 NORTH FRONT STREET							
HARRISBURG, PA 17102	23-1665437	501(C)(3)	14,078.	0.			COMMUNITY DEVELOPMENT
HARRISBURG CHORAL SOCIETY							
PO BOX 215							
CAMP HILL, PA 17001	23-1694724	501(C)(3)	5,919.	0.			ARTS, HUMANITIES
CAMP HIDD, FA 17001	23-1034724	501(6)(5)	3,919.	0.			AKIS, HOMANIIIES
HARRISBURG COMMUNITY THEATRE							
513 HURLOCK ST							
HARRISBURG, PA 17110	23-1465635	501(C)(3)	6,125.	0.			ARTS, HUMANITIES
HARRISBURG GREEN ALLIANCE							
3508 N. 3RD STREET							
HARRISBURG, PA 17110	99-1762244	501(C)(3)	17,500.	0.			COMMUNITY DEVELOPMENT
HARRISBURG MEN'S CHORUS							
P.O. BOX 62201							
HARRISBURG, PA 17106-2201	25-1596862	501(C)(3)	12,500.	0.			ARTS HUMANITIES
							,
ARRISBURG SYMPHONY ASSOCIATION							
300 CORPORATE CIRCLE SUITE 101							
HARRISBURG , PA 17111	23-1355180	501(C)(3)	71,599.	0.			ARTS, HUMANITIES
HARRISBURG SYMPHONY ORCHESTRA							
300 CORPORATE CIRCLE, SUITE 101	00.4055400	504 (5.) (2)	10000				
HARRISBURG, PA 17110	23-1355180	DOT(C)(3)	19,240.	0.			ARTS, HUMANITIES

Part II Continuation of Grants and Other A	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			
HARRISBURG UNIVERSITY OF SCIENCE										
AND TECHNOLOGY - 326 MARKET STREET										
- HARRISBURG, PA 17101	25-1900793	501(C)(3)	111,226.	0.			EDUCATIONAL			
HEALTHY STEPS DIAPER BANK										
4075 LINGLESTOWN ROAD, PMB #229										
HARRISBURG, PA 17112	61-1714375	501(C)(3)	14,730.	0.			HUMAN SERVICE			
HEARTSUPPORT										
2051 CRABAPPLE COVE										
ROUND ROCK, TX 78681	46-4342239	501(C)(3)	7,000.	0.			 HEALTH			
·			,							
HISTORIC HARRISBURG ASSOCIATION										
1230 N THIRD STREET										
HARRISBURG, PA 17102	23-7244724	501(C)(3)	6,869.	0.			ARTS, HUMANITIES			
HISTORICAL SOCIETY OF DAUPHIN										
COUNTY - 219 S FRONT STREET -	02 1206020	501/6 \/3\		•			15mg WWW.11mm			
HARRISBURG, PA 17104	23-1396832	501(C)(3)	7,576.	0.			ARTS, HUMANITIES			
HOFFMAN HOMES, INC.										
815 ORPHANAGE ROAD, P. O. BOX 4777										
LITTLESTOWN, PA 17340	23-2732296	501(C)(3)	10,000.	0.			HUMAN SERVICE			
,			,							
HOMELAND CENTER										
1901 NORTH FIFTH STREET										
HARRISBURG, PA 17102	23-1365148	501(C)(3)	7,699.	0.			HEALTH			
HOMELAND HOSPICE										
2300 VARTAN WAY, SUITE 270				_						
HARRISBURG, PA 17110	23-1365148	501(C)(3)	17,725.	0.			HEALTH			
HOOD COLLEGE										
401 ROSEMONT AVE										
FREDERICK, MD 21701	52-0591608	501(C)(3)	40,981.	0.			EDUCATIONAL			

Part II Continuation of Grants and Other	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			
HOPE INSPIRE LOVE INC.										
P.O. BOX 10995										
LANCASTER, PA 17605	82-0722363	501(C)(3)	15,000.	0.			HUMAN SERVICE			
HOPE WALKS										
PO BOX 218										
YORK SPRINGS, PA 17372	83-1167436	501(C)(3)	22,100.	0.			HUMAN SERVICE			
HUMANE SOCIETY OF THE HARRISBURG										
AREA, INC 7790 GRAYSON ROAD -										
HARRISBURG, PA 17111	23-1365361	501(C)(3)	8,832.	0.			COMMUNITY DEVELOPMENT			
•										
HUNGER-FREE PENNSYLVANIA										
220 N. SHORE DRIVE, #528										
PITTSBURGH, PA 15212	23-2303821	501(C)(3)	50,000.	0.			HUMAN SERVICE			
TDDAG										
IDEAS										
7852 S ELATI ST, STE. 202 LITTLETON, CO 80120	36-4160878	501(C)(3)	10,000.	0.			 HEALTH			
EIIIEEION, CO 00120	30 4100070	301(0)(3)	10,000.	0.			111111111			
ISLE GO MISSIONS INC										
550 CIDERMILL PLACE										
LAKE MARY, FL 32746	74-3044969	501(C)(3)	6,000.	0.			HEALTH			
J. HERMAN BOSLER MEMORIAL LIBRARY										
158 W. HIGH STREET CARLISLE, PA 17013	23-1381007	E01/C \/2\	9,350.	0.			EDUCATIONAL			
CARLISLE, PA 17013	23-1381007	501(C)(3)	9,350.	0.			EDUCATIONAL			
JEWISH FAMILY SERVICE OF GREATER										
HARRISBURG - 2994 N. 2ND ST -										
HARRISBURG, PA 17110	23-2894802	501(C)(3)	31,347.	0.			COMMUNITY DEVELOPMENT			
JEWISH FEDERATION OF GREATER										
HARRISBURG - 2986 N. 2ND ST -	02 125222	F01/G \/3\	156 505	_						
HARRISBURG, PA 17110	23-1352338	pnT(G)(3)	156,503.	0.			RELIGION			

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2, =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OIN HANDS MINISTRY INC							
51 SOUTH CHURCH STREET, P.O. BOX 3	3						
NEW BLOOMFIELD, PA 17068	32-0271270	501(C)(3)	8,000.	0.			HUMAN SERVICE
JOSEPH T SIMPSON PUBLIC LIBRARY							
16 N WALNUT STREET							
MECHANICSBURG, PA 17055	23-1652343	501(C)(3)	22,577.	0.			EDUCATIONAL
JOSHI HEALTH FOUNDATION							
1750 ADELINE DR.							
MECHANICSBURG, PA 17050	84-4264109	501(C)(3)	26,001.	0.			HEALTH
JUNIOR ACHIEVEMENT OF SOUTH							
CENTRAL PA - 610 S. GEORGE STREET	22 1500120	E01/G \/3\	22 175	0			EDUCATIONAL
- YORK, PA 17401	23-1598129	501(C)(3)	23,175.	0.			EDUCATIONAL
KEYSTONE HUMAN SERVICES							
4391 STURBRIDGE DRIVE							
HARRISBURG, PA 17110	25-1847902	501(C)(3)	15,968.	0.			HUMAN SERVICE
VENCUONE CEDUTCE CNOMENC							
KEYSTONE SERVICE SYSTEMS 4391 STURBRIDGE DRIVE							
HARRISBURG, PA 17110	23-1915567	501(C)(3)	26,000.	0.			HUMAN SERVICE
mmarbbone, ili 17110	23 1313307	301(0)(3)	20,000.	•			HOMEN BERNICE
KEYSTONES ORAL HISTORIES							
508 HALDEMAN BLVD.							
NEW CUMBERLAND, PA 17070	84-4569515	501(C)(3)	8,800.	0.			EDUCATIONAL
KING'S SOLIEGE							
KING'S COLLEGE							
133 NORTH RIVER STREET	24-0804602	501/C \/3\	15,000.	0.			EDUCATIONAL
WILKES-BARRE, PA 18711	24-0604802	DOT (C)(3)	15,000.	0.			EDOCALIONAL
LANCASTER CLEFT PALATE CLINIC							
223 NORTH LIME STREET							
LANCASTER, PA 17602	23-1306888	501(C)(3)	30,000.	0.			HEALTH

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	
LANCASTER COUNTY COMMUNITY								
FOUNDATION - 24 W. KING STREET,								
SUITE 201 - LANCASTER, PA								
17603-3046	20-0874857	501(C)(3)	22,348.	0.			COMMUNITY DEVELOPMENT	
LATINO CONNECTION FOUNDATION 940 E. PARK DRIVE			50.000					
HARRISBURG, PA 17111	92-0374104	501(C)(3)	50,000.	0.			EDUCATIONAL	
LEAF PROJECT INC 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT	
LEBANON VALLEY COLLEGE			,					
(SCHOLARSHIP) - BUSINESS OFFICE,								
101 N. COLLEGE AVENUE - ANNVILLE,								
PA 17003	23-1352354	501(C)(3)	11,574.	0.			EDUCATIONAL	
LEBANON VALLEY COUNCIL ON THE ARTS								
LEBANON, PA 17042	23-2439214	501(C)(3)	7,000.	0.			ARTS, HUMANITIES	
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S. 8TH STREET - LEBANON, PA 17042	26-3915958	501(C)(3)	17,000.	0.			HEALTH	
LEHIGH UNIVERSITY								
125 GOODMAN DRIVE								
BETHLEHEM, PA 18015	24-0795445	501(C)(3)	33,461.	0.			EDUCATIONAL	
LGBT CENTER OF CENTRAL PA 1323 N. FRONT STREET HARRISBURG, PA 17102	25-1897350	501(C)(3)	8,333.	0.			COMMUNITY DEVELOPMENT	
LIU12 FRANKLIN COUNTY LITERACY COUNCIL - 518 CLEVELAND AVE, SUITE 1A - CHAMBERSBURG, PA 17201	23-1743636	501(C)(3)	10,185.	0.			EDUCATIONAL	

Part II Continuation of Grants and Other A	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa I	π II.) Τ	T
(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
LOGOS ACADEMY HARRISBURG							
251 VERBEKE STREET							
HARRISBURG, PA 17102	45-5466844	501(C)(3)	14,500.	0.			EDUCATIONAL
LYKENS VALLEY CHILDREN'S MUSEUM							
33 S. MARKET STREET, P.O. BOX 719							
ELIZABETHVILLE, PA 17023	83-1253070	501(C)(3)	13,000.	0.			ARTS, HUMANITIES
MAINSTREET WAYNESBORO INC.							
13 W. MAIN ST., LEFT UNIT							
WAYNESBORO, PA 17268	23-2868740	501(C)(3)	5,500.	0.			ARTS, HUMANITIES
MARKET SQUARE CONCERTS							
PO BOX 549	22-2570747	E01/G \/3\	11 222	0.			ADMC HIMANITHIEC
HARRISBURG, PA 17108-1292	22-25/0/4/	501(C)(3)	11,222.	0.			ARTS, HUMANITIES
MARKET SQUARE PRESBYTERIAN CHURCH							
20 S SECOND STREET							
HARRISBURG, PA 17101	23-1352408	501(C)(3)	6,000.	0.			RELIGION
MECHANICSBURG AREA MEALS ON WHEELS							
PO BOX 1093							
MECHANICSBURG, PA 17055	23-7043841	501(C)(3)	6,489.	0.			HUMAN SERVICE
MECHANICSBURG AREA SCHOOL DISTRICT							
2118 CANTEBURY DRIVE	00 6005050	504 (5.) (2)	10.00				
MECHANICSBURG, PA 17055	23-6005359	501(C)(3)	10,237.	0.			EDUCATIONAL
MECHANICSBURG PRESBYTERIAN CHURCH							
300 E SIMPSON STREET							
MECHANICSBURG, PA 17055-6509	23-1489818	501(C)(3)	6,716.	0.			COMMUNITY DEVELOPMENT
MEDARD'S HOUSE							
1120 DREXEL HILL BLVD.							
CUMBERLAND, PA 17070	47-4386986	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(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
MENNO-HAVEN INC							
2011 SCOTLAND AVE							
CHAMBERSBURG, PA 17201	23-6276101	501(C)(3)	7,929.	0.			HUMAN SERVICE
MERCY FOR ANIMALS							
1150 CONRAD COURT							
HAGERSTOWN, MD 21740-5905	54-2076145	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MESSIAH LUTHERAN CHURCH							
901 N 6TH STREET							
HARRISBURG, PA 17102-1700	23-1445647	501(C)(3)	5,538.	0.			COMMUNITY DEVELOPMENT
MESSIAH UNIVERSITY							
1 UNIVERSITY AVENUE							
MECHANICSBURG, PA 17055	23-1352661	501(C)(3)	30,000.	0.			EDUCATIONAL
		, , , , ,					
MILLERSBURG AREA SENIOR CENTER							
109 EDWARD DRIVE							
MILLERSBURG, PA 17061	25-1696670	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MILLERSBURG FERRY BOAT ASSOCIATION							
PO BOX 93							
MILLERSBURG, PA 17061	25-1624056	501(C)(3)	7,700.	0.			ARTS, HUMANITIES
MISSION CENTRAL, INC.							
5 PLEASANT VIEW DRIVE							
MECHANICSBURG, PA 17050	82-1912143	501(C)(3)	7,500.	0.			HUMAN SERVICE
MISSION CENTRAL, INC.							
5 PLEASANT VIEW DRIVE							
MECHANICSBURG, PA 17050	82-1912143	501(C)(3)	6,500.	0.			HUMAN SERVICE
MOUNT GRETNA SCHOOL OF ART							
PO BOX 182							
MOUNT GRETNA, PA 17064	46-1055307	501(C)(3)	10,000.	0.			ARTS, HUMANITIES

Part II Continuation of Grants and Other	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			
NACER, USA										
PO BOX 266										
BLUFFTON, OH 45817	32-0254688	501(C)(3)	30,000.	0.			HUMAN SERVICE			
,			, -							
NATIONAL BRAIN TUMOR SOCIETY, INC.										
55 CHAPEL STREET, SUITE 200										
NEWTON, MA 02458	04-3068130	501(C)(3)	50,000.	0.			HEALTH			
NATIONAL TRUST FOR HISTORIC										
PRESERVATION - 600 14TH STREET NW,	F2 001000F	F01/G \/2\	16 531							
SUITE 500 - WASHINGTON, DC 20005	53-0210807	501(C)(3)	16,731.	0.			COMMUNITY DEVELOPMENT			
NED SMITH CENTER FOR NATURE AND										
ART - 176 WATER COMPANY ROAD -										
MILLERSBURG, PA 17061	25-1735097	501(C)(3)	20,516.	0.			ARTS, HUMANITIES			
			23,323	- •			,			
NEIGHBORHOOD FOOTBALL CLUB INC										
3400 GALLANT FOX DRIVE										
HARRISBURG, PA 17111	92-3949949	501(C)(3)	5,800.	0.			COMMUNITY DEVELOPMENT			
NETWORK MINISTRIES										
419 HOLLYWELL AVENUE										
CHAMBERSBURG, PA 17201	23-2896773	501(C)(3)	12,575.	0.			COMMUNITY DEVELOPMENT			
NEW DEDEN OF EDEEDON GOINGER DON										
NEW BIRTH OF FREEDOM COUNCIL, BOY										
SCOUTS OF AMERICA - 1 BADEN POWELL	23-1365194	E01/G \/3\	12 122	0.			COMMUNITY DEVELOPMENT			
LANE - MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	13,133.	٠.			COMMUNITY DEVELOPMENT			
NEW CUMBERLAND FIRE DEPARTMENT										
319 4TH ST										
NEW CUMBERLAND, PA 17070	23-2214997	501(C)(3)	5,980.	0.			COMMUNITY DEVELOPMENT			
,	-		, ,							
NEW CUMBERLAND OLDE TOWNE										
FOUNDATION - 714 BRIDGE STREET -										
NEW CUMBERLAND, PA 17070	25-1890438	501(C)(3)	5,079.	0.			scholarship			

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW GUILFORD BRETHREN CHURCH							
1575 MONT ALTO ROAD							
CHAMBERSBURG, PA 17202	25-1777403	501(C)(3)	11,786.	0.			COMMUNITY DEVELOPMENT
,			, -				
NEW HOPE MINISTRIES, INC.							
99 W. CHURCH STREET, P.O. BOX 448							
DILLSBURG, PA 17019	23-2223120	501(C)(3)	23,047.	0.			RELIGION
NEW LIFE COMMUNITY CHURCH							
64 E NORTH ST				_			
CARLISLE, PA 17013	25-0765225	501(C)(3)	7,000.	0.			COMMUNITY DEVELOPMENT
NEW YORK GENERAL GOLOOF OF DEVILUA							
NEW YORK STUDIO SCHOOL OF DRAWING, PAINTING AND SCULPTURE - 8 W 8TH							
STREET - NEW YORK, NY 10011	13-6167281	501/C \/3\	10,000.	0.			ARTS, HUMANITIES
SIRBEI NEW TORK, NI 10011	13 0107201	501(6 /(5/	10,000.	٠.			AKID, HOMANIIIED
NEWPORT PUBLIC LIBRARY							
316 N 4TH ST							
NEWPORT, PA 17074	23-7043950	501(C)(3)	7,869.	0.			EDUCATIONAL
NORTHERN YORK COUNTY HISTORICAL			,				
AND PRESERVATION SOCIETY INC - 35							
GREENBRIAR LANE - DILLSBURG, PA							
17019	23-2305260	501(C)(3)	30,217.	0.			ARTS, HUMANITIES
OLEWINE NATURE CENTERFRIENDS OF							
WILDWOOD - 100 WILDWOOD WAY -							
HARRISBURG, PA 17110	25-1676210	501(C)(3)	24,688.	0.			ENVIRONMENTAL
ODEN GENGE							
OPEN STAGE							
25 N. COURT ST. HARRISBURG, PA 17101	23-2290559	501(C)(3)	6,137.	0.			ARTS, HUMANITIES
HARRISDORG, FA 1/101	23-2290339	DOT(C)(3)	0,137.	0.			DATE, HOMANIIIES
OPEN STAGE OF HARRISBURG							
25 N. COURT ST.							
HARRISBURG, PA 17101	23-2290559	501(C)(3)	37,676.	0.			ARTS, HUMANITIES

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(5) EIIV	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OUR LADY HELP OF CHRISTIANS							
(LYKENS) - 732 MAIN ST LYKENS,							
PA 17048	84-3967465	501(C)(3)	19,110.	0.			COMMUNITY DEVELOPMENT
PA LYME RESOURCE NETWORK							
36 FOXFIRE LANE							
LEWISBERRY, PA 17339	37-1620786	501(C)(3)	32,421.	0.			HEALTH
PALMYRA AREA COOPERATING CHURCHES							
11 W CHERRY ST							
PALMYRA, PA 17078	25-1899860	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
PARTNERS IN HEALTH							
P O BOX 996							
FREDERICK, MD 21705	04-3567502	501(C)(3)	6,000.	0.			HEALTH
PENN STATE HARRISBURG							
(SCHOLARSHIPS) - 777 W. HARRISBURG							
PIKE, W110 OLMSTED BLDG							
MIDDLETOWN, PA 17057	24-6000376	501(C)(3)	7,986.	0.			SCHOLARSHIP
PENN STATE HARRISBURG LAUNCH BOX							
777 WEST HARRISBURG PIKE, W110							
MIDDLETOWN, PA 17057	24-6000376	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT
DENNIGADEG							
PENNCARES							
788 CHERRY TREE COURT	22 1070061	E01/G \/3\	0.732	0			IIIMAN GERVI GE
IANOVER, PA 17331	23-1878861	501(C)(3)	9,732.	0.			HUMAN SERVICE
PENNSYLVANIA ASSISTIVE TECHNOLOGY							
FOUNDATION - 1004 W. 9TH AVE							
	23-2953796	501(C \/3\	20,000.	0.			HEALTH
KING OF PRUSSIA, PA 19406	23-2933196	201(C)(3)	20,000.	0.			neautn
PENNSYLVANIA COLLEGE OF ART AND							
DESIGN - 204 N. PRINCE STREET -							
LANCASTER, PA 17608	23-2215278	501/C \/3\	10,500.	0.			EDUCATIONAL

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA HEALTH LAW PROJECT							
123 CHESTNUT STREET, SUITE 400							
PHILADELPHIA, PA 19106	23-2749089	501(C)(3)	20,000.	0.			HEALTH
PENNSYLVANIA PARKS AND FORESTS							
FOUNDATION - 704 LISBURN ROAD,							
SUITE 102 - CAMP HILL, PA 17011	25-1859016	501(C)(3)	5,293.	0.			ENVIRONMENTAL
PENNSYLVANIA SOCIETY FOR							
BIOMEDICAL RESEARCH - 4900							
CARLISLE PIKE #271 -							
MECHANICSBURG, PA 17050	25-1634552	501(C)(3)	5,500.	0.			EDUCATIONAL
PENNSYLVANIA STATE HEALTH MILTON							
S. HERSHEY MEDICAL CENTER -							
UNIVERSITY DEV., P.O. BOX 852M	25 1054772	E01/G \/2\	24 750	0.			11221 011
MCHS20 - HERSHEY, PA 17033	25-1854772	501(C)(3)	24,759.	0.			HEALTH
PEOPLE FOR THE ETHICAL TREATMENT							
OF ANIMALS (PETA) - 501 FRONT							
STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	29,000.	0.			EDUCATIONAL
PERRY COUNTY COUNCIL OF THE ARTS							
67 N. 4TH STREET, P.O. BOX 354	00.0646066	E01/G \/2\	110 102				, , , , , , , , , , , , , , , , , , ,
NEWPORT, PA 17074	22-2646866	501(C)(3)	119,103.	0.			ARTS, HUMANITIES
PERRY COUNTY FAIR ASSOCIATION							
3201 MIDDLE RIDGE RD							
NEWPORT, PA 17074	23-2302857	501(C)(3)	5,214.	0.			SCHOLARSHIP
•			,				
PERRY COUNTY LITERACY COUNCIL							
133 S 5TH ST PO BOX 37							
NEWPORT, PA 17074	23-2450099	501(C)(3)	75,343.	0.			EDUCATIONAL
PHYSICIANS COMMITTEE FOR							
RESPONSIBLE MEDICINE - 5100							
WISCONSIN AVE. NW, SUITE 400 -							
WASHINGTON, DC 20016	52-1394893	501(C)(3)	20,000.	0.			HEALTH

(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
PLANNED PARENTHOOD KEYSTONE							
PO BOX 944							
BENSALEM, PA 19020	23-2450112	501(C)(3)	6,333.	0.			HEALTH
PRESBYTERIAN HOMES, INC.							
1 TRINITY DRIVE EAST, SUITE 201							
DILLSBURG, PA 17019	23-2941518	501(C)(3)	9,053.	0.			HUMAN SERVICE
PRESSLEY RIDGE							
5500 CORPORATE DRIVE, SUITE 400							
PITTSBURGH, PA 15237	25-0965460	501(C)(3)	7,618.	0.			 HEALTH
·			·				
PROJECT SHARE OF CARLISLE							
5 N ORANGE STREET							
CARLISLE, PA 17013-2727	27-0531231	501(C)(3)	6,150.	0.			HUMAN SERVICE
PSALM68FIVE MINISTRIES							
504 NORTH CHURCH STREET							
MCKINNEY, TX 75069	47-3375486	501(C)(3)	12,500.	0.			RELIGION
QUEEN OF PEACE ROMAN CATHOLIC			,				
CHURCH OF MILLERSBURG - 202							
ZIMMERMAN RD, CLOVERLY ACRES -							
MILLERSBURG, PA 17061-1269	23-2193730	501(C)(3)	21,299.	0.			COMMUNITY DEVELOPMENT
RANDI'S HOUSE OF ANGELS							
PO BOX 1173							
CAMP HILL, PA 17111	20-4124607	501(C)(3)	5,550.	0.			COMMUNITY DEVELOPMENT
,	-		, ,				
RIGHTEOUS OAKS RETREAT							
4101 W GREEN OAKS BLVD UNIT 305-16	3						
ARLINGTON, TX 76016	84-3570986	501(C)(3)	10,000.	0.			HUMAN SERVICE
RONALD MCDONALD HOUSE CHARITIES OF							
PITTSBURGH AND MORGANTOWN, INC -							
451 44TH STREET - PENTHOUSE FLOOR							
- PITTSBURGH, PA 15201	25-1320272	501(C)(3)	7,500.	0.			HUMAN SERVICE

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
ROTARY CLUB OF HARRISBURG							
FOUNDATION - 3211 NORTH FRONT ST							
STE 201 - HARRISBURG, PA 17110	23-6298147	501(C)(3)	11,323.	0.			EDUCATIONAL
S.W.A.N - SCALING WALLS A NOTE AT							
A TIME - PO BOX 249 - LYNDELL, PA							
19354	45-1353501	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CANWADA EVE EGUNDAMION 11CA							
SANKARA EYE FOUNDATION, USA							
1900 MCCARTHY BLVD., SUITE 302 MILPITAS, CA 95035	77-6141976	501/C \/3\	997,819.	0.			 HEALTH
SANKOFA AFRICAN AMERICAN THEATRE	77-0141970	501(0 /(5/	337,013.	0.			HEADIN
COMPANY - 1425 CROOKED HILL RD PO							
BOX 61183 - HARRISBURG, PA							
17106-1183	82-1799550	501(C)(3)	7,500.	0.			ARTS, HUMANITIES
	02 1/33000		,,,,,,,,,	-			,
SANSKRUTI FOUNDATION							
805 CLONMEL DR.							
MATTHEWS, NC 28104	77-0315501	501(C)(3)	51,000.	0.			 RELIGION
SEXUAL ASSAULT RESOURCE &			, -	-			
COUNSELING CENTER (SARCC) - 615							
CUMBERLAND STREET - LEBANON, PA							
17042	23-2335091	501(C)(3)	14,500.	0.			HEALTH
SHIPPENSBURG ARTS PROGRAMMING AND							
EDUCATION INC - PO BOX 4 -							
SHIPPENSBURG, PA 17257	55-0837426	501(C)(3)	9,472.	0.			ARTS, HUMANITIES
GUDTNEDG HOGDIMALG BOD GUTTDERY							
SHRINERS HOSPITALS FOR CHILDREN							
2900 N ROCKY POINT DRIVE	36 2103600	E01/G \/3\	E 600	_			TIEST MII
TAMPA, FL 33607	36-2193608	DUI(C)(3)	5,600.	0.			HEALTH
SMITHSONIAN INSTITUTION							
PO BOX 418320							
BOSTON, MA 02241-8320	53-0206027	501(C)(3)	16,731.	0.			COMMUNITY DEVELOPMENT

Part II Continuation of Grants and Other A						<u> </u>	
(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
SOMEONE TO TELL IT TO							
922 NORTH 3RD STREET							
HARRISBURG, PA 17102	45-4216827	501(C)(3)	22,500.	0.			HUMAN SERVICE
SPAY/NEUTER ASSISTANCE PROGRAM,							
INC. (SNAP) - PO BOX 126702 -	22 2172004	E01/G \/2\	15 250	0.			 HEALTH
HARRISBURG, PA 17112-6702	23-2172084	501(C)(3)	15,258.	0.			REALTH
SPIRITRUST LUTHERAN							
1050 PENNSYLVANIA AVENUE							
YORK, PA 17404	23-1476329	501(C)(3)	7,929.	0.			HUMAN SERVICE
SPROCKET MURAL WORKS INCORPORATED							
2036 GREEN STREET							
HARRISBURG, PA 17102	83-4702537	501(C)(3)	7,500.	0.			ARTS, HUMANITIES
ST. JOHN'S UNITED CHURCH OF CHRIST							
1811 LINCOLN WAY EAST							
CHAMBERSBURG, PA 17202	23-6307200	501(C)(3)	11,546.	0.			COMMUNITY DEVELOPMENT
		002(0)(0)	12,616.				
ST. PAUL'S EVANGELICAL LUTHERAN							
CHURCH - 324 NORTH STREET -							
MILLERSBURG, PA 17061	23-2251963	501(C)(3)	13,301.	0.			RELIGION
ST. PAULS LUTHERAN CHURCH							
PO BOX 257	22 2122261	E01/G \/2\	16 406	0			DELTGTON
NEWPORT, PA 17074	23-2133261	DUI(C)(3)	16,486.	0.			RELIGION
ST. STEPHEN'S EPISCOPAL SCHOOL							
215 NORTH FRONT STREET							
HARRISBURG, PA 17101-1407	23-2107935	501(C)(3)	22,102.	0.			EDUCATIONAL
ST. THOMAS CEMETERY ASSOCIATION							
197 PIONEER DRIVE							
ST. THOMAS, PA 17252	25-1328641	501(C)(3)	9,709.	0.			COMMUNITY DEVELOPMENT

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	
ST. THOMAS LUTHERAN CHURCH 7601 LINCOLN WAY W	05 1052051	E04 (G.) (2)	65,000					
SAINT THOMAS, PA 17252	25-1253251	501(C)(3)	67,808.	0.			COMMUNITY DEVELOPMENT	
ST. THOMAS TWP VOLUNTEER FIRE COMPANY - PO BOX 46 - ST. THOMAS, PA 17252	25-1297197	501(C)(3)	18,460.	0.			COMMUNITY DEVELOPMENT	
			,	-				
SUMMER PROGRAM FOR YOUTH 1 N. HANOVER STREET, P.O. BOX 192 CARLISLE, PA 17013	25-1798756	501(C)(3)	25,550.	0.			ARTS HUMANITIES	
			, -	-			,	
SUMMIT HEALTH FOUNDATION								
785 5TH AVE., SUITE 1	02 0465050	501/6 \/2\	24 500	0				
CHAMBERSBURG, PA 17201	23-0465970	501(C)(3)	31,500.	0.			HEALTH	
SUSQUEHANNA ART MUSEUM								
1401 NORTH THIRD STREET								
HARRISBURG, PA 17102	25-1601081	501(C)(3)	26,684.	0.			ARTS, HUMANITIES	
avacumvillus avabli i								
SUSQUEHANNA CHORALE PO BOX 397								
MECHANICSBURG, PA 17055-6807	23-2250626	501(C)(3)	26,500.	0.			ARTS, HUMANITIES	
			,				,	
SUSQUEHANNA SERVICE DOGS								
1078 GRAVEL HILL ROAD	22 1015567	E01/G \/2\	25 000	0			WWAN GERVIOR	
GRANTVILLE, PA 17028 SUZANNE H. ARNOLD ART GALLERY,	23-1915567	501(C)(3)	25,000.	0.			HUMAN SERVICE	
LEBANON VALLEY COLLEGE - LEBANON								
VALLEY COLLEGE, 101 N. COLLEGE								
AVENUE - ANNVILLE, PA 17003	23-1352354	501(C)(3)	6,000.	0.			ARTS, HUMANITIES	
TFEC PROPERTIES, INC.								
200 N. 3RD STREET, 8TH FLOOR HARRISBURG, PA 17101	20-8561997	501(C)(2)	390,870.	0.			COMMUNITY DEVELOPMENT	
	_ == =====,	1 - 1 - 1 - 1		٠.		1		

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ra <u>u</u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF PENNSYLVANIA							
1007 MUMMA ROAD, SUITE 100							
LEMOYNE, PA 17043	23-1421914	501(C)(3)	25,000.	0.			HEALTH
MILE DODOUGH OF LEMOVINE							
THE BOROUGH OF LEMOYNE 510 HERMAN AVENUE							
LEMOYNE, PA 17043	23-6005021	501(C)(3)	16,162.	0.			COMMUNITY DEVELOPMENT
		001(0)(0)	20,202.	•			
THE CAPITAL REGION LITERACY							
COUNCIL - PO BOX 60723 -							
HARRISBURG, PA 17106-0723	25-1779539	501(C)(3)	15,650.	0.			EDUCATIONAL
THE JOSHUA GROUP							
1442 MARKET STREET	24 4650520	501/6 \/2\	n 226	_			
HARRISBURG, PA 17103 THE PENNSYLVANIA STATE UNIVERSITY	31-1672530	501(C)(3)	7,336.	0.			EDUCATIONAL
OFFICE OF DONOR & MEMB SERV, 329							
INNOVATION BLVD., SUITE 311 -							
STATE COLLEGE	25-1500292	501(C)(3)	15,000.	0.			EDUCATIONAL
			,				
THE POLAR BEAR FOUNDATION							
650 SOUTH BALTIMORE ST							
DILLSBURG, PA 17019	20-5518050	501(C)(3)	34,324.	0.			EDUCATIONAL
THE SALVATION ARMY							
506 S. 29TH STREET	13-5562351	E01/G \/2\	20 227	0.			HIMAN GERVICE
HARRISBURG, PA 17104	13-5562551	501(C)(3)	28,337.	0.			HUMAN SERVICE
THE SILVER ACADEMY							
3301 N, FRONT STREET							
HARRISBURG, PA 17110	25-1707927	501(C)(3)	12,127.	0.			EDUCATIONAL
THE ULMAN FOUNDATION							
2118 E MADISON ST.							
BALTIMORE, MD 21205	52-2057636	501(C)(3)	7,500.	0.			HEALTH

Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	. Paí
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WILDCAT FOUNDATION							
500 SOUTH BROAD STREET							
MECHANICSBURG, PA 17055	23-2975211	501(C)(3)	121,549.	0.			SCHOLARSHIP
THEATRE HARRISBURG							
513 HURLOCK ST							
HARRISBURG, PA 17110	23-1465635	501(C)(3)	32,134.	0.			ARTS, HUMANITIES
TRI COUNTY OPPORTUNITIES			,				·
INDUSTRIALIZATION CENTER - 500							
MACLAY STREET - HARRISBURG, PA							
17110	23-1667266	501(C)(3)	8,000.	0.			EDUCATIONAL
TRINITY HIGH SCHOOL							
3601 SIMPSON FERRY ROAD							
CAMP HILL, PA 17011	23-1494791	501(C)(3)	6,332.	0.			SCHOLARSHIP
MD TNI MY I IMMIED AN CHITDCH							
TRINITY LUTHERAN CHURCH 2000 CHESTNUT STREET							
CAMP HILL, PA 17011	23-1390629	501/C \/3\	50,222.	0.			COMMUNITY DEVELOPMENT
TRINITY PRESCHOOL OF HARRISBURG:	23-1390029	501(6)(5)	30,222.	0.			COMMONITI DEVELOFMENT
PART OF THE CAMP CURTIN LEARNING							
COMMUNITY - PO BOX 5541 -							
HARRISBURG, PA 17110	26-4049341	501(C)(3)	14,030.	0.			HUMAN SERVICE
TRINITY UNITED CHURCH OF CHRIST							
30 WEST NORTH STREET							
WAYNESBORO, PA 17268	23-1603924	501(C)(3)	20,000.	0.			RELIGION
TRINITY WASHINGTON UNIVERSITY							
125 MICHIGAN AVENUE NE MAIN HALL RM				_			
WASHINGTON, DC 20017	53-0196640	501(C)(3)	11,743.	0.			EDUCATIONAL
TRIPLE NEGATIVE BREAST CANCER							
FOUNDATION - PO BOX 204 - NORWOOD.							
NJ 07648	20-5880756	501(C)(3)	10,000.	0.			 HEALTH

Schedule I (Form 990) THE FOUNDATION	FOR ENHANCIN	IG COMMUNITIES					01-0564355 Page 1
Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
TSM/SOURCE OF LIFE MINISTRIES							
PO BOX 96 HANOVER, PA 17331	30-0213425	501(C)(3)	28,800.	0.			HUMAN SERVICE
mnovik, III 17331	30 0213423	301(6)(3)	20,000.	••			HOMIN BERVICE
TWIN VALLEY PLAYERS 269 CENTER STREET							
MILLERSBURG, PA 17061 UNION COMMUNITY CARE	23-2299789	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
ATTN: ALISA JONES, CEP, 812 N. PRINCE STREET - LANCASTER, PA							
17603	23-1909490	501(C)(3)	125,000.	0.			HEALTH
UNITARIAN CHURCH OF HARRISBURG 1280 CLOVER LANE	22 1607114	E01/G \/2\	10.201	•			
HARRISBURG, PA 17113	23-1687114	DUI(C)(3)	19,301.	0.			RELIGION
UNITE CENTRAL PA 220 MELBOURNE AVE							
MECHANICSBURG, PA 17055	85-2034512	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT
UNITED CHURCH OF CHRIST HOMES, INC 30 N 31ST STREET - CAMP HILL, PA 17011	23-1615155	501(C)(3)	20,000.	0.			RELIGION
UNITED WAY OF LEBANON COUNTY, INC. PO BOX 355, 22 WEST MAIN STREET			,				
ANNVILLE, PA 17003	23-1465632	501(C)(3)	50,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY	22 4250005	E01/G \/3\	00.415				
ENOLA, PA 17025	23-1352095	DUI(C)(3)	92,416.	0.			COMMUNITY DEVELOPMENT
UPMC PINNACLE FOUNDATION 409 S. SECOND ST.							
HARRISBURG, PA 17104	22-2691718	501(C)(3)	57,103.	0.			HEALTH

(a) Name and address of	/b) [N]	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(m) Description of	(h) Durn one of grant
(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
JTILITY EMERGENCY SERVICES FUND							
1608 WALNUT STREET							
PHILADELPHIA, PA 19103	23-2227461	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
,				-			
VETERANS OUTREACH OF PENNSYLVANIA							
PO BOX 6127							
HARRISBURG, PA 17112	83-2701544	501(C)(3)	20,652.	0.			HUMAN SERVICE
VYO-BOSTON							
664 LAKEVIEW AVE.							
LOWELL, MA 01850-1824	30-0657311	501(C)(3)	5,001.	0.			RELIGION
JAVNEGDODO ADEA VMGA							
WAYNESBORO AREA YMCA 810 EAST MAIN STREET							
WAYNESBORO, PA 17268	23-1352601	501/C \/3\	12,000.	0.			COMMUNITY DEVELOPMENT
WAINESBORO, FA 17200	23-1332001	501(6)(5)	12,000.	0.			COMMONITI DEVELOPMENT
WAYNESBORO COMMUNITY & HUMAN							
SERVICES - 123 WALNUT ST -							
WAYNESBORO, PA 17268	25-1366504	501(C)(3)	17,050.	0.			HUMAN SERVICE
WB MUSIC THERAPY LLC							
7728 GREEN HILL ROAD							
HARRISBURG, PA 17112	27-4384888	501(C)(3)	8,760.	0.			HEALTH
WELLSPAN PHILHAVEN							
283 SOUTH BUTLER ROAD, P.O. BOX 550		501 (7) (2)	F 500	0			
MOUNT GRETNA, PA 17064	23-1548822	501(C)(3)	5,590.	0.			HEALTH
WEST SHORE SYMPHONY ORCHESTRA INC.							
P.O. BOX 125							
MECHANICSBURG, PA 17055	22-2837683	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
Indiana in 17000	22 203,003	551(5)(5)	10,000.	٠.			mile, nommiliae
WHITAKER CENTER FOR SCIENCE AND							
THE ARTS - 222 MARKET STREET -							
HARRISBURG, PA 17101	25-1724566	501(C)(3)	59,518.	0.			EDUCATIONAL

Organization or government If applicable Cash grant In oncash assistance Cash grant C	Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Scho	eaule i (Form 990), Pa I	π II.) Τ	T
STATE STAT		(b) EIN			noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
STATE STAT	VILDHEART MINISTRIES							
HARRISBURG, PA 17104 81-2194708 501(C)(3) 20,000. 0. HUMAN SERVICE WILMER EYE INSTITUTE DEVELOPMENT OPFICE - 600 N. WOLFE ST., WILMER 112 - BALTIMORE, MD 21287 52-0595110 501(C)(3) 10,000. 0. HUMAN SERVICE WILSON COLLEGE 1015 PHILADELPHIA AVE. CHAMBERSBURG, PA 17201 23-1352692 501(C)(3) 18,267. 0. EDUCATIONAL WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 11,449. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET								
OFFICE - 600 N. WOLFE ST., WILMER 112 - BALTIMORE, MD 21287 52-0595110 501(C)(3) 10,000. 0. HUMAN SERVICE WILSON COLLEGE 1015 PHILADELPHIA AVE. CHAMBERSBURG, PA 17201 23-1352692 501(C)(3) 18,267. 0. EDUCATIONAL WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 11,449. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE	HARRISBURG, PA 17104	81-2194708	501(C)(3)	20,000.	0.			HUMAN SERVICE
WILSON COLLEGE 1015 PHILADELPHIA AVE. CHAMBERSBURG, PA 17201 WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) MITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	WILMER EYE INSTITUTE DEVELOPMENT							
112 - BALTIMORE, MD 21287 52-0595110 501(C)(3) 10,000. 0. HUMAN SERVICE WILSON COLLEGE 1015 PHILADELPHIA AVE. CHAMBERSBURG, PA 17201 23-1352692 501(C)(3) 18,267. 0. EDUCATIONAL WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 11,449. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. HUMAN SERVICE WICK CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE TWCA GREATER HARRISBURG 1101 MARKET STREET	OFFICE - 600 N. WOLFE ST., WILMER							
WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 11,449. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	112 - BALTIMORE, MD 21287	52-0595110	501(C)(3)	10,000.	0.			HUMAN SERVICE
1015 PHILADELPHIA AVE. CHAMBERSBURG, PA 17201 23-1352692 501(C)(3) 18,267. 0. EDUCATIONAL WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 11,449. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	WILSON COLLEGE							
CHAMBERSBURG, PA 17201 23-1352692 501(C)(3) 18,267. 0. EDUCATIONAL WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 11,449. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET								
HARRISBURG, PA 17111 23-1629016 501(C)(3) 11,449. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	CHAMBERSBURG, PA 17201	23-1352692	501(C)(3)	18,267.	0.			EDUCATIONAL
### 4801 LINDLE RD ####HARRISBURG, PA 17111 ################################								
HARRISBURG, PA 17111 23-1629016 501(C)(3) 11,449. 0. ARTS, HUMANITI WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET								
WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET								
4801 LINDLE RD HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	HARRISBURG, PA 17111	23-1629016	501(C)(3)	11,449.	0.			ARTS, HUMANITIES
HARRISBURG, PA 17111 23-1629016 501(C)(3) 5,600. 0. ARTS, HUMANITI YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	WITF-TV							
YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	4801 LINDLE RD							
301 G ST CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	HARRISBURG, PA 17111	23-1629016	501(C)(3)	5,600.	0.			ARTS, HUMANITIES
CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	YWCA CARLISLE & CUMBERLAND COUNTY							
CARLISLE, PA 17013 23-1429866 501(C)(3) 51,199. 0. HUMAN SERVICE YWCA GREATER HARRISBURG 1101 MARKET STREET	301 G ST							
1101 MARKET STREET		23-1429866	501(C)(3)	51,199.	0.			HUMAN SERVICE
1101 MARKET STREET	YWCA GREATER HARRISBURG							
		23-1370514	501(C)(3)	51 226	n			COMMUNITY DEVELOPMENT
	minitippone, III 17103	23 1370311	301(0)(0)	31,220.				COMMONITY BEVEROIMENT

Schedule I (Form 990) (Rev. 12-2024) THE FOUNDATION FOR ENT	ANCING COMMO	MITTED			Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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	450	286,567.	0.		
		•			
			<u></u>		
PART I LINE 2:	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
NONPROFIT ORGANIZATIONS RECEIVING GRANT FUNDS MUST	SIGN A CDANT	COMMD A CM			
BEFORE THE FUNDS ARE DISBURSED. THE GRANTEE SIGNS					
WHEN THE FUNDS ARE RECEIVED. THE GRANTEE MUST ALSO					
ONE YEAR EVALUATION AFTER THE GRANT IS PAID.	99111 2212 11 2				
SCHOLARSHIP FUNDS ARE MONITORED THROUGH EVALUATION	OF STUDENTS	TUITION			
BILLS, BEFORE DISBURSEMENTS ARE MADE. SCHOLARSHIP	MONIES ARE ON	LY PAID IF			
THE STUDENT OWES AT LEAST THE AMOUNT OF THE AWARD.	SCHOLARSHIP	MONEY IS NOT			
PAID IF THERE IS A CREDIT ON THE ACCOUNT OR A ZERO	BALANCE. SCH	OLARSHIP			
MONEY IS RELEASED PAYABLE TO BOTH THE STUDENT AND	THE COLLEGE,	AND MAILED			
DIRECTLY TO THE COLLEGE. THE ONLY INSTANCE THAT TH	E SCHOLARSHIP	MONEY IS			
RELEASED DIRECTLY TO THE STUDENT IS FOR BOOK REIMB	URSEMENT, AFT	ER BOOK			
RECEIPTS ARE RECEIVED AND REVIEWED. RECEIPTS ARE G	ENERATED AND	ACCOMPANY			
EACH CHECK. THE BURSAR'S OFFICE (TUITION PAYMENTS)	OR THE STUDE	INT (BOOK			
PAYMENTS) ARE ASKED TO RETURN A FORM INDENTIFYING	THE RECEIPT	OF AND			

APPROPRIATE USE OF THE FUNDS.

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

Open to Public Inspection

THE FOUNDATION FOR ENHANCING COMMUNITIES

Part I Questions Regarding Compensation

Employer identification number 01-0564355

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) (Rev. 12-2024)

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JANICE R. BLACK	(i)	224,849.	0.	0.	3,750.	5,556.	234,155.	0.
FORMER PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIRK DEMYAN	(i)	197,299.	16,023.	0.	0.	36,632.	249,954.	0.
SENIOR EXECUTIVE VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER DOYLE	(i)	189,693.	17,000.	0.	3,000.	15,143.	224,836.	0.
PRESIDENT & CEO & COMMUNITY INVESTME	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

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

THE FOUNDATION FOR ENHANCING COMMUNITIES

Inspection

Employer identification number

01-0564355

Pai	rt 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 de noncash contribu		•	S
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	21	825 820	FAIR VALUE			
10	Securities - Closely held stock			010,010.				
11	Securities - Partnership, LLC, or							
40	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	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted on Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?			•		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked,			
	describe in Part II.	(,), i i i)	()	•			

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

Schedule M (Form 990) 2024

SCHEDULE O (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 01-0564355 THE FOUNDATION FOR ENHANCING COMMUNITIES DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART I, LINE 1, INSPIRING GIVING BY PARTNERING WITH DONORS TO ACHIEVE THEIR CHARITABLE AND STRENGTHENING OUR LOCAL COMMUNITIES BY INVESTING IN THEM NOW AND FOR FUTURE GENERATIONS VALUES TNCLUSTON -WE BELIEVE THAT ALL VOICES ARE VITAL FOR OUR REGION'S FUTURE. WE PROMOTE EQUITY AND EMBRACE THE DIVERSITY OF INDIVIDUALS IDEAS AND EXPRESSIONS STEWARDSHIP - WE ARE PRUDENT AND GRATEFUL STEWARDS OF THE ASSETS, AND TALENT ENTRUSTED TO US. ENDURANCE - WE VALUE CREATING PERMANENT LEGACIES THAT SUPPORT LASTING COMMUNITY CHANGE INTEGRITY - WE WILL ACCEPT NOTHING BUT THE HIGHEST STANDARDS OF HONESTY, MUTUAL RESPECT, CONFIDENTIALITY AND TRANSPARENCY, FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INSPIRING GIVING BY PARTNERING WITH DONORS TO ACHIEVE THEIR CHARITABLE AND STRENGTHENING OUR LOCAL COMMUNITIES BY INVESTING IN THEM NOW AND FOR FUTURE GENERATIONS VALUES WE BELIEVE THAT ALL VOICES ARE VITAL FOR OUR REGION'S INCLUSION WE PROMOTE EQUITY AND EMBRACE THE DIVERSITY OF INDIVIDUALS IDEAS AND EXPRESSIONS STEWARDSHIP- WE ARE PRUDENT AND GRATEFUL STEWARDS OF THE ASSETS. AND TALENT ENTRUSTED TO US ENDURANCE- WE VALUE CREATING PERMANENT LEGACIES THAT SUPPORT LASTING COMMUNITY CHANGE INTEGRITY - WE DO WE WILL ACCEPT NOTHING BUT THE HIGHEST STANDARDS OF HONESTY, MUTUAL RESPECT, CONFIDENTIALITY AND TRANSPARENCY, FORM 990, PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE FOUNDATION FOR ENHANCING FOUNDATION (TFEC) IS A COMMUNITY FOUNDATION ESTABLISHED IN 1920. WE ARE THE 18TH OLDEST COMMUNITY FOUNDATION IN THE UNITED STATES. TFEC HAS 950 FUNDS AND SERVES A GEOGRAPHICAL AREA OF FIVE AND A HALF COUNTIES INCLUDING. CUMBERLAND DAUPHIN, FRANKLIN, LEBANON, PERRY AND NORTHERN YORK IN THE DILLSBURG AREA, WHERE ALL THE NONPROFITS IN THOSE COUNTIES ARE ELIGIBLE TO APPLY FOR DISCRETIONARY FUNDING EACH YEAR. OUR DONORS LIVE ACROSS THE UNITED TFEC HAS FIVE REGIONAL FOUNDATIONS. EACH HAS AN ADVISORY COMMITTEE OF LOCAL LEADERS FROM THE REGIONAL AREA REPRESENTED. THEIR COMMUNITY. THEY ARE RESPONSIBLE FOR THE ESTABLISHMENT OF NEW MARKETING AND EDUCATING PROFESSIONAL ADVISORS AND POTENTIAL DONORS OF ALL TYPES ABOUT THE BENEFITS OF INVESTING IN THEIR REGIONAL FOUNDATION THROUGH THEIR CONTACTS AND LEADERSHIP. THEY INCLUDE: DILLSBURG AREA COMMUNITY FOUNDATION SERVES DILLSBURG AREA MECHANICSBURG AREA COMMUNITY FOUNDATION SERVES MECHANICSBURG AREA ZIP CODES 17055 AND 17050; GREATER HARRISBURG COMMUNITY FOUNDATION SERVES CUMBERLAND. FRANKLIN, LEBANON, PERRY AND DILLSBURG AREA; FRANKLIN COUNTY COMMUNITY FOUNDATION SERVES FRANKLIN COUNTY;

PERRY COUNTY COMMUNITY FOUNDATION SERVES PERRY COUNTY.

432211 01-15-25

Name of the organization **Employer identification number** THE FOUNDATION FOR ENHANCING COMMUNITIES 01-0564355 FORM 990, PART III, LINE 4B, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE FOUNDATION FOR ENHANCING COMMUNITIES (TFEC) PROUDLY SERVES AS THE FISCAL SPONSOR FOR A DIVERSE ARRAY OF 69 PROJECTS, PROVIDING ESSENTIAL SUPPORT AND ADMINISTRATIVE FUNCTIONS FOR ORGANIZATIONS AND INDIVIDUALS DEDICATED TO CHARITABLE PURPOSES. AS A FISCAL SPONSOR, TFEC ENTERS INTO A FISCAL SPONSORSHIP AGREEMENT. ALLOWING THESE PROJECTS TO OPERATE UNDER ITS 501(C)(3) TAX-EXEMPT STATUS FOR A FEE. THIS PARTNERSHIP ENABLES PROJECTS TO FOCUS ON THEIR MISSIONS WHILE BENEFITING FROM TFEC'S INFRASTRUCTURE AND RESOURCES. BELOW ARE THREE HIGHLIGHTED EXAMPLES OF THE IMPACTFUL PROJECTS UNDER TFEC'S UMBRELLA. EACH OF THESE PROJECTS DEMONSTRATES TFEC'S COMMITMENT TO ENHANCING THE PHILANTHROPIC LANDSCAPE AND SUPPORTING INITIATIVES THAT BENEFIT THE COMMUNITY AT LARGE. THROUGH FISCAL SPONSORSHIP. TFEC ENABLES THESE CHARITABLE ENDEAVORS TO THRIVE AND MAKE A LASTING IMPACT. SOUTH CENTRAL PA JUDO FOUNDATION ESTABLISHED IN 2017, THE SOUTH CENTRAL PA JUDO FOUNDATION AIMS TO EMPOWER YOUTH BY FOSTERING LEADERSHIP SKILLS THROUGH MARTIAL ARTS AND LIFE SKILLS WORKSHOPS AND SEMINARS. THE INITIATIVE FEATURES AN INCLUSIVE, WEEKLONG SUMMER CAMP THAT WELCOMES ALL CHILDREN INTERESTED IN PURSUING MARTIAL ARTS, REGARDLESS OF THEIR BACKGROUND OR FINANCIAL SITUATION. ENTRANCE FEES ARE WAIVED FOR CHILDREN DEMONSTRATING FINANCIAL NEED IN A COMMITMENT TO EQUITY. IN 2024, THE CAMP SUCCESSFULLY ENGAGED FIFTY-SIX CHILDREN, PROVIDING THEM WITH INVALUABLE EXPERIENCES THAT PROMOTE PHYSICAL FITNESS. DISCIPLINE. AND PERSONAL DEVELOPMENT. 3.21 FOR LIFE LAUNCHED IN 2022, 3.21 FOR LIFE IS DEDICATED TO RAISING AWARENESS AND PROVIDING CRITICAL SUPPORT TO NONPROFIT ORGANIZATIONS, FOUNDATIONS, AND CENTERS FOCUSING ON INDIVIDUALS WITH DOWN SYNDROME AND ALL WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD). OVER THE PAST YEAR THE PROJECT MADE SIGNIFICANT STRIDES IN COMMUNITY SUPPORT BY AIDING 18 LOCAL NONPROFITS AND PROGRAMS. CONTRIBUTING \$65,000 IN FUNDING. THIS FINANCIAL SUPPORT ENHANCES THE RESOURCES AVAILABLE TO THESE ORGANIZATIONS, ENABLING THEM TO EXPAND THEIR SERVICES AND OUTREACH EFFORTS. THEREBY IMPROVING THE LIVES OF INDIVIDUALS WITH IDD AND THEIR FAMILIES CAPITOL ALL-STARS CHARITABLE LEGISLATIVE SOFTBALL GAME SINCE BECOMING AN OFFICIAL PROJECT IN 2019, THE CAPITOL ALL-STARS CHARITABLE LEGISLATIVE SOFTBALL GAME HAS BEEN A UNIQUE INITIATIVE DESIGNED TO RAISE BOTH FUNDS AND AWARENESS FOR A CHOSEN CHARITY. THE EVENT SPECIFICALLY SEEKS TO HIGHLIGHT THE CHARITY'S MISSION AMONG PENNSYLVANIA LEGISLATORS AND THE PUBLIC. SINCE ITS INCEPTION, THE PROJECT HAS SUCCESSFULLY AWARDED 10 GRANTS, TOTALING OVER \$150,000 DIRECTED TOWARDS NONPROFITS THAT FOCUS ON TACKLING FOOD INSECURITY AND EXTENDING SUPPORT TO FAMILIES IN NEED. FORM 990, PART III, LINE 4C, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS TFEC INITIATIVES EARLY EDUCATION INITIATIVE THE MISSION OF THE TFEC EARLY EDUCATION INITIATIVE IS TO CULTIVATE CONVENE AND STRENGTHEN COMMUNITY OPPORTUNITIES FOR GROWTH, SAFETY, AND WELLNESS FOR ALL CHILDREN, NOW AND FOR FUTURE GENERATIONS. THE TFEC EARLY EDUCATION INITIATIVE IS GUIDED BY THE EXPERTISE OF THE TFEC EARLY EDUCATION ADVISORY COMMITTEE. THE COMMITTEE EXPLORES THE SYSTEMS

Name of the organization **Employer identification number** THE FOUNDATION FOR ENHANCING COMMUNITIES 01-0564355 PARTNERSHIPS, AND LEADERSHIP ROLES THAT BEST ENHANCE AND STRENGTHEN CONNECTIONS FOCUSING ON SERVICE TO CHILDREN FROM PRENATAL TO FIVE YEARS OF AGE. WHICH IS CRITICAL DUE TO THE LACK OF COHESIVENESS IN THE EARLY EDUCATION SECTOR. THE THREE OVERARCHING GOALS INCLUDE A MORE EDUCATED AND ENGAGED LOCAL BUSINESS COMMUNITY AROUND EARLY EDUCATION. AWARENESS OF THE IMPORTANCE OF SCHOOL READINESS SKILLS ALONG WITH A SUCCESSFUL TRANSITIONS INTO KINDERGARTEN, AND TO HELP DEVELOP A RESILIENT COMMUNITY THROUGH PRACTICES SUCH AS THE BASICS. STRATEGY IS GROUNDED IN FIVE PROVEN. SCIENCE-BASED PRINCIPLES FOR EARLY LEARNING AND BRAIN DEVELOPMENT. THE EARLY EDUCATION ADVISORY COMMITTEE CONSISTS OF EXPERTS IN THE FIELD OF EARLY EDUCATION FROM EACH OF OUR FIVE AND A HALF COUNTY AREAS, INCLUDING EXPERTS FROM THE PENNSYLVANIA THE EARLY LEARNING RESOURCE CENTER, AND THE OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING. MANAGEMENT SERVICE AGREEMENTS MANAGEMENT SERVICE AGREEMENTS PROVIDE THE FOUNDATION FOR ENHANCING COMMUNITIES THE ABILITY TO PERFORM MANY INTERNAL BACKROOM FUNCTIONS FOR INDEPENDENT NONPROFIT ORGANIZATIONS AND FOUNDATIONS. THE ORGANIZATION REMAINS THE LEGAL OWNER OF ITS FINANCIAL ASSETS AND MAINTAINS ITS OWN GOVERNING BODY. AND TFEC PROVIDES A SELECTION OF SERVICES FOR A FEE ACCORDING TO A MANAGEMENT SERVICES AGREEMENT. TFEC CURRENTLY PROVIDES MANAGEMENT SERVICES TO 17 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 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: O STATEMENTS OF FINANCIAL POSITION O STATEMENTS OF ACTIVITY (ACTUAL VS BUDGET) O CASH FLOW FORECAST GRANTS PAID AND PAYABLE O PLEDGES RECEIVED AND RECEIVABLE O GIFTS RECEIVED O RETURN EARNED ON THE INVESTMENT O LIST OF ALL GIFTS WITH FUND BALANCES O STATEMENT OF FINANCIAL POSITION FOR EACH FUND O SCHEDULE OF ACCOUNTS PAYABLE O WORKING PAPERS FOR ANNUAL TAX RETURN (ACTUAL RETURN PREPARED BY

Name of the organization **Employer identification number** THE FOUNDATION FOR ENHANCING COMMUNITIES 01-0564355 ORGANIZATION'S CPA FIRM) AUDIT WORK CLOSELY WITH THE ORGANIZATION'S AUDITOR TO PROVIDE ALL INFORMATION NECESSARY TO COMPLETE THE ANNUAL AUDIT BUDGET PREPARATION WORK CLOSELY WITH THE STAFF IN ORDER TO ASSEMBLE THE ORGANIZATION'S ANNUAL BUDGET PAYROLL PREPARE PAYROLL JOURNAL ENTRIES. GOVERNMENTAL REPORTS. AND EMPLOYEE DEDUCTIONS FOR TAXES, BENEFITS AND SAVINGS PLANS (CLIENT IS RESPONSIBLE FOR HAVING OWN PAYROLL PROVIDER.) INVESTMENTS ESTABLISH RELATIONSHIPS WITH FINANCIAL INSTITUTIONS WHERE FUNDS ARE INVESTED ENSURE THAT ALL FUNDS ARE INVESTED PROPERLY. ACCORDING TO INVESTMENT POLICY GUIDELINES ENSURE THAT ALL FEES CHARGED BY INVESTMENT FIRMS ARE APPROPRIATE REBALANCE INVESTMENT PORTFOLIO ON A MONTHLY BASIS PROVIDE MONTHLY INVESTMENT REPORTS REVIEW ALL INVESTMENTS QUARTERLY USING THE EXPERTISE OF TFEC'S INVESTMENT ADVISORY COMMITTEE PLANNED GIVING SERVICES PLANNED GIVING SERVICES ARE OFFERED AS REQUESTED BY POTENTIAL DONORS. WE HAVE AN ATTORNEY ON RETAINER WHO IS AVAILABLE IN THESE CIRCUMSTANCES. OUR PLANNED GIVING PRODUCTS INCLUDE: CHARITABLE REMAINDER TRUSTS CHARITABLE REMAINDER ANNUITY TRUSTS CHARITABLE LEAD TRUSTS LIFE INSURANCE POLICIES RETIREMENT PLAN ASSETS FORM 990, PART VI, SECTION B, LINE 11B: THE FOUNDATION'S INTERNAL REVENUE SERVICE (IRS) FORM 990 IS SENT TO THE DIRECTORS AND OFFICERS ELECTRONICALLY PRIOR TO SENDING IT TO THE IRS. FOUNDATION'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT COMMITTEE THE RESPONSIBILITY TO REVIEW, IN DETAIL, THE FOUNDATION'S IRS FORM 990 EITHER BEFORE OR AFTER FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS, OFFICERS, EMPLOYEES, STANDING AND FUND ADVISORY COMMITTEE 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

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
ND,OH,OK,OR,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CONFLICT OF INTEREST POLICY IS IN THE FOUNDATION'S BY-LAWS AT ARTICLE	
XIII, IN THE RELATIONSHIP WITH APPLICANTS SECTION OF THE EMPLOYEE HANDBOOK,	
AND IN POLICY STATEMENTS ADOPTED BY THE BOARD OF DIRECTORS. THE	
FOUNDATION'S GOVERNING DOCUMENT, BY-LAWS, ARTICLES OF INCORPORATION, AND	
POLICY STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S	
PRESIDENT. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT WHICH CONTAINS	
FINANCIAL INFORMATION, AND ITS FINANCIAL STATEMENTS TO DONORS, FUNDHOLDERS	
AND INTERESTED PERSONS.	_
PAGE 1, SECTION C, DOING BUSINES 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.	_
	_
	_

432212 01-29-25 Schedule O (Form 990) 2024

SCHEDULE R (Form 990)

Part I

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE FOUNDATION FOR ENHANCING COMMUNITIES

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

01-0564355

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-ye		Direct o	Direct controlling entity	
	_							
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had on	e or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity		ct controlling	cont	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	וי	entity	Yes	No
GHF, INC - 22-2436382							165	NO
200 NORTH THIRD STREET, 8TH FLOOR								
HARRISBURG, PA 17101	HOLDING TRUST FUNDS	PENNSYLVANIA	501(C)(3)	LINE 8	N/A			Х
TFEC PROPERTIES, INC - 20-8561997								
200 NORTH THIRD STREET, 8TH FLOOR	HOLDING REAL ESTATE FOR							
HARRISBURG, PA 17101	TFEC	PENNSYLVANIA	501(C)(2)	N/A	N/A			Х
	_							
	_							
	_							
	\dashv							

		0 11 77 11 11		000 0 101			
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Fo	orm 990, Part IV	', line 34, because	it had one or mo	ore related
Partill	organizations treated as a partnership during the tax year.	•					
	organizations are are a partitionally and tax your.						

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Share of Dispreparticulate C		Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
				1					1		

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

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

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

Yes No

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

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?

	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)									
	f Dividends from related organization(s)								
	g Sale of assets to related organization(s)								
	h Purchase of assets from related organization(s)				1h		Х		
	i Exchange of assets with related organization(s)				1i		Х		
	j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
	k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
	I Performance of services or membership or fundraising solicitations for related organization	n(s)			11		Х		
	$\boldsymbol{m} \ \ \text{Performance of services or membership or fundraising solicitations by related organization}$	n(s)			1m		Х		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х		
	Sharing of paid employees with related organization(s)				10		Х		
	p Reimbursement paid to related organization(s) for expenses				1p		Х		
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
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.									
		(b) ansaction ype (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
1)	1) TFEC PROPERTIES, INC. B 390,870. FMV OF CASH CONTRIBUTION								
2)	2) TFEC PROPERTIES, INC. D 1,184,000.SIGNED LOAN AGREEMENT WITH BANK								
3)									
4)									
5)	1								
6)									
	1400 40 00 04			Schodulo P (Form 9	an (D	ov 1-	2025/		

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropertionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managin partner? Yes No	(k) Percentage ownership
	-									

Schedule R	(Form 990) (Rev. 1-2025) THE FOUNDATION FOR ENHANCING COMMUNITIES	01-0564355	Page 5
Part VII	(Form 990) (Rev. 1-2025) THE FOUNDATION FOR ENHANCING COMMUNITIES Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Forms included in Electronic Filing

F 000/000 F7/000 PF	Farma 000 T
Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 03/24/2025 06:12:55	
FORM 990	