

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the **2014** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FOUNDATION FOR ENHANCING COMMUNITIES		D Employer identification number 01-0564355
	Doing business as		E Telephone number 717-236-5040
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 NORTH 3RD STREET, 8TH FLOOR	G Gross receipts \$ 11,914,331.	
	City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 17108-0678		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: JANICE BLACK SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.TFEC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1920	M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	165
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,113,453.	Current Year 4,788,268.
	9 Program service revenue (Part VIII, line 2g)	418,183.	487,226.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,791,467.	2,254,646.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	584.	-56,773.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,323,687.	7,473,367.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,016,035.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		890,365.	954,753.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		290,958.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,699,810.	2,716,130.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,606,210.	8,114,231.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,282,523.	-640,864.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 62,195,211.	End of Year 63,585,099.
	21 Total liabilities (Part X, line 26)	5,058,229.	5,459,146.
	22 Net assets or fund balances. Subtract line 21 from line 20	57,136,982.	58,125,953.

Part II Signature Block

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

Sign Here: *Janice Black* Signature of officer Date: **2/19/15**
JANICE BLACK, PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **TRACEY L RASH** Preparer's signature: *Tracey L Rash* Date: **2/17/15** Check if self-employed: PTIN: **P00252345**
 Firm's name: **MAHER DUESSEL, CPA'S** Firm's EIN: **25-1622758**
 Firm's address: **3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110** Phone no.: **717-232-1230**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 4,955,440. including grants of \$ 4,443,348.) (Revenue \$ 487,226.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 101,635. including grants of \$) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 34,594. including grants of \$) (Revenue \$) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,886,751. including grants of \$) (Revenue \$)

4e Total program service expenses 6,978,420.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: FOUNDATION OFFICERS - 717-236-5040 200 NORTH 3RD STREET, HARRISBURG, PA 17108-0678

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID A. SCHANKWEILER CHAIRMAN	1.00	X		X				0.	0.	0.
(2) KATHY L. PAPE VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) NEAL WEST SECRETARY	1.00	X		X				0.	0.	0.
(4) STEVEN M. HOFFMAN TREASURER	1.00	X		X				0.	0.	0.
(5) DAVID B. SKERPON ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(6) CYNTHIA T. TOLSMA ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(7) DAVID M. KLEPPINGER BOARD MEMBER	1.00	X						0.	0.	0.
(8) KAREN F. SNIDER BOARD MEMBER	1.00	X						0.	0.	0.
(9) CATE BARRON BOARD MEMBER	1.00	X						0.	0.	0.
(10) EDWIN NIEVES BOARD MEMBER	1.00	X						0.	0.	0.
(11) DR. CAROLYN DUMARESQ BOARD MEMBER	1.00	X						0.	0.	0.
(12) MARILYN R. ABRAMS BOARD MEMBER	1.00	X						0.	0.	0.
(13) KENNETH E. LEHMAN BOARD MEMBER	1.00	X						0.	0.	0.
(14) MICHAEL R. GILLESPIE BOARD MEMBER	1.00	X						0.	0.	0.
(15) NANCY GLEN BOARD MEMBER	1.00	X						0.	0.	0.
(16) L. JEFFREY MATTERN BOARD MEMBER	1.00	X						0.	0.	0.
(17) JANICE BLACK PRESIDENT & CEO	37.50			X				164,162.	0.	12,467.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIRK DEMYAN CFO	37.50			X				111,967.	0.	17,280.
1b Sub-total								276,129.	0.	29,747.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								276,129.	0.	29,747.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	104,287.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	37,415.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,646,566.					
	g Noncash contributions included in lines 1a-1f: \$		740,055.					
	h Total. Add lines 1a-1f			4,788,268.				
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	541900	487,226.	487,226.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			487,226.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,499,708.			1,499,708.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			754,938.			754,938.
	8 a Gross income from fundraising events (not including \$ 104,287. of contributions reported on line 1c). See Part IV, line 18	a		44,203.				
		b Less: direct expenses	b	100,976.				
		c Net income or (loss) from fundraising events			-56,773.			-56,773.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
Other Revenue	11 a							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				7,473,367.	487,226.	0.	2,197,873.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,873,295.	3,873,295.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	491,519.	491,519.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	78,534.	78,534.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	305,877.	22,101.	206,059.	77,717.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	494,386.	189,882.	231,523.	72,981.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,060.	1,605.	3,314.	1,141.
9 Other employee benefits	83,361.	22,082.	45,581.	15,698.
10 Payroll taxes	65,069.	17,236.	35,580.	12,253.
11 Fees for services (non-employees):				
a Management				
b Legal	40,023.	10,601.	21,885.	7,537.
c Accounting	19,113.	5,063.	10,451.	3,599.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	100,513.	26,625.	54,960.	18,928.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,487.	1,718.	3,547.	1,222.
12 Advertising and promotion	73,330.	19,424.	40,097.	13,809.
13 Office expenses	44,352.	11,749.	24,251.	8,352.
14 Information technology	71,485.	18,936.	39,088.	13,461.
15 Royalties				
16 Occupancy	153,748.	40,727.	84,069.	28,952.
17 Travel	19,068.	5,051.	10,426.	3,591.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,510.	1,990.	4,106.	1,414.
23 Insurance	23,090.	6,116.	12,626.	4,348.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL PROJECTS	2,125,790.	2,125,790.		
b DUES AND FEES	13,599.	3,602.	7,436.	2,561.
c STAFF AND DIRECTOR DEVE	11,853.	3,140.	6,481.	2,232.
d MISCELLANEOUS	6,169.	1,634.	3,373.	1,162.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,114,231.	6,978,420.	844,853.	290,958.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,976,270.	2	2,867,071.
	3 Pledges and grants receivable, net	1,882,043.	3	1,706,003.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,201.	9	24,559.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 216,017.		
	b Less: accumulated depreciation	10b 206,829.	10c	9,188.
	11 Investments - publicly traded securities	57,509,147.	11	58,184,332.
	12 Investments - other securities. See Part IV, line 11	800,622.	12	793,946.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	62,195,211.	16	63,585,099.	
Liabilities	17 Accounts payable and accrued expenses	9,546.	17	10,468.
	18 Grants payable	548,188.	18	588,699.
	19 Deferred revenue	2,180.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,498,315.	25	4,859,979.
	26 Total liabilities. Add lines 17 through 25	5,058,229.	26	5,459,146.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	54,196,260.	27	55,161,874.
	28 Temporarily restricted net assets	2,940,722.	28	2,964,079.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	57,136,982.	33	58,125,953.	
34 Total liabilities and net assets/fund balances	62,195,211.	34	63,585,099.	

Part 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	7,473,367.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,114,231.
3	Revenue less expenses. Subtract line 2 from line 1	3	-640,864.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,136,982.
5	Net unrealized gains (losses) on investments	5	1,629,835.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	58,125,953.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,004,408.	4,811,476.	5,116,513.	5,241,284.	4,788,268.	24,961,949.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	5,004,408.	4,811,476.	5,116,513.	5,241,284.	4,788,268.	24,961,949.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,283,636.
6 Public support. Subtract line 5 from line 4.						23,678,313.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	5,004,408.	4,811,476.	5,116,513.	5,241,284.	4,788,268.	24,961,949.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	979,349.	1,056,844.	1,590,548.	1,381,859.	1,499,708.	6,508,308.
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						31,470,257.
12 Gross receipts from related activities, etc. (see instructions)					12	1,793,874.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	75.24 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	75.18 %

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the 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, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 309,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 290,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 151,719.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 127,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 114,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 111,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 97,054.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 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
4	PUBLICALLY TRADED SECURITIES _____ _____ _____	\$ 151,719.	12/05/14
5	PUBLICALLY TRADED SECURITIES _____ _____ _____	\$ 94,993.	01/07/14
11	PUBLICALLY TRADED SECURITIES _____ _____ _____	\$ 97,054.	10/16/14
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FOOTNOTES

STATEMENT 1

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	131	
2 Aggregate value of contributions to (during year)	855,581.	
3 Aggregate value of grants from (during year)	2,594,718.	
4 Aggregate value at end of year	10,784,996.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
c Beginning balance	4,088,194.
d Additions during the year	1,118,266.
e Distributions during the year	638,851.
f Ending balance	4,567,609.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	54,170,000.	42,964,000.			
b Contributions	3,263,000.	3,886,000.			
c Net investment earnings, gains, and losses	3,885,000.	11,142,000.			
d Grants or scholarships	3,945,000.	3,150,000.			
e Other expenditures for facilities and programs	2,016,456.	620,000.			
f Administrative expenses	231,544.	52,000.			
g End of year balance	55,125,000.	54,170,000.			

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

- a** Board designated or quasi-endowment 100.00 %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		216,017.	206,829.	9,188.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,188.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	4,859,979.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,859,979.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,683,593.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 1,629,953.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 580,273.		
e	Add lines 2a through 2d		2e	2,210,226.
3	Subtract line 2e from line 1		3	7,473,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,473,367.

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

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

1	Total expenses and losses per audited financial statements		1	8,215,207.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 100,976.		
e	Add lines 2a through 2d		2e	100,976.
3	Subtract line 2e from line 1		3	8,114,231.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	8,114,231.

Part XIII Supplemental Information.

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

PART IV, LINE 1B:

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

UNITRUSTS AND CHARITABLE REMAINDER LEAD TRUSTS. THE UNITRUSTS REQUIRE

ANNUAL DISTRIBUTIONS TO THE DONORS OR THE DONOR DESIGNATED BENEFICIARY AND

THE REMAINDER IS DISTRIBUTED TO THE FOUNDATION AT TERMINATION OF THE

TRUST. THE LEAD TRUSTS REQUIRE ANNUAL DISTRIBUTIONS TO THE FOUNDATION AND

THE REMAINDER IS DISTRIBUTED TO THE DONORS OR THE DONOR DESIGNATED

BENEFICIARY AT THE TERMINATION OF THE TRUST.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES 100,976.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 444,696.

Part XIII Supplemental Information *(continued)*

SPLIT INTEREST AGREEMENT CONTRIBUTIONS 34,601.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 580,273.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES 100,976.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		INDIA	RELIGION	8,500.	CHECK	0.		
		INDIA	RELIGION	70,034.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CHAMPION OF PHILANTHROPY (event type)	POWER OF THE PURSE (event type)	3 (total number)	
1	Gross receipts	62,776.	55,452.	30,262.	148,490.
2	Less: Contributions	44,744.	45,045.	14,498.	104,287.
3	Gross income (line 1 minus line 2)	18,032.	10,407.	15,764.	44,203.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		14,003.	14,003.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	23,423.	41,949.	21,601.
10	Direct expense summary. Add lines 4 through 9 in column (d)				100,976.
11	Net income summary. Subtract line 10 from line 3, column (d)				-56,773.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

FORM 990, SCHEDULE G, PART II, LINE 11, NET INCOME SUMMARY:

NET INCOME SUMMARY REFLECTS NET INCOME (LOSS) FROM FUNDRAISING EVENTS

EXCLUDING CONTRIBUTIONS REPORTED ON FORM 990, PART VIII, LINE 1C. BELOW

IS A RECONCILIATION OF THE FUNDRAISING EVENTS INCLUDING CONTRIBUTION

REVENUE:

NET INCOME SUMMARY, PART II, LINE 11	-56,773
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ADD: CONTRIBUTIONS AND IN-KIND CONTRIBUTIONS	104,287
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NET INCOME FROM FUNDRAISING EVENTS	47,514
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY/NEUTER ASSISTANCE PROGRAM, INC. (SNAP) - P.O. BOX 126702 - HARRISBURG, PA 17112-6702	23-2172084	501 (C)(3)	5,000.	0.			HEALTH
NACER, USA P O BOX 266 BLUFFTON, OH 45817	32-0254688	501 (C)(3)	99,600.	0.			COMMUNITY DEVELOPMENT
LEBANON VALLEY COLLEGE 101 N. COLLEGE AVENUE ANNVILLE, PA 17003	23-1352354	501 (C)(3)	5,000.	0.			MATH & SCIENCE
MECHANICSBURG AREA FOUNDATION DISCRETIONARY GRANTMAKING - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501 (C)(3)	21,391.	0.			COMMUNITY DEVELOPMENT
FRANKLIN COUNTY FOUNDATION DISCRETIONARY GRANTMAKING - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501 (C)(3)	10,932.	0.			COMMUNITY DEVELOPMENT
PERRY COUNTY COMMUNITY FOUNDATION DISCRETIONARY GRANTMAKING - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501 (C)(3)	14,539.	0.			COMMUNITY DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **185.**
- 3** Enter total number of other organizations listed in the line 1 table **185.**

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

Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER HARRISBURG FOUNDATION DISCRETIONARY GRANTMAKING - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501 (C)(3)	138,778.	0.			SELF SUFFICIENCY
TFEC ADMINISTRATIVE FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501 (C)(3)	16,235.	0.			COMMUNITY DEVELOPMENT
PERRY COUNTY COUNCIL OF THE ARTS PO BOX 354 NEWPORT, PA 17074	22-2646866	501 (C)(3)	86,980.	0.			ARTS, HUMANITIES
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 (C)(3)	5,600.	0.			HUMAN SERVICE
SPAY/NEUTER ASSISTANCE PROGRAM, INC. (SNAP) - P.O. BOX 126702 - HARRISBURG, PA 17112-6702	23-2172084	501 (C)(3)	5,577.	0.			HEALTH
AIR HILL BRETHREN IN CHRIST CHURCH 7041 CUMBERLAND HIGHWAY CHAMBERSBURG, PA 17202	25-1142759	501 (C)(3)	12,000.	0.			RELIGION
CAMP JOY EL 3741 JOY EL DRIVE GREENCASTLE, PA 17225	25-1247946	501 (C)(3)	7,000.	0.			RELIGION
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 225 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501 (C)(3)	31,659.	0.			EDUCATIONAL
THE WILDCAT FOUNDATION 500 S. BROAD STREET MECHANICSBURG, PA 17055	23-2975211	501 (C)(3)	7,372.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOD COLLEGE 401 ROSEMONT AVE. FREDERICK, MD 21701	52-0591608	501 (C)(3)	29,689.	0.			EDUCATIONAL
SUSQUEHANNA ART MUSEUM P O BOX 11818 HARRISBURG, PA 17108-1818	25-1601081	501 (C)(3)	10,000.	0.			ARTS, HUMANITIES
THE BURG FOUNDATION 403 NORTH 2ND STREET HARRISBURG, PA 17102	46-2742447	501 (C)(3)	12,000.	0.			ARTS, HUMANITIES
ALEXANDER HAMILTON MEMORIAL FREE LIBRARY - 45 EAST MAIN STREET - WAYNESBORO, PA 17268-0551	23-1352316	501 (C)(3)	30,000.	0.			COMMUNITY DEVELOPMENT
SECOND ANONYMOUS IN AND OUT FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501 (C)(3)	18,242.	0.			COMMUNITY DEVELOPMENT
WITF, INC. 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501 (C)(3)	10,000.	0.			ARTS, HUMANITIES
CAPITAL REGION HEALTH SYSTEM AT HAMILTON HEALTH CENTER, INC. - 1650 WALNUT STREET - HARRISBURG, PA 17110-0098	23-1858363	501 (C)(3)	20,000.	0.			HEALTH
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501 (C)(3)	10,000.	0.			ARTS, HUMANITIES
CHAUTAUQUA FOUNDATION, INC P O BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501 (C)(3)	50,000.	0.			ENVIRONMENTAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICKIE'S ANGEL FOUNDATION 511 BRIDGE STREET NEW CUMBERLAND, PA 17070	20-8755452	501 (C)(3)	12,916.	0.			COMMUNITY DEVELOPMENT
JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PENNSYLVANIA - 610 S. GEORGE STREET - YORK, PA 17401	23-1598129	501 (C)(3)	10,000.	0.			EDUCATIONAL
COLORADO COLLEGE P.O. BOX 1117 COLORADO SPRINGS, CO 80901	84-0402510	501 (C)(3)	5,000.	0.			EDUCATIONAL
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 225 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501 (C)(3)	5,000.	0.			EDUCATIONAL
ADAMS COUNTY CHRISTIAN ACADEMY 1865 BIGLERVILLE RD GETTYSBURG, PA 17325	25-1501365	501 (C)(3)	10,000.	0.			EDUCATIONAL
BETA PI BOULE INC. PO BOX 60252 HARRISBURG, PA 17106-0252	25-1755033	501 (C)(3)	26,200.	0.			EDUCATIONAL
THEATRE HARRISBURG 513 HURLOCK ST. HARRISBURG, PA 17110	23-1465635	501 (C)(3)	5,000.	0.			ARTS, HUMANITIES
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501 (C)(3)	5,000.	0.			ARTS, HUMANITIES
CENTRAL PENNSYLVANIA FRIENDS OF JAZZ, INC. - 5721 JONESTOWN ROAD - HARRISBURG, PA 17112	23-2137529	501 (C)(3)	7,500.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA - CHOP FOUNDATION - PHILADELPHIA, PA 19104-4399	23-2237932	501 (C)(3)	33,065.	0.			HEALTH
CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - ONE CHILDRENS HOSPITAL DR., CENT PLANT, FL 3 - PITTSBURGH, PA 15224	25-1865744	501 (C)(3)	33,065.	0.			HEALTH
TSM/SOURCE OF LIFE MINISTRIES P.O. BOX 96 HANOVER, PA 17331	30-0213425	501 (C)(3)	18,000.	0.			RELIGION
SUSQUEHANNA CHORALE INC ONE COLLEGE AVENUE MECHANICSBURG, PA 17055	23-2250626	501 (C)(3)	7,000.	0.			ARTS, HUMANITIES
ASBURY FOUNDATION, INC. 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501 (C)(3)	50,000.	0.			EDUCATIONAL
SUSQUEHANNA CHORALE INC ONE COLLEGE AVENUE MECHANICSBURG, PA 17055	23-2250626	501 (C)(3)	10,000.	0.			ARTS, HUMANITIES
CITIZENS COMMITTEE FOR CHILDREN OF NEW YORK - 105 EAST 22ND ST - NEW YORK, NY 10010	13-5618593	501 (C)(3)	5,550.	0.			COMMUNITY DEVELOPMENT
CAPITAL AREA THERAPEUTIC RIDING ASSOCIATION (CATRA) - 168 STATION ROAD - GRANTVILLE, PA 17028	23-2381558	501 (C)(3)	20,000.	0.			HUMAN SERVICE
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ROBERT KENNEDY MEMORIAL PRESBYTERIAN CHURCH - 11299 WELSH RUN ROAD. - GREENCASTLE, PA 17225	32-0131488	501 (C)(3)	5,652.	0.			RELIGION
BROADWAY UNITED METHODIST CHURCH 1550 BROADWAY RENNSELAER, NY 12144		501 (C)(3)	5,000.	0.			RELIGION
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501 (C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
COMMUNITY ACTION PROGRAM OF LANCASTER - 601 SOUTH QUEEN STREET - LANCASTER, PA 17608-0599	23-1667311	501 (C)(3)	5,820.	0.			HUMAN SERVICE
THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	13-3062214	501 (C)(3)	314,571.	0.			COMMUNITY DEVELOPMENT
BETA PI BOULE INC. PO BOX 60252 HARRISBURG, PA 17106-0252	25-1755033	501 (C)(3)	28,000.	0.			EDUCATIONAL
PENNSYLVANIA STATE UNIVERSITY OFFICE OF UNIV. DEVELOPMENT UNIVERSITY PARK, PA 16802-9976	24-6000376	501 (C)(3)	5,000.	0.			EDUCATIONAL
COLORADO COLLEGE P.O. BOX 1117 COLORADO SPRINGS, CO 80901	84-0402510	501 (C)(3)	5,000.	0.			EDUCATIONAL
TENDER CARE PREGNANCY CENTER 536 CARLISLE STREET HANOVER, PA 17331	23-2473531	501 (C)(3)	15,000.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TSM/SOURCE OF LIFE MINISTRIES P.O. BOX 96 HANOVER, PA 17331	30-0213425	501 (C)(3)	30,000.	0.			RELIGION
ST. TIMOTHY'S SCHOOL DEVELOPMENT OFFICE STEVENSON, MD 21153	52-0591488	501 (C)(3)	5,000.	0.			EDUCATIONAL
THE M.S. HERSHEY FOUNDATION PO BOX 445 HERSHEY, PA 17033	23-6242734	501 (C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
LGD ALLIANCE.ORG 19919 VILLA LANTE PLACE BOCA RATON, FL 33434	26-1224181	501 (C)(3)	30,000.	0.			HEALTH
AMERICAN TECHNION SOCIETY 55 E. 59TH STREET NEW YORK, NY 10022	13-0434195	501 (C)(3)	5,000.	0.			EDUCATIONAL
CHAUTAUQUA FOUNDATION, INC P O BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501 (C)(3)	5,000.	0.			ENVIRONMENTAL
SEMINARY RIDGE HISTORIC PRESERVATION FOUNDATION - 61 SEMINARY RIDGE - GETTYSBURG, PA 17325-1795	23-3011270	501 (C)(3)	50,000.	0.			COMMUNITY DEVELOPMENT
CAPITAL REGION HEALTH SYSTEM AT HAMILTON HEALTH CENTER, INC. - 1650 WALNUT STREET - HARRISBURG, PA 17110-0098	23-1858363	501 (C)(3)	10,000.	0.			HEALTH
TFEC ADMINISTRATIVE FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501 (C)(3)	8,788.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAMS RESCUE MISSION 2515 YORK ROAD GETTYSBURG, PA 17325	23-1978755	501 (C)(3)	10,000.	0.			HUMAN SERVICE
INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL (ICFG) - PO BOX 26776 - LOS ANGELES, CA 90026-0176	95-4389996	501 (C)(3)	20,000.	0.			RELIGION
FUND FOR THE FUTURE C/O THE GREATER HARRISBURG FDN HARRISBURG, PA 17101	01-0564355	501 (C)(3)	6,233.	0.			COMMUNITY DEVELOPMENT
FUND FOR THE FUTURE C/O THE GREATER HARRISBURG FDN HARRISBURG, PA 17101	01-0564355	501 (C)(3)	43,767.	0.			COMMUNITY DEVELOPMENT
PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE - HERSHEY, PA 17033	24-6000376	501 (C)(3)	15,000.	0.			HEALTH
PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE - HERSHEY, PA 17033	24-6000376	501 (C)(3)	700,000.	0.			HEALTH
THE FOUR DIAMONDS FUND PENN STATE HERSHEY MEDICAL CENTER HERSHEY, PA 17033	24-6000376	501 (C)(3)	46,519.	0.			COMMUNITY DEVELOPMENT
CHAUTAUQUA FOUNDATION, INC P O BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501 (C)(3)	5,000.	0.			ENVIRONMENTAL
PINNACLEHEALTH SYSTEM - FOUNDATION 409 SOUTH 2ND STREET HARRISBURG, PA 17105	22-2691718	501 (C)(3)	5,000.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA MISSION OF HARRISBURG 611 REILLY ST. HARRISBURG, PA 17102	23-1389397	501 (C)(3)	12,000.	0.			COMMUNITY DEVELOPMENT
GREYSTONE MANOR THERAPEUTIC RIDING CLUB - PO BOX 10724 - LANCASTER, PA 17605-0724	23-3059649	501 (C)(3)	30,000.	0.			EDUCATIONAL
WOMEN'S FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501 (C)(3)	10,070.	0.			COMMUNITY DEVELOPMENT
BAPS SHRI SWAMINARAYAN MANDIR 265 REYNDERS ST. HARRISBURG, PA 17113	26-1530694	501 (C)(3)	5,001.	0.			RELIGION
TRES BONNE ANNEE C/O HARRISBURG HILTON HARRISBURG, PA 17101	25-1888180	501 (C)(3)	5,000.	0.			EDUCATIONAL
PENNSYLVANIA STATE UNIVERSITY - HERSHEY MEDICAL CENTER - 500 UNIVERSITY DRIVE - HERSHEY, PA 17033	25-1854772	501 (C)(3)	6,727.	0.			HEALTH
9MARKS 525 A STREET NE WASHINGTON, DC 20002	43-2103120	501 (C)(3)	13,057.	0.			RELIGION
KEYSTONE BAR ASSOCIATION PO BOX 61945 HARRISBURG, PA 17106	23-2880714	501 (C)(3)	9,043.	0.			COMMUNITY DEVELOPMENT
THE SALVATION ARMY PO BOX 61798 HARRISBURG, PA 17106	13-5562351	501 (C)(3)	10,000.	0.			HUMAN SERVICE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESSIAH COLLEGE 1 COLLEGE AVENUE MECHANICSBURG, PA 17055	23-1352661	501 (C)(3)	5,000.	0.			EDUCATIONAL
DIOCESE OF HARRISBURG - SAINT THERESA SCHOOL - 1200 BRIDGE STREET - NEW CUMBERLAND, PA 17070	23-1494791	501 (C)(3)	12,500.	0.			EDUCATIONAL
TRI COUNTY OPPORTUNITIES INDUSTRIALIZATION CENTER INC - 500 MACLAY STREET - HARRISBURG, PA 17110	23-1667266	501 (C)(3)	8,500.	0.			EDUCATIONAL
SHALOM HOUSE 9 S. 15TH STREET HARRISBURG, PA 17104	23-2447254	501 (C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
PERRY COUNTY LITERACY COUNCIL P.O. BOX 37 NEWPORT, PA 17074	23-2450099	501 (C)(3)	17,326.	0.			EDUCATIONAL
THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE, MC H138 - HERSHEY, PA 17033	23-2891807	501 (C)(3)	10,329.	0.			EDUCATIONAL
RETIRED SENIOR VOLUNTEER PROGRAM OF THE CAPITAL REGION INC - 50 UTLEY DRIVE, ST 500 - CAMP HILL, PA 17011	23-7242872	501 (C)(3)	15,000.	0.			COMMUNITY DEVELOPMENT
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 225 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501 (C)(3)	50,000.	0.			EDUCATIONAL
AUTISM SPEAKS 216 HADDON AVE COLLINGSWOOD, NJ 08108	20-2329938	501 (C)(3)	5,000.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA VETERANS FOUNDATION PO BOX 98 ANNVILLE, PA 17003	45-3750852	501 (C)(3)	7,500.	0.			HEALTH
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET, NORTHWEST WASHINGTON, DC 20001	53-0204703	501 (C)(3)	5,000.	0.			EDUCATIONAL
HARRISBURG ACADEMY 10 ERFORD ROAD WORMLESYBURG, PA 17043	23-2119591	501 (C)(3)	12,256.	0.			EDUCATIONAL
TFEC ADMINISTRATIVE FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
ST. MATTHEW THE APOSTLE AND EVANGELIST CATHOLIC CHURCH - PO BOX 459 - DAUPHIN, PA 17018	23-1494791	501 (C)(3)	5,100.	0.			RELIGION
ST. PAUL'S LUTHERAN CHURCH PO BOX 53 NEWPORT, PA 17074-0053	23-2132361	501 (C)(3)	7,707.	0.			RELIGION
FOUNDATION FOR FREE ENTERPRISE EDUCATION - 3076 W. 12TH STREET - ERIE, PA 16505	25-1394365	501 (C)(3)	10,000.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILHAVEN ENDOWMENT FUND 200 N 3RD ST HARRISBURG, PA 17108	23-1548822	501 (C)(3)	15,132.	0.			COMMUNITY DEVELOPMENT
BSHS INTERACT CLUB 7335 CARLISLE PIKE YORK SPRINGS, PA 17372	23-1726310	501 (C)(3)	7,500.	0.			EDUCATIONAL
CAPITAL AREA SCHOOL FOR ARTS 150 STRAWBERRY SQUARE HARRISBURG, PA 17101	23-1739071	501 (C)(3)	5,000.	0.			ARTS, HUMANITIES
ADAMS RESCUE MISSION 2515 YORK ROAD GETTYSBURG, PA 17325	23-1978755	501 (C)(3)	15,000.	0.			HUMAN SERVICE
CULTURAL ENRICHMENT FUND PO BOX 12084 HARRISBURG, PA 17108	23-2327546	501 (C)(3)	5,500.	0.			ARTS, HUMANITIES
CENTER FOR ETHICS AND RELIGIOUS VALUES IN BUSINESS - C/O UNIVERSITY OF NOTRE DAME - NOTRE DAME, IN 46556-5602	35-0868188	501 (C)(3)	6,000.	0.			RELIGION
CHAMBERSBURG HOSPITAL DEVELOPMENT OFFICE CHAMBERSBURG, PA 17201	23-0465970	501 (C)(3)	17,629.	0.			HEALTH
CHAMBERSBURG HOSPITAL DEVELOPMENT OFFICE CHAMBERSBURG, PA 17201	23-0465970	501 (C)(3)	6,392.	0.			HEALTH
LEBANON VALLEY COLLEGE 101 N. COLLEGE AVENUE ANNVILLE, PA 17003	23-1352354	501 (C)(3)	5,121.	0.			MATH & SCIENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501 (C)(3)	13,125.	0.			ARTS, HUMANITIES
BETHESDA MISSION OF HARRISBURG 611 REILY ST. HARRISBURG, PA 17102	23-1389397	501 (C)(3)	6,541.	0.			COMMUNITY DEVELOPMENT
FIRST UNITED METHODIST CHURCH - MECHANICSBURG - 135 W. SIMPSON ST. - MECHANICSBURG, PA 17055	23-1405614	501 (C)(3)	8,656.	0.			RELIGION
FRANCES LEITER CENTER 539 LINCOLN WAY EAST CHAMBERSBURG, PA 17201	23-1429838	501 (C)(3)	10,780.	0.			HEALTH
COYLE FREE LIBRARY 102 N. MAIN STREET CHAMBERSBURG, PA 17201	23-1457996	501 (C)(3)	6,392.	0.			COMMUNITY DEVELOPMENT
LUTHERAN SOCIAL SERVICES OF SOUTH CENTRAL PENNSYLVANIA - 1050 PENNSYLVANIA AVE. - YORK, PA 17404	23-1476329	501 (C)(3)	6,392.	0.			HUMAN SERVICE
FIRST UNITED METHODIST CHURCH - CHAMBERSBURG - 225 S. SECOND STREET - CHAMBERSBURG, PA 17201	23-1510103	501 (C)(3)	17,629.	0.			RELIGION
WITF, INC. 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501 (C)(3)	5,904.	0.			ARTS, HUMANITIES
JEWISH FAMILY SERVICE OF GREATER HARRISBURG INC - 3333 NORTH FRONT STREET - HARRISBURG, PA 17110	23-2894802	501 (C)(3)	7,679.	0.			HUMAN SERVICE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HOMES, INC. 1 TRINITY DRIVE EAST DILLSBURG, PA 17019	23-2941518	501 (C)(3)	6,631.	0.			HUMAN SERVICE
MENNO HAVEN, INC. 2011 SCOTLAND AVENUE CHAMBERSBURG, PA 17201	23-6276101	501 (C)(3)	6,392.	0.			HEALTH
ST. THOMAS LUTHERAN CHURCH 7601 LINCOLN WAY WEST ST. THOMAS, PA 17252	25-1253251	501 (C)(3)	9,894.	0.			RELIGION
CUMBERLAND VALLEY ANIMAL SHELTER INC - 5051 LETTERKENNEY RD. - CHAMBERSBURG, PA 17201	25-1753115	501 (C)(3)	6,392.	0.			HUMAN SERVICE
NEW GUILFORD BRETHREN CHURCH 1575 MONT ALTO ROAD CHAMBERSBURG, PA 17202	25-1777403	501 (C)(3)	7,598.	0.			RELIGION
TRINITY WASHINGTON UNIVERSITY TRINITY OFFICE OF DEVELOPMENT WASHINGTON, DC 20017	53-0196640	501 (C)(3)	6,096.	0.			EDUCATIONAL
THE FRIENDS OF THE STATE MUSEUM 300 NORTH STREET HARRISBURG, PA 17120-0024	23-2191360	501 (C)(3)	5,353.	0.			ARTS, HUMANITIES
THE FRIENDS OF THE STATE MUSEUM 300 NORTH STREET HARRISBURG, PA 17120-0024	23-2191360	501 (C)(3)	5,353.	0.			ARTS, HUMANITIES
TRAPSHOOTING HALL OF FAME & MUSEUM PO BOX 281 VANDALIA, OH 45377	31-0843232	501 (C)(3)	50,000.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL ENRICHMENT FUND PO BOX 12084 HARRISBURG, PA 17108	23-2327546	501 (C)(3)	8,605.	0.			ARTS, HUMANITIES
OLEWINE NATURE CENTER--FRIENDS OF WILDWOOD - 100 WILDWOOD WAY - HARRISBURG, PA 17110	25-1676210	501 (C)(3)	7,885.	0.			ENVIRONMENTAL
LEBANON VALLEY COLLEGE 101 N. COLLEGE AVENUE ANNVILLE, PA 17003	23-1352354	501 (C)(3)	5,000.	0.			EDUCATIONAL
WATER MISSIONS INTERNATIONAL PO BOX 31258 CHARLESTON, SC 29417	57-1116978	501 (C)(3)	25,000.	0.			HUMAN SERVICE
WILDCAT FOUNDATION FUND 200 N 3RD ST HARRISBURG, PA 17108	23-2975211	501 (C)(3)	13,335.	0.			EDUCATIONAL
GAMUT THEATRE GROUP INC 605 STRAWBERRY SQUARE HARRISBURG, PA 17101	25-1727630	501 (C)(3)	10,000.	0.			ARTS, HUMANITIES
WITF, INC. 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501 (C)(3)	5,500.	0.			ARTS, HUMANITIES
CAPITAL AREA SCHOOL FOR ARTS 150 STRAWBERRY SQUARE HARRISBURG, PA 17101	23-1739071	501 (C)(3)	10,456.	0.			ARTS, HUMANITIES
ASBURY FOUNDATION, INC. 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501 (C)(3)	10,000.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 (C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
ASBURY FOUNDATION, INC. 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501 (C)(3)	60,000.	0.			EDUCATIONAL
PENNSYLVANIA COMMUNITY INNOVATION ZONE - MATCHING - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501 (C)(3)	5,000.	0.			EDUCATIONAL
PENNSYLVANIA COMMUNITY INNOVATION ZONE - MATCHING - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501 (C)(3)	5,000.	0.			EDUCATIONAL
OCCUPATIONAL SERVICES, INC. 17 REDWOOD STREET CHAMBERSBURG, PA 17201	23-1507464	501 (C)(3)	7,000.	0.			HUMAN SERVICE
SOUTH CENTRAL COMMUNITY ACTION PROGRAM INC - 153 NORTH STRATTON STREET - GETTYSBURG, PA 17325	23-2020123	501 (C)(3)	5,842.	0.			HUMAN SERVICE
LEG UP FARM INC 4880 NORTH SHERMAN STREET MT. WOLF, PA 17347-9637	23-2931834	501 (C)(3)	5,939.	0.			HUMAN SERVICE
HOLY SPIRIT HOSPITAL AUXILIARY 503 N. 21ST STREET CAMP HILL, PA 17011-2288	23-1512747	501 (C)(3)	15,000.	0.			HEALTH
HOSPICE OF CENTRAL PENNSYLVANIA 1320 LINGLESTOWN RD. HARRISBURG, PA 17110	23-2106895	501 (C)(3)	8,931.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS-BIG SISTERS OF THE CAPITAL REGION INC - 1500 NORTH SECOND STREET - HARRISBURG, PA 17102	23-2260248	501 (C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVENUE - HARRISBURG, PA 17104	24-0795960	501 (C)(3)	16,500.	0.			COMMUNITY DEVELOPMENT
LEBANON VALLEY COLLEGE 101 N. COLLEGE AVENUE ANNVILLE, PA 17003	23-1352354	501 (C)(3)	10,000.	0.			EDUCATIONAL
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE HARRISBURG, PA 17110	23-1355180	501 (C)(3)	22,000.	0.			ARTS, HUMANITIES
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CHILDREN'S HOSPITAL OF PHILADELPHIA - CHOP FOUNDATION - PHILADELPHIA, PA 19104-4399	23-2237932	501 (C)(3)	105,085.	0.			HEALTH
NATIONAL AUDUBON SOCIETY INC 100 WILDWOOD WAY HARRISBURG, PA 17110	13-1624102	501 (C)(3)	10,000.	0.			ENVIRONMENTAL
J HERMAN BOSLER MEMORIAL LIBRARY BOSLER FREE LIBRARY - 158 W. HIGH STREET - CARLISLE, PA 17013	23-1381007	501 (C)(3)	11,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI COUNTY OPPORTUNITIES INDUSTRIALIZATION CENTER INC - 500 MACLAY STREET - HARRISBURG, PA 17110	23-1667266	501 (C)(3)	13,600.	0.			EDUCATIONAL
EMPLOYMENT SKILLS CENTER 29 S. HANOVER STREET CARLISLE, PA 17013	23-1995705	501 (C)(3)	11,000.	0.			EDUCATIONAL
HARRISBURG ACADEMY 10 ERFORD ROAD WORMLEYSBURG, PA 17043	23-2119591	501 (C)(3)	6,700.	0.			EDUCATIONAL
CHANNELS 3305 N. 6TH STREET HARRISBURG, PA 17110	23-2574867	501 (C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
RETIRED SENIOR VOLUNTEER PROGRAM OF THE CAPITAL REGION INC - 50 UTLEY DRIVE, ST 500 - CAMP HILL, PA 17011	23-7242872	501 (C)(3)	23,632.	0.			COMMUNITY DEVELOPMENT
NORTHERN DAUPHIN COUNTY CHRISTIAN SCHOOL ASSOCIATION - 1072 ROUTE 25 - MILLERSBURG, PA 17098	25-1770093	501 (C)(3)	8,603.	0.			EDUCATIONAL
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
YWCA OF GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501 (C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
PENN STATE HERSHEY CANCER INSTITUTE - 500 UNIVERSITY DR. - HERSHEY, PA 17033	24-6000376	501 (C)(3)	7,529.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA COMMUNITY INNOVATION ZONE - MATCHING - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501 (C)(3)	16,000.	0.			EDUCATIONAL
TFEC ADMINISTRATIVE FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501 (C)(3)	5,569.	0.			COMMUNITY DEVELOPMENT
JOSEPHINE S. BRENNER FUND 200 N 3RD ST HARRISBURG, PA 17108	01-0564355	501 (C)(3)	16,000.	0.			COMMUNITY DEVELOPMENT
NORMA GOTWALT WOMEN'S GRANTMAKING FUND - 200 N 3RD ST - HARRISBURG, PA 17108	01-0564355	501 (C)(3)	6,476.	0.			COMMUNITY DEVELOPMENT
SHREE JALARAM SATSANG SEVA MANDAL TRUST - 200 N 3RD ST - HARRISBURG, PA 17108		501 (C)(3)	20,031.	0.			RELIGION
SAMARA: NURTURE AND EDUCATION FOR PARENTS - 140 CLOVER LANE - ELIZABETHTOWN, PA 17022	20-8559454	501 (C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
HELEN OPPERMAN KRAUSE ANIMAL FOUNDATION, INC. FUND - 200 N 3RD ST - HARRISBURG, PA 17108	23-2214917	501 (C)(3)	5,156.	0.			COMMUNITY DEVELOPMENT
HACC FOUNDATION HARRISBURG AREA COMMUNITY COLLEGE HARRISBURG, PA 17110	23-2353614	501 (C)(3)	7,500.	0.			HUMAN SERVICE
WITF-TV 4801 LINDLE RD. HARRISBURG, PA 17111	23-1629016	501 (C)(3)	17,500.	0.			ARTS, HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PENNSYLVANIA FRIENDS OF JAZZ, INC. - 5721 JONESTOWN ROAD - HARRISBURG, PA 17112	23-2137529	501 (C)(3)	7,500.	0.			ARTS, HUMANITIES
COMMONWEALTH FOUNDATION 225 STATE STREET, SUITE 302 HARRISBURG, PA 17101	23-2473845	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNIVERSITY OF PITTSBURGH OFFICE OF INSTITUTIONAL ADVANCEMENT PITTSBURGH, PA 15213	25-0965591	501 (C)(3)	6,384.	0.			EDUCATIONAL
CHAUTAUQUA FOUNDATION, INC P O BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501 (C)(3)	5,000.	0.			ENVIRONMENTAL
SEMINARY RIDGE HISTORIC PRESERVATION FOUNDATION - 61 SEMINARY RIDGE - GETTYSBURG, PA 17325-1795	23-3011270	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
UNION THEOLOGICAL SEMINARY 3041 BROADWAY NEW YORK, NY 10027	13-1624238	501 (C)(3)	15,000.	0.			RELIGION
YORK HELPING HAND FOR THE HOMELESS 412 WEST KING STREET YORK, PA 17401	23-2547289	501 (C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
YORK HELPING HAND FOR THE HOMELESS 412 WEST KING STREET YORK, PA 17401	23-2547289	501 (C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
JEWISH COMMUNITY FOUNDATION OF CENTRAL PENNSYLVANIA - 3301 N. FRONT STREET - HARRISBURG, PA 17110	23-1352587	501 (C)(3)	30,000.	0.			RELIGION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION GIVE-BACK 44 SYCAMORE LANE PALMYRA, PA 17078	47-2446814	501 (C)(3)	12,146.	0.			COMMUNITY DEVELOPMENT
THE ROTARY FOUNDATION 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	36-6067138	501 (C)(3)	31,117.	0.			COMMUNITY DEVELOPMENT
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 225 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501 (C)(3)	10,000.	0.			EDUCATIONAL
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DRIVE SHIPPENSBURG, PA 17257	23-2046093	501 (C)(3)	30,000.	0.			EDUCATIONAL
HARRISBURG SCHOOL DISTRICT 2101 N. FRONT STREET HARRISBURG, PA 17110-0108	25-1818898	501 (C)(3)	5,083.	0.			EDUCATIONAL
AMERICANS FOR THE ARTS FOUNDATION 200 N 3RD ST HARRISBURG, PA 17108	52-1996467	501 (C)(3)	10,000.	0.			ARTS, HUMANITIES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	238	491,519.	0.		

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

PART I, LINE 2:

NONPROFIT ORGANIZATIONS RECEIVING GRANT FUNDS MUST SIGN A GRANT CONTRACT

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

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

ONE YEAR EVALUATION AFTER THE GRANT IS PAID.

SCHOLARSHIP FUNDS ARE MONITORED THROUGH EVALUATION OF STUDENTS TUITION

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANICE BLACK PRESIDENT & CEO	(i)	148,925.	15,237.	0.	0.	12,467.	176,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	35	688,559.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DECOR, GIFT C)	X	105	51,496.	COST
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

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

TO STIMULATE PHILANTHROPY AND ENHANCE THE QUALITY OF LIFE IN THE

COMMUNITY THROUGH ACCUMULATING, MANAGING AND DISBURSING FINANCIAL

ASSETS, AND TO SERVE AS A CATALYST AND NEUTRAL CONVENER TO MEET A WIDE

RANGE OF COMMUNITY NEEDS IN THE SOUTH CENTRAL PENNSYLVANIA COUNTIES OF

CUMBERLAND, DAUPHIN, FRANKLIN, LEBANON, AND PERRY, AND ALSO IN THE

DILLSBURG AREA.

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

STIMULATES INNOVATIVE PROJECTS AND PROGRAMS AND ENCOURAGES

COLLABORATIVE APPROACHES THAT ADDRESS EMERGING OR UNMET NEEDS; PROMOTES

SOLUTIONS THAT CONFRONT THE CAUSES OF PROBLEMS, WITH SPECIAL EMPHASIS

ON EMPOWERING THE DISADVANTAGED AND THE UNDERSERVED; REFLECTS THE

DIVERSITY OF OUR COMMUNITY IN THE FOUNDATIONS PLANNING, DECISION-MAKING

AND GRANTMAKING; RESPECTS INDIVIDUAL CONCERNS OF CITIZENS WHILE

STRIVING FOR COMMUNITY SOLUTION.

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

THE FOUNDATION PROVIDES ADMINISTRATIVE SUPPORT, FINANCIAL MANAGEMENT,

AND GRANTS MANAGEMENT FOR OVER 700 FUNDS OF THE FOUNDATION, GRANTS ARE

AUTHORIZED AND PAID TO OTHER NONPROFIT ORGANIZATIONS IN ACCORDANCE WITH

DONOR RESTRICTIONS AND FOUNDATION APPROVAL IN THE LOCAL REGION AND

ELSEWHERE IN THE UNITED STATES IN THE AREAS OF EDUCATION, HEALTH AND

HUMAN SERVICES, THE ARTS, COMMUNITY DEVELOPMENT AND THE ENVIRONMENT

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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WITH THE APPROVAL OF THE GRANT COMMITTEE AND THE BOARD OF THE FOUNDATION. TFEC USES A LOGIC MODEL TOOL TO MONITOR GRANT COMPLIANCE AND TO EVALUATE THE KEY IMPACT OF EACH GRANT FUNDED PROGRAM. EACH GRANTEE OF DISCRETIONARY GRANTS IS REQUIRED TO REPORT ALL ACHIEVED OUTCOMES AT THE SIX MONTH AND TWELVE MONTH PERIODS. TFEC SYNTHESIZES THESE RESULTS INTO A COMMUNITY IMPACT REPORT TO EVALUATE THE RETURN ON THE PHILANTHROPIC INVESTMENT IN OUR LOCAL COMMUNITIES AS WELL AS FOR THE PROJECTS AND SPECIAL INITIATIVES WITHIN THE FOUNDATION'S GRANT-MAKING OVERALL. THE PROGRAM DEPARTMENT PROVIDES TECHNICAL ASSISTANCE TO ALL NONPROFIT ORGANIZATIONS THAT REQUEST IT TO PREPARE THEM FOR THE GRANT APPLICATION PROCESS.

FORM 990, PART III, LINE 4B, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
THE OPERATION MEDICAL PROJECT SUPPORTS DOCTORS AND NURSES AND OTHERS THROUGH FUNDS RAISED TO PROVIDE MISSION MEDICAL SERVICES TO INDIVIDUALS IN OTHER COUNTRIES WHERE THE MEDICAL SERVICES ARE NOT AVAILALABLE.

FORM 990, PART III, LINE 4C, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
THE HERSHEY COMMUNITY GARDEN IS A COLLABORATIVE COMMUNITY INITIATIVE TO PROMOTE BETTER HEALTH AND WELLNESS TO EVERYONE IN THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VARIOUS SPECIAL PROJECTS WHICH ARE ADMINISTERED BY TEMPORARY PROJECT COMMITTEES OF THE FOUNDATION.

EXPENSES \$ 1,886,751. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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FORM 990, PART VI, SECTION B, LINE 11:

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

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

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

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

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

FORM 990, PART VI, 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

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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POLICY STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S PRESIDENT. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT, WHICH CONTAINS FINANCIAL INFORMATION, AND ITS FINANCIAL STATEMENTS TO DONORS, FUNDHOLDERS AND INTERESTED PERSONS.

FORM 990, PART XII, LINE 2C
THERE HAVE NO CHANGES IN THE PROCESS FROM THE PREVIOUS YEAR. THE FOUNDATION HAS A COMMITTEE IN PLACE THAT ASSUMES RESPONSIBILITY FOR THE AUDIT.

THE FOUNDATION FOR ENHANCING COMMUNITIES #01-0564355
IN ACCORDANCE WITH REG. 1.170A-9(E)(11) OF THE INTERNAL REVENUE CODE, THE FOUNDATION FOR ENHANCING COMMUNITIES (FORMERLY KNOWN AS THE GREATER HARRISBURG FOUNDATION) (EIN 01-0564355) AND GHF, INC. (EIN 22-2436382) HAVE HEREIN BEEN REPORTED AS A SINGLE ENTITY. FORMERLY, GHF, INC., ALTHOUGH A COMPONENT PART OF THE FOUNDATION FOR ENHANCING COMMUNITIES, HAD FILED SEPARATELY UNDER ITS OWN EIN. EFFECTIVE WITH THE FILING OF THE INFORMATION RETURN FOR THE YEAR ENDED DECEMBER 31, 2000, A SINGLE FILING IS MADE.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GHF, INC - 22-2436382 200 NORTH THIRD STREET, 8TH FLOOR HARRISBURG, PA 17108	HOLDING TRUST FUNDS	PENNSYLVANIA	501(C)(3)	COMMUNITY TRUST	N/A		X
TFEC PROPERTIES, INC - 20-8561997 200 NORTH THIRD STREET, 8TH FLOOR HARRISBURG, PA 17108	HOLDING REAL ESTATE FOR TFEC	PENNSYLVANIA	501(C)(2)	N/A	N/A		X

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

Schedule R (Form 990) 2014

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

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

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

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

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

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

