

Product: **Exempt**
 Name: **THE FOUNDATION FOR ENHANCING COMMUNITIES**
 FEIN: ******4355**
 Bank Info:
 Fiscal Year Begin Date: **1/1/2024**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **12/31/2024**

IRS Center: **Ogden**
 e-Postmark: **3/24/2025 7:13 AM**
 Notification:
 eSigned:

Return Information

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

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

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20__

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE FOUNDATION FOR ENHANCING COMMUNITIES

EIN or SSN

01-0564355

Name and title of officer or person subject to tax **JENNIFER DOYLE**
PRESIDENT & CEO

Part I Type of Return and Return Information

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	16,860,850.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MAHER DUESSEL, CPA'S** to enter my PIN **01005**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 3/21/25

Part III Certification and Authentication

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

25570912345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 3/21/25

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

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

Form **8879-TE** (2024)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2024

Open to Public Inspection

A For the 2024 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 SEE SCHEDULE O		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 \$ 21,600,969.
	City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 17101		
F Name and address of principal officer: JENNIFER DOYLE SAME AS C ABOVE		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 H(c) Group exemption number	

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

J Website: WWW.TFEC.ORG

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	225
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,090,245.	13,243,431.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	624,048.	651,468.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,598,427.	2,973,543.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,399.	-7,592.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,321,119.	16,860,850.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,655,710.	8,321,648.
	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)	1,871,508.	2,030,578.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	522,322.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,888,708.	2,962,706.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,415,926.	13,314,932.	
19 Revenue less expenses. Subtract line 18 from line 12	-6,094,807.	3,545,918.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	120,074,104.	142,041,541.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,992,392.	10,064,495.
22 Net assets or fund balances. Subtract line 21 from line 20	111,081,712.	131,977,046.	

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 9,861,724. including grants of \$ 7,664,706.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,689,155. including grants of \$ 656,942.) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 651,468.) SEE SCHEDULE O

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

4e Total program service expenses 11,550,879.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TERESA BECKNER BOARD MEMBER	1.00	X						0.	0.	0.
(19) JANICE R. BLACK FORMER PRESIDENT & CEO	37.50						X	224,849.	0.	9,306.
(20) KIRK DEMYAN SENIOR EXECUTIVE VP & CFO	37.50			X				213,322.	0.	36,632.
(21) JENNIFER DOYLE PRESIDENT & CEO & COMMUNITY INVESTME	37.50			X				206,693.	0.	18,143.
1b Subtotal								644,864.	0.	64,081.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								644,864.	0.	64,081.

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

	Yes	No
3 Did the organization list any former officer, director, 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	167,186.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,076,245.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 825,820.				
	h	Total. Add lines 1a-1f		13,243,431.				
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code	541900	651,468.	651,468.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			651,468.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,997,680.		1,997,680.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					5,644,217.			
	b	Less: cost or other basis and sales expenses	7b	4,668,354.				
	c	Gain or (loss)	7c	975,863.				
d	Net gain or (loss)			975,863.		975,863.		
8 a	Gross income from fundraising events (not including \$ 167,186. of contributions reported on line 1c). See Part IV, line 18	8a		64,173.				
				71,765.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			-7,592.		-7,592.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			16,860,850.	651,468.	0.	2,965,951.	

Part IX Statement of Functional Expenses

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

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 ...	8,035,081.	8,035,081.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	286,567.	286,567.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	708,945.	109,153.	400,858.	198,934.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	963,633.	650,301.	240,607.	72,725.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,108.	4,136.	3,493.	1,479.
9 Other employee benefits	219,934.	99,863.	84,349.	35,722.
10 Payroll taxes	128,958.	58,555.	49,458.	20,945.
11 Fees for services (nonemployees):				
a Management				
b Legal	107,594.	48,860.	41,261.	17,473.
c Accounting	24,100.	10,944.	9,242.	3,914.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,335.	19,474.	16,446.	3,415.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	38,257.	17,367.	14,672.	6,218.
12 Advertising and promotion	144,720.	65,712.	55,503.	23,505.
13 Office expenses	101,210.	45,955.	38,816.	16,439.
14 Information technology	116,337.	52,825.	44,617.	18,895.
15 Royalties				
16 Occupancy	245,038.	111,262.	93,977.	39,799.
17 Travel	27,649.	12,554.	10,604.	4,491.
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	32,341.	14,685.	12,403.	5,253.
23 Insurance	41,789.	18,975.	16,027.	6,787.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSORSHIPS	1,759,094.	1,759,094.		
b STAFF AND DIRECTOR DEVE	190,717.	86,597.	73,144.	30,976.
c OTHER	61,985.	28,144.	23,774.	10,067.
d DUES AND FEES	32,540.	14,775.	12,480.	5,285.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	13,314,932.	11,550,879.	1,241,731.	522,322.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,538,192.	2	910,816.
	3 Pledges and grants receivable, net	126,231.	3	94,782.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	60,933.	9	65,932.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 527,511.		
	b Less: accumulated depreciation	10b 465,753.	67,713.	10c 61,758.
	11 Investments - publicly traded securities	117,106,289.	11	139,958,325.
	12 Investments - other securities. See Part IV, line 11	521,275.	12	483,165.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	653,471.	15	466,763.
16 Total assets. Add lines 1 through 15 (must equal line 33)	120,074,104.	16	142,041,541.	
Liabilities	17 Accounts payable and accrued expenses	7,581.	17	113,888.
	18 Grants payable	726,423.	18	781,490.
	19 Deferred revenue	65,977.	19	62,227.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,192,411.	25	9,106,890.
	26 Total liabilities. Add lines 17 through 25	8,992,392.	26	10,064,495.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	109,258,715.	27	130,326,666.
	28 Net assets with donor restrictions	1,822,997.	28	1,650,380.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	111,081,712.	32	131,977,046.
33 Total liabilities and net assets/fund balances	120,074,104.	33	142,041,541.	

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	16,860,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,314,932.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,545,918.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111,081,712.
5	Net unrealized gains (losses) on investments	5	17,325,852.
6	Donated services and use of facilities	6	23,564.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	131,977,046.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,363,936.	7,409,656.	5,127,668.	4,090,245.	13,243,431.	38,234,936.
2 Tax revenues levied for the 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	8,363,936.	7,409,656.	5,127,668.	4,090,245.	13,243,431.	38,234,936.
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)						8,404,500.
6 Public support. Subtract line 5 from line 4.						29,830,436.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8,363,936.	7,409,656.	5,127,668.	4,090,245.	13,243,431.	38,234,936.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,581,929.	1,611,601.	1,870,232.	1,873,368.	1,997,680.	8,934,810.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						47,169,746.
12 Gross receipts from related activities, etc. (see instructions)					12	3,008,337.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	63.24 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	71.38 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization 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
1	<hr/> <hr/> <hr/>	\$ 786,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 6,726,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 487,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,070,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE FOUNDATION FOR ENHANCING COMMUNITIES

Employer identification number

01-0564355

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	123	
2 Aggregate value of contributions to (during year)	768,095.	
3 Aggregate value of grants from (during year)	2,332,631.	
4 Aggregate value at end of year	17,810,399.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	4,002,754.
d Additions during the year	945,409.
e Distributions during the year	
f Ending balance	4,948,163.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	89,008,000.	77,787,000.	97,726,000.	84,483,000.	76,630,000.
b Contributions	10,556,000.	1,986,000.	2,636,000.	883,000.	1,399,000.
c Net investment earnings, gains, and losses	15,918,000.	15,620,000.	-16,101,000.	16,746,000.	10,591,000.
d Grants or scholarships	3,375,000.	3,297,000.	2,912,000.	2,010,000.	1,205,000.
e Other expenditures for facilities and programs	3,423,000.	2,783,000.	3,199,000.	2,119,975.	2,611,000.
f Administrative expenses	359,000.	305,000.	363,000.	256,025.	321,000.
g End of year balance	108,325,000.	89,008,000.	77,787,000.	97,726,000.	84,483,000.

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

- a Board designated or quasi-endowment 100 %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

- (i) Unrelated organizations? _____
- (ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		527,511.	465,753.	61,758.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				61,758.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIAB TO RES PROVIDER - AGENCY FUNDS	8,604,079.
(3) OPERATING LEASE LIABILITY	502,811.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	9,106,890.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	35,227,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	17,325,852.	
b	Donated services and use of facilities	2b	23,564.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,017,174.	
e	Add lines 2a through 2d	2e		18,366,590.
3	Subtract line 2e from line 1		3	16,860,850.
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	16,860,850.

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

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

1	Total expenses and losses per audited financial statements		1	13,386,697.
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	71,765.	
e	Add lines 2a through 2d	2e		71,765.
3	Subtract line 2e from line 1		3	13,314,932.
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	13,314,932.

Part XIII Supplemental Information

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

PART IV, LINE 1B:

FOUNDATION AND GHF, INC. ARE THE TRUSTEES FOR SEVERAL CHARITABLE REMAINDER TRUSTS AND CHARITABLE ANNUITY TRUSTS. THE CHARITABLE REMAINDER TRUSTS REQUIRE ANNUAL DISTRIBUTIONS TO THE DONORS OR THE DONOR DESIGNATED BENEFICIARY AND THE REMAINDER IS DISTRIBUTED TO THE FOUNDATION OR OTHER DESIGNATED 501(C)(3) ORGANIZATION(S) AT TERMINATION OF THE TRUST.

PART V, LINE 4:

TFEC UTILIZES THE BOARD-DESIGNATED ENDOWMENT FUNDS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO SUPPORT ITS PROGRAMS AND MISSION AS WELL AS TO MEET CASH NEEDS FOR GENERAL EXPENDITURES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	945,409.
SPECIAL EVENTS DIRECT EXPENSES	71,765.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,017,174.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	71,765.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		3.21 FOR LIFE (event type)	FWG - PURSE (event type)	4 (total number)		
Revenue	1	Gross receipts	72,442.	48,233.	106,123.	226,798.
	2	Less: Contributions	58,678.	33,763.	70,250.	162,691.
	3	Gross income (line 1 minus line 2)	13,764.	14,470.	35,873.	64,107.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	14,855.	15,637.	40,764.	71,256.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				71,256.
11	Net income summary. Subtract line 10 from line 3, column (d)				-7,149.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A MOMENT OF MAGIC 10 E. 39TH STREET FLOOR 12 NEW YORK, NY 10016	81-1740360	501(C)(3)	10,000.	0.			HUMAN SERVICE
ALEXANDER HAMILTON MEMORIAL FREE LIBRARY - 45 EAST MAIN STREET - WAYNESBORO, PA 17268	23-1352316	501(C)(3)	20,796.	0.			EDUCATIONAL
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	5,691.	0.			COMMUNITY DEVELOPMENT
ANTIETAM HUMANE SOCIETY, INC. 8513 LYONS ROAD WAYNESBORO, PA 17268	23-7311188	501(C)(3)	14,996.	0.			COMMUNITY DEVELOPMENT
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET, P. O. BOX 80 HARPERS FERRY, WV 25425-0807	52-6046689	501(C)(3)	10,000.	0.			ENVIRONMENTAL
ART ASSOCIATION OF HARRISBURG 21 N FRONT ST HARRISBURG, PA 17101	23-6299916	501(C)(3)	14,470.	0.			ARTS, HUMANITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 264.

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASBURY FOUNDATION, INC. 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501(C)(3)	20,000.	0.			EDUCATIONAL
BEACON CLINIC FOR HEALTH AND HOPE PO BOX 5870, 248 SENECA STREET HARRISBURG, PA 17110	46-3507570	501(C)(3)	9,700.	0.			HUMAN SERVICE
BETH EL TEMPLE 2637 N FRONT STREET HARRISBURG, PA 17110	23-1362508	501(C)(3)	6,941.	0.			COMMUNITY DEVELOPMENT
BETHESDA MISSION OF HARRISBURG P.O. BOX 3041, BUILDING 1, SUITE 30 HARRISBURG, PA 17105	23-1389397	501(C)(3)	75,785.	0.			HUMAN SERVICE
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION, INC. - 1519 NORTH THIRD STREET - HARRISBURG, PA 17102	23-2260248	501(C)(3)	19,078.	0.			COMMUNITY DEVELOPMENT
BISHOP MCDEVITT HIGH SCHOOL (SCHOLARSHIP) - 1 CRUSADER WAY - HARRISBURG, PA 17111	27-1391639	501(C)(3)	8,600.	0.			SCHOLARSHIP
BLUE MOUNTAIN ESCAPE, INC. 1206 SOUTH MARKET STREET MECHANICSBURG, PA 17055	85-1252874	501(C)(3)	33,375.	0.			HUMAN SERVICE
BOYS & GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG - 20 EAST BURD STREET, SUITE 3 - SHIPPENSBURG, PA 17257	27-1658752	501(C)(3)	27,500.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF HARRISBURG 1227 BERRYHILL STREET HARRISBURG, PA 17104	23-1352043	501(C)(3)	12,500.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG, PA 17104	25-1636220	501(C)(3)	7,836.	0.			HUMAN SERVICE
BRIDGE OF HOPE HARRISBURG AREA P.O. BOX 15212 HARRISBURG, PA 17105	51-0646249	501(C)(3)	11,650.	0.			HUMAN SERVICE
CAMP DUDLEY, INC. 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	16,731.	0.			COMMUNITY DEVELOPMENT
CAMP HEBRON INC 957 CAMP HEBRON ROAD HALIFAX, PA 17032	23-6050517	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CAMP HILL FIRE COMPANY, NO. 1 2198 WALNUT STREET CAMP HILL, PA 17011	23-6266703	501(C)(3)	7,863.	0.			COMMUNITY DEVELOPMENT
CAMP HILL PRESBYTERIAN CHURCH 101 N 23RD STREET CAMP HILL, PA 17011	32-6393377	501(C)(3)	8,889.	0.			RELIGION
CAMP KOALA 94 CHESTNUT STREET MIFFLINBURG, PA 17844	26-3851753	501(C)(3)	5,023.	0.			COMMUNITY DEVELOPMENT
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE, DEPT. 2400 ORLANDO, FL 32832	95-6006173	501(C)(3)	8,000.	0.			RELIGION
CAPITAL AREA SCHOOL FOR THE ARTS CHARTER SCHOOL - 150 STRAWBERRY SQUARE - HARRISBURG, PA 17101	30-0767388	501(C)(3)	29,047.	0.			EDUCATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA THERAPEUTIC RIDING ASSOCIATION - 168 STATION ROAD - GRANTVILLE, PA 17112	23-2381558	501(C)(3)	12,500.	0.			HUMAN SERVICE
CAPITOL THEATRE CENTER FOUNDATION 159 S MAIN ST CHAMBERSBURG, PA 17201	94-2722927	501(C)(3)	19,375.	0.			ARTS, HUMANITIES
CARLISLE ARTS LEARNING CENTER INC 38 W. POMFRET STREET CARLISLE, PA 17013	25-1717457	501(C)(3)	7,500.	0.			EDUCATIONAL
CARLISLE CARES 50 W. PENN STREET CARLISLE, PA 17013	26-3194660	501(C)(3)	20,000.	0.			HUMAN SERVICE
CENTRAL PA TOOL LIBRARY AND MAKERSPACE - 310 SPRING RD - PALMYRA, PA 17078	88-0826446	501(C)(3)	15,000.	0.			COMMUNITY DEVELOPMENT
CENTRAL PENN COLLEGE EDUCATION FOUNDATION - 600 VALLEY ROAD, P.O. BOX 309 - SUMMERDALE, PA 17093	23-2242116	501(C)(3)	40,000.	0.			EDUCATIONAL
CENTRAL PENNSYLVANIA COMMUNITY FOUNDATION - 1616 E PLEASANT VALLEY BLVD - ALTOONA, PA 16602	25-1761379	501(C)(3)	123,951.	0.			ENVIRONMENTAL
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	81,072.	0.			HUMAN SERVICE
CENTRAL PENNSYLVANIA FRIENDS OF JAZZ - 5721 JONESTOWN ROAD - HARRISBURG, PA 17112	23-2137529	501(C)(3)	6,000.	0.			ARTS, HUMANITIES

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CENTRAL PENNSYLVANIA YOUTH BALLET 5 NORTH ORANGE STREET, SUITE 3 CARLISLE, PA 17013-2727	23-1971982	501(C)(3)	23,352.	0.			ARTS, HUMANITIES
CHAMBERSBURG BALLET GUILD PO BOX 961 CHAMBERSBURG, PA 17201	84-3292847	501(C)(3)	27,370.	0.			ARTS, HUMANITIES
CHASE THE VICTORY 341 MALLARD DR CARROLLTON, GA 30116	85-1151304	501(C)(3)	10,000.	0.			HUMAN SERVICE
CHAUTAUQUA FOUNDATION, INC PO BOX 28 CHAUTAUQUA, NY 14722-0028	16-6028421	501(C)(3)	5,500.	0.			ENVIRONMENTAL
CHILDREN'S AID SOCIETY, SOUTHERN DISTRICT CHURCH OF THE BRETHREN - 343 LINCOLN WAY WEST - NEW OXFORD, PA 17350	23-1429838	501(C)(3)	21,803.	0.			HUMAN SERVICE
CHILDREN'S HOSPITAL OF PHILADELPHIA - CHOP FOUNDATION, P.O. BOX 781352 - PHILADELPHIA, PA 19104-4399	23-2237932	501(C)(3)	5,346.	0.			HEALTH
CHRISTIAN CHURCHES UNITED OF THE TRI COUNTY AREA - 413 S 19TH ST. - HARRISBURG, PA 17104	23-2085603	501(C)(3)	9,873.	0.			RELIGION
COMMUNITY CHECK UP CENTER OF SOUTH HARRISBURG - 38C HALL MANOR - HARRISBURG, PA 17104	25-1724315	501(C)(3)	14,100.	0.			HEALTH
CONGREGATION NER TAMID 5721 CRESTRIDGE ROAD RANCHO PALOS VERDES, CA 90275	95-2546462	501(C)(3)	18,417.	0.			COMMUNITY DEVELOPMENT

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CONOCOCHIEAGUE INSTITUTE FOR THE STUDY OF CULTURAL HERITAGE - 12995 BAIN ROAD - MERCERSBURG, PA 17236	25-1763245	501(C)(3)	10,100.	0.			ARTS, HUMANITIES
COUNCIL FOR THE ARTS 103 NORTH MAIN STREET CHAMBERSBURG, PA 17201	25-1568370	501(C)(3)	25,500.	0.			ARTS, HUMANITIES
COVENANT CHRISTIAN ACADEMY 1982 LOCUST LANE HARRISBURG, PA 17109	23-2879022	501(C)(3)	5,804.	0.			EDUCATIONAL
COYLE FREE LIBRARY 102 N MAIN STREET CHAMBERSBURG, PA 17201	23-1457996	501(C)(3)	7,929.	0.			EDUCATIONAL
CUMBERLAND COUNTY LIBRARY SYSTEM FOUNDATION - 400 BENT CREEK BLVD, SUITE 150 - MECHANICSBURG, PA 17050	20-8077580	501(C)(3)	19,720.	0.			EDUCATIONAL
CUMBERLAND VALLEY ANIMAL SHELTER, INC. - 5051 LETTERKENNY RD W - CHAMBERSBURG, PA 17201	25-1753115	501(C)(3)	8,469.	0.			COMMUNITY DEVELOPMENT
CUMBERLAND VALLEY BREAST CARE ALLIANCE INC - 1601 MOUNTAIN ROAD, SUITE 101 - MERCERSBURG, PA 17236	23-2943334	501(C)(3)	22,500.	0.			HUMAN SERVICE
CUMBERLAND VALLEY SCHOOL OF MUSIC 1015 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201	25-1629280	501(C)(3)	5,500.	0.			ARTS, HUMANITIES
CYS PO BOX 680 CHAMBERSBURG, PA 17201	25-1743136	501(C)(3)	29,484.	0.			COMMUNITY DEVELOPMENT

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

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DOMESTIC VIOLENCE SERVICES OF CUMBERLAND & PERRY COUNTIES - P.O. BOX 1039 - CARLISLE, PA 17013	25-1629910	501(C)(3)	15,097.	0.			HUMAN SERVICE
EASTERN PA TRANS EQUITY PROJECT, INC. - 1807 MAJESTIC DRIVE - OREFIELD, PA 18069	84-3324666	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
ELDERGROW, LLC 6843 26TH AVE NE SEATTLE, WA 98115	81-4822502	501(C)(3)	11,878.	0.			HUMAN SERVICE
EMPLOYMENT SKILLS CENTER 29 S. HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	8,430.	0.			EDUCATIONAL
EVANGELICAL LUTHERAN CHURCH IN AMERICA - LUTHERAN DISASTER RESPONSE, P.O. BOX 1809 - MERRIFIELD, VA 22116-8009	54-1704431	501(C)(3)	13,401.	0.			COMMUNITY DEVELOPMENT
FEEDING PENNSYLVANIA 20 ERFORD RD STE 115 LEMOYNE, PA 17043	45-4793238	501(C)(3)	50,000.	0.			HUMAN SERVICE
FIRST UNITED METHODIST CHURCH - CHAMBERSBURG - 225 S SECOND STREET - CHAMBERSBURG, PA 17201	23-1510103	501(C)(3)	24,274.	0.			COMMUNITY DEVELOPMENT
FIRST UNITED METHODIST CHURCH - MILLERSBURG - 356 UNION STREET - MILLERSBURG, PA 17061	23-2253889	501(C)(3)	21,299.	0.			COMMUNITY DEVELOPMENT
FIRST UNITED METHODIST CHURCH OF MECHANICSBURG - 135 W SIMPSON ST. - MECHANICSBURG, PA 17055	23-1405614	501(C)(3)	35,868.	0.			COMMUNITY DEVELOPMENT

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FOUNDATION FOR THE CENTRAL DAUPHIN SCHOOLS - 600 RUTHERFORD ROAD - HARRISBURG, PA 17109	36-4511725	501(C)(3)	6,000.	0.			EDUCATIONAL
FRANKLIN & MARSHALL COLLEGE ATTN. CASHIERS OFFICE, POST OFFICE BOX 3003 - LANCASTER, PA 17604-3003	23-1352635	501(C)(3)	15,378.	0.			EDUCATIONAL
FRANKLIN COUNTY HISTORICAL SOCIETY - KITTOCHTINNY - 175 E. KING ST - CHAMBERSBURG, PA 17201	25-6065079	501(C)(3)	18,200.	0.			ARTS, HUMANITIES
FRIENDS OF CLARKS FERRY TAVERN P.O. BOX 184 DUNCANNON, PA 17020	87-3313380	501(C)(3)	5,100.	0.			COMMUNITY DEVELOPMENT
FRIENDS OF FORT HUNTER 5300 NORTH FRONT STREET HARRISBURG, PA 17110	23-2144064	501(C)(3)	6,525.	0.			COMMUNITY DEVELOPMENT
FRIENDS OF PAAV 3301 CHURCH RD. EAST BERLIN, PA 17316	84-3378086	501(C)(3)	24,000.	0.			HUMAN SERVICE
FRIENDS OF ROBERT KENNEDY MEMORIAL PRESBYTERIAN CHURCH - 11693 MERCERSBURG RD - MERCERSBURG, PA 17236	32-0131488	501(C)(3)	9,927.	0.			RELIGION
FRIENDS OF THE REDEEMER UNITED 6001 VISTA CIRCLE GULFPORT, MS 39507	26-1578216	501(C)(3)	15,000.	0.			HUMAN SERVICE
FRIENDS OF THE WEST SHORE THEATRE, INC. - 414 BRIDGE STREET - NEW CUMBERLAND, PA 17070	82-5327951	501(C)(3)	103,500.	0.			ARTS, HUMANITIES

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GAMUT THEATRE GROUP INC. 15 N. 4TH STREET HARRISBURG, PA 17101	25-1727630	501(C)(3)	16,969.	0.			ARTS, HUMANITIES
GETTYSBURG COLLEGE 300 N WASHINGTON STREET, CAMPUS BOX 0410 - GETTYSBURG, PA 17325-1400	23-1352641	501(C)(3)	40,981.	0.			EDUCATIONAL
GFWC PENNSYLVANIA 1301 ALLEGHENY STREET, SUITE 119 HOLLIDAYSBURG, PA 16648	23-1119120	501(C)(3)	7,113.	0.			COMMUNITY DEVELOPMENT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 4640 TRINDLE RD - CAMP HILL, PA 17011	24-0795960	501(C)(3)	20,268.	0.			HUMAN SERVICE
GIRLS ON THE RUN MID STATE PA 123 N ENOLA DR STE 1A ENOLA, PA 17025	27-5095044	501(C)(3)	29,000.	0.			COMMUNITY DEVELOPMENT
GIRLS ON THE RUN OF LANCASTER PO BOX 262 LANDISVILLE, PA 17538	27-0200927	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
GONZAGA COLLEGE HIGH SCHOOL 19 I ST NW WASHINGTON, DC 20001-1425	53-0204703	501(C)(3)	12,393.	0.			EDUCATIONAL
GOOD SAMARITAN HEALTH SERVICES FOUNDATION OF LEBANON PA - PO BOX 2767 - YORK, PA 17405	23-2356151	501(C)(3)	472,534.	0.			HEALTH
GREENLIGHT OPERATION P.O. BOX 229 LEMOYNE, PA 17043	86-2281338	501(C)(3)	9,500.	0.			HUMAN SERVICE

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HABITAT FOR HUMANITY OF THE GREATER HARRISBURG AREA - 2416 PARK DRIVE STE B - HARRISBURG, PA 17110	58-1735541	501(C)(3)	17,407.	0.			COMMUNITY DEVELOPMENT
HARRISBURG ACADEMY 10 ERFORD ROAD WORMLEYSBURG, PA 17043	23-2119591	501(C)(3)	15,378.	0.			SCHOLARSHIP
HARRISBURG AREA YMCA 805 NORTH FRONT STREET HARRISBURG, PA 17102	23-1665437	501(C)(3)	14,078.	0.			COMMUNITY DEVELOPMENT
HARRISBURG CHORAL SOCIETY PO BOX 215 CAMP HILL, PA 17001	23-1694724	501(C)(3)	5,919.	0.			ARTS, HUMANITIES
HARRISBURG COMMUNITY THEATRE 513 HURLOCK ST HARRISBURG, PA 17110	23-1465635	501(C)(3)	6,125.	0.			ARTS, HUMANITIES
HARRISBURG GREEN ALLIANCE 3508 N. 3RD STREET HARRISBURG, PA 17110	99-1762244	501(C)(3)	17,500.	0.			COMMUNITY DEVELOPMENT
HARRISBURG MEN'S CHORUS P.O. BOX 62201 HARRISBURG, PA 17106-2201	25-1596862	501(C)(3)	12,500.	0.			ARTS, HUMANITIES
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE SUITE 101 HARRISBURG, PA 17111	23-1355180	501(C)(3)	71,599.	0.			ARTS, HUMANITIES
HARRISBURG SYMPHONY ORCHESTRA 800 CORPORATE CIRCLE, SUITE 101 HARRISBURG, PA 17110	23-1355180	501(C)(3)	19,240.	0.			ARTS, HUMANITIES

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

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

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JOIN HANDS MINISTRY INC 51 SOUTH CHURCH STREET, P.O. BOX 38 NEW BLOOMFIELD, PA 17068	32-0271270	501(C)(3)	8,000.	0.			HUMAN SERVICE
JOSEPH T SIMPSON PUBLIC LIBRARY 16 N WALNUT STREET MECHANICSBURG, PA 17055	23-1652343	501(C)(3)	22,577.	0.			EDUCATIONAL
JOSHI HEALTH FOUNDATION 1750 ADELIN DR. MECHANICSBURG, PA 17050	84-4264109	501(C)(3)	26,001.	0.			HEALTH
JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA - 610 S. GEORGE STREET - YORK, PA 17401	23-1598129	501(C)(3)	23,175.	0.			EDUCATIONAL
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	25-1847902	501(C)(3)	15,968.	0.			HUMAN SERVICE
KEYSTONE SERVICE SYSTEMS 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	23-1915567	501(C)(3)	26,000.	0.			HUMAN SERVICE
KEYSTONES ORAL HISTORIES 508 HALDEMAN BLVD. NEW CUMBERLAND, PA 17070	84-4569515	501(C)(3)	8,800.	0.			EDUCATIONAL
KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	15,000.	0.			EDUCATIONAL
LANCASTER CLEFT PALATE CLINIC 223 NORTH LIME STREET LANCASTER, PA 17602	23-1306888	501(C)(3)	30,000.	0.			HEALTH

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LANCASTER COUNTY COMMUNITY FOUNDATION - 24 W. KING STREET, SUITE 201 - LANCASTER, PA 17603-3046	20-0874857	501(C)(3)	22,348.	0.			COMMUNITY DEVELOPMENT
LATINO CONNECTION FOUNDATION 940 E. PARK DRIVE HARRISBURG, PA 17111	92-0374104	501(C)(3)	50,000.	0.			EDUCATIONAL
LEAF PROJECT INC 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	46-2626224	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
LEBANON VALLEY COLLEGE (SCHOLARSHIP) - BUSINESS OFFICE, 101 N. COLLEGE AVENUE - ANNVILLE, PA 17003	23-1352354	501(C)(3)	11,574.	0.			EDUCATIONAL
LEBANON VALLEY COUNCIL ON THE ARTS 770 CUMBERLAND ST LEBANON, PA 17042	23-2439214	501(C)(3)	7,000.	0.			ARTS, HUMANITIES
LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 S. 8TH STREET - LEBANON, PA 17042	26-3915958	501(C)(3)	17,000.	0.			HEALTH
LEHIGH UNIVERSITY 125 GOODMAN DRIVE BETHLEHEM, PA 18015	24-0795445	501(C)(3)	33,461.	0.			EDUCATIONAL
LGBT CENTER OF CENTRAL PA 1323 N. FRONT STREET HARRISBURG, PA 17102	25-1897350	501(C)(3)	8,333.	0.			COMMUNITY DEVELOPMENT
LIU12 FRANKLIN COUNTY LITERACY COUNCIL - 518 CLEVELAND AVE, SUITE 1A - CHAMBERSBURG, PA 17201	23-1743636	501(C)(3)	10,185.	0.			EDUCATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGOS ACADEMY HARRISBURG 251 VERBEKE STREET HARRISBURG, PA 17102	45-5466844	501(C)(3)	14,500.	0.			EDUCATIONAL
LYKENS VALLEY CHILDREN'S MUSEUM 33 S. MARKET STREET, P.O. BOX 719 ELIZABETHVILLE, PA 17023	83-1253070	501(C)(3)	13,000.	0.			ARTS, HUMANITIES
MAINSTREET WAYNESBORO INC. 13 W. MAIN ST., LEFT UNIT WAYNESBORO, PA 17268	23-2868740	501(C)(3)	5,500.	0.			ARTS, HUMANITIES
MARKET SQUARE CONCERTS PO BOX 549 HARRISBURG, PA 17108-1292	22-2570747	501(C)(3)	11,222.	0.			ARTS, HUMANITIES
MARKET SQUARE PRESBYTERIAN CHURCH 20 S SECOND STREET HARRISBURG, PA 17101	23-1352408	501(C)(3)	6,000.	0.			RELIGION
MECHANICSBURG AREA MEALS ON WHEELS PO BOX 1093 MECHANICSBURG, PA 17055	23-7043841	501(C)(3)	6,489.	0.			HUMAN SERVICE
MECHANICSBURG AREA SCHOOL DISTRICT 2118 CANTEBURY DRIVE MECHANICSBURG, PA 17055	23-6005359	501(C)(3)	10,237.	0.			EDUCATIONAL
MECHANICSBURG PRESBYTERIAN CHURCH 300 E SIMPSON STREET MECHANICSBURG, PA 17055-6509	23-1489818	501(C)(3)	6,716.	0.			COMMUNITY DEVELOPMENT
MEDARD'S HOUSE 1120 DREXEL HILL BLVD. CUMBERLAND, PA 17070	47-4386986	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

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

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

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NEW GUILFORD BRETHERN CHURCH 1575 MONT ALTO ROAD CHAMBERSBURG, PA 17202	25-1777403	501(C)(3)	11,786.	0.			COMMUNITY DEVELOPMENT
NEW HOPE MINISTRIES, INC. 99 W. CHURCH STREET, P.O. BOX 448 DILLSBURG, PA 17019	23-2223120	501(C)(3)	23,047.	0.			RELIGION
NEW LIFE COMMUNITY CHURCH 64 E NORTH ST CARLISLE, PA 17013	25-0765225	501(C)(3)	7,000.	0.			COMMUNITY DEVELOPMENT
NEW YORK STUDIO SCHOOL OF DRAWING, PAINTING AND SCULPTURE - 8 W 8TH STREET - NEW YORK, NY 10011	13-6167281	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
NEWPORT PUBLIC LIBRARY 316 N 4TH ST NEWPORT, PA 17074	23-7043950	501(C)(3)	7,869.	0.			EDUCATIONAL
NORTHERN YORK COUNTY HISTORICAL AND PRESERVATION SOCIETY INC - 35 GREENBRIAR LANE - DILLSBURG, PA 17019	23-2305260	501(C)(3)	30,217.	0.			ARTS, HUMANITIES
OLEWINE NATURE CENTER--FRIENDS OF WILDWOOD - 100 WILDWOOD WAY - HARRISBURG, PA 17110	25-1676210	501(C)(3)	24,688.	0.			ENVIRONMENTAL
OPEN STAGE 25 N. COURT ST. HARRISBURG, PA 17101	23-2290559	501(C)(3)	6,137.	0.			ARTS, HUMANITIES
OPEN STAGE OF HARRISBURG 25 N. COURT ST. HARRISBURG, PA 17101	23-2290559	501(C)(3)	37,676.	0.			ARTS, HUMANITIES

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OUR LADY HELP OF CHRISTIANS (LYKENS) - 732 MAIN ST. - LYKENS, PA 17048	84-3967465	501(C)(3)	19,110.	0.			COMMUNITY DEVELOPMENT
PA LYME RESOURCE NETWORK 86 FOXFIRE LANE LEWISBERRY, PA 17339	37-1620786	501(C)(3)	32,421.	0.			HEALTH
PALMYRA AREA COOPERATING CHURCHES 11 W CHERRY ST PALMYRA, PA 17078	25-1899860	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
PARTNERS IN HEALTH P O BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	6,000.	0.			HEALTH
PENN STATE HARRISBURG (SCHOLARSHIPS) - 777 W. HARRISBURG PIKE, W110 OLMSTED BLDG. - MIDDLETOWN, PA 17057	24-6000376	501(C)(3)	7,986.	0.			SCHOLARSHIP
PENN STATE HARRISBURG LAUNCH BOX 777 WEST HARRISBURG PIKE, W110 MIDDLETOWN, PA 17057	24-6000376	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT
PENNCARES 788 CHERRY TREE COURT HANOVER, PA 17331	23-1878861	501(C)(3)	9,732.	0.			HUMAN SERVICE
PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION - 1004 W. 9TH AVE. - KING OF PRUSSIA, PA 19406	23-2953796	501(C)(3)	20,000.	0.			HEALTH
PENNSYLVANIA COLLEGE OF ART AND DESIGN - 204 N. PRINCE STREET - LANCASTER, PA 17608	23-2215278	501(C)(3)	10,500.	0.			EDUCATIONAL

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PENNSYLVANIA HEALTH LAW PROJECT 123 CHESTNUT STREET, SUITE 400 PHILADELPHIA, PA 19106	23-2749089	501(C)(3)	20,000.	0.			HEALTH
PENNSYLVANIA PARKS AND FORESTS FOUNDATION - 704 LISBURN ROAD, SUITE 102 - CAMP HILL, PA 17011	25-1859016	501(C)(3)	5,293.	0.			ENVIRONMENTAL
PENNSYLVANIA SOCIETY FOR BIOMEDICAL RESEARCH - 4900 CARLISLE PIKE #271 - MECHANICSBURG, PA 17050	25-1634552	501(C)(3)	5,500.	0.			EDUCATIONAL
PENNSYLVANIA STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER - UNIVERSITY DEV., P.O. BOX 852M MCHS20 - HERSHEY, PA 17033	25-1854772	501(C)(3)	24,759.	0.			HEALTH
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	29,000.	0.			EDUCATIONAL
PERRY COUNTY COUNCIL OF THE ARTS 67 N. 4TH STREET, P.O. BOX 354 NEWPORT, PA 17074	22-2646866	501(C)(3)	119,103.	0.			ARTS, HUMANITIES
PERRY COUNTY FAIR ASSOCIATION 3201 MIDDLE RIDGE RD NEWPORT, PA 17074	23-2302857	501(C)(3)	5,214.	0.			SCHOLARSHIP
PERRY COUNTY LITERACY COUNCIL 133 S 5TH ST PO BOX 37 NEWPORT, PA 17074	23-2450099	501(C)(3)	75,343.	0.			EDUCATIONAL
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE. NW, SUITE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	20,000.	0.			HEALTH

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PLANNED PARENTHOOD KEYSTONE PO BOX 944 BENSALEM, PA 19020	23-2450112	501(C)(3)	6,333.	0.			HEALTH
PRESBYTERIAN HOMES, INC. 1 TRINITY DRIVE EAST, SUITE 201 DILLSBURG, PA 17019	23-2941518	501(C)(3)	9,053.	0.			HUMAN SERVICE
PRESSLEY RIDGE 5500 CORPORATE DRIVE, SUITE 400 PITTSBURGH, PA 15237	25-0965460	501(C)(3)	7,618.	0.			HEALTH
PROJECT SHARE OF CARLISLE 5 N ORANGE STREET CARLISLE, PA 17013-2727	27-0531231	501(C)(3)	6,150.	0.			HUMAN SERVICE
PSALM68FIVE MINISTRIES 504 NORTH CHURCH STREET MCKINNEY, TX 75069	47-3375486	501(C)(3)	12,500.	0.			RELIGION
QUEEN OF PEACE ROMAN CATHOLIC CHURCH OF MILLERSBURG - 202 ZIMMERMAN RD, CLOVERLY ACRES - MILLERSBURG, PA 17061-1269	23-2193730	501(C)(3)	21,299.	0.			COMMUNITY DEVELOPMENT
RANDI'S HOUSE OF ANGELS PO BOX 1173 CAMP HILL, PA 17111	20-4124607	501(C)(3)	5,550.	0.			COMMUNITY DEVELOPMENT
RIGHTEOUS OAKS RETREAT 4101 W GREEN OAKS BLVD UNIT 305-163 ARLINGTON, TX 76016	84-3570986	501(C)(3)	10,000.	0.			HUMAN SERVICE
RONALD MCDONALD HOUSE CHARITIES OF PITTSBURGH AND MORGANTOWN, INC - 451 44TH STREET - PENTHOUSE FLOOR - PITTSBURGH, PA 15201	25-1320272	501(C)(3)	7,500.	0.			HUMAN SERVICE

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ROTARY CLUB OF HARRISBURG FOUNDATION - 3211 NORTH FRONT ST STE 201 - HARRISBURG, PA 17110	23-6298147	501(C)(3)	11,323.	0.			EDUCATIONAL
S.W.A.N - SCALING WALLS A NOTE AT A TIME - PO BOX 249 - LYNDELL, PA 19354	45-1353501	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
SANKARA EYE FOUNDATION, USA 1900 MCCARTHY BLVD., SUITE 302 MILPITAS, CA 95035	77-6141976	501(C)(3)	997,819.	0.			HEALTH
SANKOFA AFRICAN AMERICAN THEATRE COMPANY - 1425 CROOKED HILL RD PO BOX 61183 - HARRISBURG, PA 17106-1183	82-1799550	501(C)(3)	7,500.	0.			ARTS, HUMANITIES
SANSKRUTI FOUNDATION 805 CLONMEL DR. MATTHEWS, NC 28104	77-0315501	501(C)(3)	51,000.	0.			RELIGION
SEXUAL ASSAULT RESOURCE & COUNSELING CENTER (SARCC) - 615 CUMBERLAND STREET - LEBANON, PA 17042	23-2335091	501(C)(3)	14,500.	0.			HEALTH
SHIPPENSBURG ARTS PROGRAMMING AND EDUCATION INC - PO BOX 4 - SHIPPENSBURG, PA 17257	55-0837426	501(C)(3)	9,472.	0.			ARTS, HUMANITIES
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,600.	0.			HEALTH
SMITHSONIAN INSTITUTION PO BOX 418320 BOSTON, MA 02241-8320	53-0206027	501(C)(3)	16,731.	0.			COMMUNITY DEVELOPMENT

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

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

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THE ARC OF PENNSYLVANIA 1007 MUMMA ROAD, SUITE 100 LEMOYNE, PA 17043	23-1421914	501(C)(3)	25,000.	0.			HEALTH
THE BOROUGH OF LEMOYNE 510 HERMAN AVENUE LEMOYNE, PA 17043	23-6005021	501(C)(3)	16,162.	0.			COMMUNITY DEVELOPMENT
THE CAPITAL REGION LITERACY COUNCIL - PO BOX 60723 - HARRISBURG, PA 17106-0723	25-1779539	501(C)(3)	15,650.	0.			EDUCATIONAL
THE JOSHUA GROUP 1442 MARKET STREET HARRISBURG, PA 17103	31-1672530	501(C)(3)	7,336.	0.			EDUCATIONAL
THE PENNSYLVANIA STATE UNIVERSITY OFFICE OF DONOR & MEMB SERV, 329 INNOVATION BLVD., SUITE 311 - STATE COLLEGE	25-1500292	501(C)(3)	15,000.	0.			EDUCATIONAL
THE POLAR BEAR FOUNDATION 650 SOUTH BALTIMORE ST DILLSBURG, PA 17019	20-5518050	501(C)(3)	34,324.	0.			EDUCATIONAL
THE SALVATION ARMY 506 S. 29TH STREET HARRISBURG, PA 17104	13-5562351	501(C)(3)	28,337.	0.			HUMAN SERVICE
THE SILVER ACADEMY 3301 N, FRONT STREET HARRISBURG, PA 17110	25-1707927	501(C)(3)	12,127.	0.			EDUCATIONAL
THE ULMAN FOUNDATION 2118 E MADISON ST. BALTIMORE, MD 21205	52-2057636	501(C)(3)	7,500.	0.			HEALTH

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THE WILDCAT FOUNDATION 500 SOUTH BROAD STREET MECHANICSBURG, PA 17055	23-2975211	501(C)(3)	121,549.	0.			SCHOLARSHIP
THEATRE HARRISBURG 513 HURLOCK ST HARRISBURG, PA 17110	23-1465635	501(C)(3)	32,134.	0.			ARTS, HUMANITIES
TRI COUNTY OPPORTUNITIES INDUSTRIALIZATION CENTER - 500 MACLAY STREET - HARRISBURG, PA 17110	23-1667266	501(C)(3)	8,000.	0.			EDUCATIONAL
TRINITY HIGH SCHOOL 3601 SIMPSON FERRY ROAD CAMP HILL, PA 17011	23-1494791	501(C)(3)	6,332.	0.			SCHOLARSHIP
TRINITY LUTHERAN CHURCH 2000 CHESTNUT STREET CAMP HILL, PA 17011	23-1390629	501(C)(3)	50,222.	0.			COMMUNITY DEVELOPMENT
TRINITY PRESCHOOL OF HARRISBURG: PART OF THE CAMP CURTIN LEARNING COMMUNITY - PO BOX 5541 - HARRISBURG, PA 17110	26-4049341	501(C)(3)	14,030.	0.			HUMAN SERVICE
TRINITY UNITED CHURCH OF CHRIST 30 WEST NORTH STREET WAYNESBORO, PA 17268	23-1603924	501(C)(3)	20,000.	0.			RELIGION
TRINITY WASHINGTON UNIVERSITY 125 MICHIGAN AVENUE NE MAIN HALL RM WASHINGTON, DC 20017	53-0196640	501(C)(3)	11,743.	0.			EDUCATIONAL
TRIPLE NEGATIVE BREAST CANCER FOUNDATION - PO BOX 204 - NORWOOD, NJ 07648	20-5880756	501(C)(3)	10,000.	0.			HEALTH

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TSM/SOURCE OF LIFE MINISTRIES PO BOX 96 HANOVER, PA 17331	30-0213425	501(C)(3)	28,800.	0.			HUMAN SERVICE
TWIN VALLEY PLAYERS 269 CENTER STREET MILLERSBURG, PA 17061	23-2299789	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
UNION COMMUNITY CARE ATTN: ALISA JONES, CEP, 812 N. PRINCE STREET - LANCASTER, PA 17603	23-1909490	501(C)(3)	125,000.	0.			HEALTH
UNITARIAN CHURCH OF HARRISBURG 1280 CLOVER LANE HARRISBURG, PA 17113	23-1687114	501(C)(3)	19,301.	0.			RELIGION
UNITE CENTRAL PA 220 MELBOURNE AVE MECHANICSBURG, PA 17055	85-2034512	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT
UNITED CHURCH OF CHRIST HOMES, INC. - 30 N 31ST STREET - CAMP HILL, PA 17011	23-1615155	501(C)(3)	20,000.	0.			RELIGION
UNITED WAY OF LEBANON COUNTY, INC. PO BOX 355, 22 WEST MAIN STREET ANNVILLE, PA 17003	23-1465632	501(C)(3)	50,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	92,416.	0.			COMMUNITY DEVELOPMENT
UPMC PINNACLE FOUNDATION 409 S. SECOND ST. HARRISBURG, PA 17104	22-2691718	501(C)(3)	57,103.	0.			HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTILITY EMERGENCY SERVICES FUND 1608 WALNUT STREET PHILADELPHIA, PA 19103	23-2227461	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
VETERANS OUTREACH OF PENNSYLVANIA PO BOX 6127 HARRISBURG, PA 17112	83-2701544	501(C)(3)	20,652.	0.			HUMAN SERVICE
VYO-BOSTON 664 LAKEVIEW AVE. LOWELL, MA 01850-1824	30-0657311	501(C)(3)	5,001.	0.			RELIGION
WAYNESBORO AREA YMCA 810 EAST MAIN STREET WAYNESBORO, PA 17268	23-1352601	501(C)(3)	12,000.	0.			COMMUNITY DEVELOPMENT
WAYNESBORO COMMUNITY & HUMAN SERVICES - 123 WALNUT ST - WAYNESBORO, PA 17268	25-1366504	501(C)(3)	17,050.	0.			HUMAN SERVICE
WB MUSIC THERAPY LLC 7728 GREEN HILL ROAD HARRISBURG, PA 17112	27-4384888	501(C)(3)	8,760.	0.			HEALTH
WELLSPAN PHILHAVEN 283 SOUTH BUTLER ROAD, P.O. BOX 550 MOUNT GRETNA, PA 17064	23-1548822	501(C)(3)	5,590.	0.			HEALTH
WEST SHORE SYMPHONY ORCHESTRA INC. P.O. BOX 125 MECHANICSBURG, PA 17055	22-2837683	501(C)(3)	10,000.	0.			ARTS, HUMANITIES
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(C)(3)	59,518.	0.			EDUCATIONAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDHEART MINISTRIES 333 S. 13TH ST. HARRISBURG, PA 17104	81-2194708	501(C)(3)	20,000.	0.			HUMAN SERVICE
WILMER EYE INSTITUTE DEVELOPMENT OFFICE - 600 N. WOLFE ST., WILMER 112 - BALTIMORE, MD 21287	52-0595110	501(C)(3)	10,000.	0.			HUMAN SERVICE
WILSON COLLEGE 1015 PHILADELPHIA AVE. CHAMBERSBURG, PA 17201	23-1352692	501(C)(3)	18,267.	0.			EDUCATIONAL
WITF, INC. 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	11,449.	0.			ARTS, HUMANITIES
WITF-TV 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	5,600.	0.			ARTS, HUMANITIES
YWCA CARLISLE & CUMBERLAND COUNTY 301 G ST CARLISLE, PA 17013	23-1429866	501(C)(3)	51,199.	0.			HUMAN SERVICE
YWCA GREATER HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(C)(3)	51,226.	0.			COMMUNITY DEVELOPMENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	450	286,567.	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 PAID IF THERE IS A CREDIT ON THE ACCOUNT OR A ZERO BALANCE. SCHOLARSHIP MONEY IS RELEASED PAYABLE TO BOTH THE STUDENT AND THE COLLEGE, AND MAILED DIRECTLY TO THE COLLEGE. THE ONLY INSTANCE THAT THE SCHOLARSHIP MONEY IS RELEASED DIRECTLY TO THE STUDENT IS FOR BOOK REIMBURSEMENT, AFTER BOOK RECEIPTS ARE RECEIVED AND REVIEWED. RECEIPTS ARE GENERATED AND ACCOMPANY EACH CHECK. THE BURSAR'S OFFICE (TUITION PAYMENTS) OR THE STUDENT (BOOK PAYMENTS) ARE ASKED TO RETURN A FORM, IDENTIFYING THE RECEIPT OF AND APPROPRIATE USE OF THE FUNDS.

**SCHEDULE J
(Form 990)**

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	21	825,820.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II

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

SCHEDULE M, PART I, LINE 9

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p style="text-align: center;">THE FOUNDATION FOR ENHANCING COMMUNITIES</p>	Employer identification number <p style="text-align: center;">01-0564355</p>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 INSPIRING GIVING BY PARTNERING WITH DONORS TO ACHIEVE THEIR CHARITABLE
 GOALS, AND STRENGTHENING OUR LOCAL COMMUNITIES BY INVESTING IN THEM NOW
 AND FOR FUTURE GENERATIONS.

VALUES
 INCLUSION - WE BELIEVE THAT ALL VOICES ARE VITAL FOR OUR REGION'S
 FUTURE. WE PROMOTE EQUITY AND EMBRACE THE DIVERSITY OF INDIVIDUALS,
 IDEAS AND EXPRESSIONS.
 STEWARDSHIP - WE ARE PRUDENT AND GRATEFUL STEWARDS OF THE ASSETS, TIME
 AND TALENT ENTRUSTED TO US.
 ENDURANCE - WE VALUE CREATING PERMANENT LEGACIES THAT SUPPORT LASTING
 COMMUNITY CHANGE.
 INTEGRITY - WE WILL ACCEPT NOTHING BUT THE HIGHEST STANDARDS OF
 HONESTY, MUTUAL RESPECT, CONFIDENTIALITY AND TRANSPARENCY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 INSPIRING GIVING BY PARTNERING WITH DONORS TO ACHIEVE THEIR CHARITABLE
 GOALS, AND STRENGTHENING OUR LOCAL COMMUNITIES BY INVESTING IN THEM NOW
 AND FOR FUTURE GENERATIONS.

VALUES
 INCLUSION WE BELIEVE THAT ALL VOICES ARE VITAL FOR OUR REGION'S
 FUTURE. WE PROMOTE EQUITY AND EMBRACE THE DIVERSITY OF INDIVIDUALS,
 IDEAS AND EXPRESSIONS.
 STEWARDSHIP- WE ARE PRUDENT AND GRATEFUL STEWARDS OF THE ASSETS, TIME
 AND TALENT ENTRUSTED TO US.
 ENDURANCE- WE VALUE CREATING PERMANENT LEGACIES THAT SUPPORT LASTING
 COMMUNITY CHANGE.
 INTEGRITY - WE DO WE WILL ACCEPT NOTHING BUT THE HIGHEST STANDARDS OF
 HONESTY, MUTUAL RESPECT, CONFIDENTIALITY AND TRANSPARENCY.

FORM 990, PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
 THE FOUNDATION FOR ENHANCING FOUNDATION (TFEC) IS A COMMUNITY
 FOUNDATION ESTABLISHED IN 1920. WE ARE THE 18TH OLDEST COMMUNITY
 FOUNDATION IN THE UNITED STATES. TFEC HAS 950 FUNDS AND SERVES A
 GEOGRAPHICAL AREA OF FIVE AND A HALF COUNTIES INCLUDING, CUMBERLAND,
 DAUPHIN, FRANKLIN, LEBANON, PERRY AND NORTHERN YORK IN THE DILLSBURG
 AREA, WHERE ALL THE NONPROFITS IN THOSE COUNTIES ARE ELIGIBLE TO APPLY
 FOR DISCRETIONARY FUNDING EACH YEAR. OUR DONORS LIVE ACROSS THE UNITED
 STATES. TFEC HAS FIVE REGIONAL FOUNDATIONS. EACH HAS AN ADVISORY
 COMMITTEE OF LOCAL LEADERS FROM THE REGIONAL AREA REPRESENTED, WHO KNOW
 THEIR COMMUNITY. THEY ARE RESPONSIBLE FOR THE ESTABLISHMENT OF NEW
 FUNDS, MARKETING AND EDUCATING PROFESSIONAL ADVISORS AND POTENTIAL
 DONORS OF ALL TYPES ABOUT THE BENEFITS OF INVESTING IN THEIR REGIONAL
 FOUNDATION THROUGH THEIR CONTACTS AND LEADERSHIP. THEY INCLUDE:
 DILLSBURG AREA COMMUNITY FOUNDATION SERVES DILLSBURG AREA;
 MECHANICSBURG AREA COMMUNITY FOUNDATION SERVES MECHANICSBURG AREA ZIP
 CODES 17055 AND 17050;
 GREATER HARRISBURG COMMUNITY FOUNDATION SERVES CUMBERLAND, DAUPHIN,
 FRANKLIN, LEBANON, PERRY AND DILLSBURG AREA;
 FRANKLIN COUNTY COMMUNITY FOUNDATION SERVES FRANKLIN COUNTY;
 PERRY COUNTY COMMUNITY FOUNDATION SERVES PERRY COUNTY.

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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FORM 990, PART III, LINE 4B, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE FOUNDATION FOR ENHANCING COMMUNITIES (TFEC) PROUDLY SERVES AS THE FISCAL SPONSOR FOR A DIVERSE ARRAY OF 69 PROJECTS, PROVIDING ESSENTIAL SUPPORT AND ADMINISTRATIVE FUNCTIONS FOR ORGANIZATIONS AND INDIVIDUALS DEDICATED TO CHARITABLE PURPOSES. AS A FISCAL SPONSOR, TFEC ENTERS INTO A FISCAL SPONSORSHIP AGREEMENT, ALLOWING THESE PROJECTS TO OPERATE UNDER ITS 501(C)(3) TAX-EXEMPT STATUS FOR A FEE. THIS PARTNERSHIP ENABLES PROJECTS TO FOCUS ON THEIR MISSIONS WHILE BENEFITING FROM TFEC'S INFRASTRUCTURE AND RESOURCES. BELOW ARE THREE HIGHLIGHTED EXAMPLES OF THE IMPACTFUL PROJECTS UNDER TFEC'S UMBRELLA. EACH OF THESE PROJECTS DEMONSTRATES TFEC'S COMMITMENT TO ENHANCING THE PHILANTHROPIC LANDSCAPE AND SUPPORTING INITIATIVES THAT BENEFIT THE COMMUNITY AT LARGE. THROUGH FISCAL SPONSORSHIP, TFEC ENABLES THESE CHARITABLE ENDEAVORS TO THRIVE AND MAKE A LASTING IMPACT.

SOUTH CENTRAL PA JUDO FOUNDATION

ESTABLISHED IN 2017, THE SOUTH CENTRAL PA JUDO FOUNDATION AIMS TO EMPOWER YOUTH BY FOSTERING LEADERSHIP SKILLS THROUGH MARTIAL ARTS AND LIFE SKILLS WORKSHOPS AND SEMINARS. THE INITIATIVE FEATURES AN INCLUSIVE, WEEKLONG SUMMER CAMP THAT WELCOMES ALL CHILDREN INTERESTED IN PURSUING MARTIAL ARTS, REGARDLESS OF THEIR BACKGROUND OR FINANCIAL SITUATION. ENTRANCE FEES ARE WAIVED FOR CHILDREN DEMONSTRATING FINANCIAL NEED IN A COMMITMENT TO EQUITY. IN 2024, THE CAMP SUCCESSFULLY ENGAGED FIFTY-SIX CHILDREN, PROVIDING THEM WITH INVALUABLE EXPERIENCES THAT PROMOTE PHYSICAL FITNESS, DISCIPLINE, AND PERSONAL DEVELOPMENT.

3.21 FOR LIFE

LAUNCHED IN 2022, 3.21 FOR LIFE IS DEDICATED TO RAISING AWARENESS AND PROVIDING CRITICAL SUPPORT TO NONPROFIT ORGANIZATIONS, FOUNDATIONS, AND CENTERS FOCUSING ON INDIVIDUALS WITH DOWN SYNDROME AND ALL WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD). OVER THE PAST YEAR, THE PROJECT MADE SIGNIFICANT STRIDES IN COMMUNITY SUPPORT BY AIDING 18 LOCAL NONPROFITS AND PROGRAMS, CONTRIBUTING \$65,000 IN FUNDING. THIS FINANCIAL SUPPORT ENHANCES THE RESOURCES AVAILABLE TO THESE ORGANIZATIONS, ENABLING THEM TO EXPAND THEIR SERVICES AND OUTREACH EFFORTS, THEREBY IMPROVING THE LIVES OF INDIVIDUALS WITH IDD AND THEIR FAMILIES.

CAPITOL ALL-STARS CHARITABLE LEGISLATIVE SOFTBALL GAME

SINCE BECOMING AN OFFICIAL PROJECT IN 2019, THE CAPITOL ALL-STARS CHARITABLE LEGISLATIVE SOFTBALL GAME HAS BEEN A UNIQUE INITIATIVE DESIGNED TO RAISE BOTH FUNDS AND AWARENESS FOR A CHOSEN CHARITY. THE EVENT SPECIFICALLY SEEKS TO HIGHLIGHT THE CHARITY'S MISSION AMONG PENNSYLVANIA LEGISLATORS AND THE PUBLIC. SINCE ITS INCEPTION, THE PROJECT HAS SUCCESSFULLY AWARDED 10 GRANTS, TOTALING OVER \$150,000, DIRECTED TOWARDS NONPROFITS THAT FOCUS ON TACKLING FOOD INSECURITY AND EXTENDING SUPPORT TO FAMILIES IN NEED.

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

TFEC INITIATIVES

EARLY EDUCATION INITIATIVE

THE MISSION OF THE TFEC EARLY EDUCATION INITIATIVE IS TO CULTIVATE, CONVENE AND STRENGTHEN COMMUNITY OPPORTUNITIES FOR GROWTH, SAFETY, AND WELLNESS FOR ALL CHILDREN, NOW AND FOR FUTURE GENERATIONS. THE TFEC EARLY EDUCATION INITIATIVE IS GUIDED BY THE EXPERTISE OF THE TFEC EARLY EDUCATION ADVISORY COMMITTEE. THE COMMITTEE EXPLORES THE SYSTEMS,

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
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PARTNERSHIPS, AND LEADERSHIP ROLES THAT BEST ENHANCE AND STRENGTHEN CONNECTIONS FOCUSING ON SERVICE TO CHILDREN FROM PRENATAL TO FIVE YEARS OF AGE, WHICH IS CRITICAL DUE TO THE LACK OF COHESIVENESS IN THE EARLY EDUCATION SECTOR. THE THREE OVERARCHING GOALS INCLUDE A MORE EDUCATED AND ENGAGED LOCAL BUSINESS COMMUNITY AROUND EARLY EDUCATION, TO RAISE AWARENESS OF THE IMPORTANCE OF SCHOOL READINESS SKILLS ALONG WITH A SUCCESSFUL TRANSITIONS INTO KINDERGARTEN, AND TO HELP DEVELOP A RESILIENT COMMUNITY THROUGH PRACTICES SUCH AS THE BASICS. THE BASICS STRATEGY IS GROUNDED IN FIVE PROVEN, SCIENCE-BASED PRINCIPLES FOR EARLY LEARNING AND BRAIN DEVELOPMENT. THE EARLY EDUCATION ADVISORY COMMITTEE CONSISTS OF EXPERTS IN THE FIELD OF EARLY EDUCATION FROM EACH OF OUR FIVE AND A HALF COUNTY AREAS, INCLUDING EXPERTS FROM THE PENNSYLVANIA KEY, THE EARLY LEARNING RESOURCE CENTER, AND THE OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING.

MANAGEMENT SERVICE AGREEMENTS
MANAGEMENT SERVICE AGREEMENTS PROVIDE THE FOUNDATION FOR ENHANCING COMMUNITIES THE ABILITY TO PERFORM MANY INTERNAL BACKROOM FUNCTIONS FOR INDEPENDENT NONPROFIT ORGANIZATIONS AND FOUNDATIONS. THE ORGANIZATION REMAINS THE LEGAL OWNER OF ITS FINANCIAL ASSETS AND MAINTAINS ITS OWN GOVERNING BODY, AND TFEC PROVIDES A SELECTION OF SERVICES FOR A FEE, ACCORDING TO A MANAGEMENT SERVICES AGREEMENT. TFEC CURRENTLY PROVIDES MANAGEMENT SERVICES TO 17 INDEPENDENT NONPROFIT ORGANIZATIONS AND FOUNDATIONS.

THE TRANSACTIONAL SERVICES PROVIDED IN THIS TYPE OF AN AGREEMENT INCLUDE:

TRANSACTIONAL SERVICES
ESTABLISH BANK ACCOUNTS
ESTABLISH A GENERAL LEDGER
INPUT INITIAL FUND BALANCES
ESTABLISH AN INVESTMENT ACCOUNT(S)
TRANSFER ASSETS INTO PROPER INVESTMENT ACCOUNTS
ACCEPT ALL DONATIONS ON BEHALF OF THE ORGANIZATION, INCLUDING CASH, CHECKS, CREDIT CARDS, (CLIENT IS RESPONSIBLE FOR HAVING THEIR OWN CREDIT CARD PROCESSING PROVIDER), PUBLICLY - TRADED AND CLOSELY HELD SECURITIES, REAL ESTATE, INSURANCE POLICIES, AND OTHER NONTRADITIONAL ASSETS

ACKNOWLEDGE ALL GIFTS TO DONORS AND PROVIDE TAX DEDUCTION LETTERS
PREPARE AND RECORD ALL INVESTMENT POOL ALLOCATIONS
CALCULATE FEES ON ALL FUNDS
PROCESS ALL GRANTS AND SCHOLARSHIPS
PROCESS ALL VENDOR PAYMENTS

FINANCIAL REPORTING
CREATE AND ISSUE FINANCIAL REPORTS TO THE TEAM, BOARD OF DIRECTORS AND OTHER DESIGNEES

AVAILABLE REPORTS INCLUDE:
 STATEMENTS OF FINANCIAL POSITION
 STATEMENTS OF ACTIVITY (ACTUAL VS BUDGET)
 CASH FLOW FORECAST
 GRANTS PAID AND PAYABLE
 PLEDGES RECEIVED AND RECEIVABLE
 GIFTS RECEIVED
 RETURN EARNED ON THE INVESTMENT
 LIST OF ALL GIFTS WITH FUND BALANCES
 STATEMENT OF FINANCIAL POSITION FOR EACH FUND
 SCHEDULE OF ACCOUNTS PAYABLE
 WORKING PAPERS FOR ANNUAL TAX RETURN (ACTUAL RETURN PREPARED BY

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
ORGANIZATION'S CPA FIRM)	
AUDIT	
WORK CLOSELY WITH THE ORGANIZATION'S AUDITOR TO PROVIDE ALL INFORMATION	
NECESSARY TO COMPLETE THE ANNUAL AUDIT	
BUDGET PREPARATION	
WORK CLOSELY WITH THE STAFF IN ORDER TO ASSEMBLE THE ORGANIZATION'S	
ANNUAL BUDGET	
PAYROLL	
PREPARE PAYROLL JOURNAL ENTRIES, GOVERNMENTAL REPORTS, AND EMPLOYEE	
DEDUCTIONS FOR TAXES, BENEFITS AND SAVINGS PLANS (CLIENT IS RESPONSIBLE	
FOR HAVING OWN PAYROLL PROVIDER.)	
INVESTMENTS	
ESTABLISH RELATIONSHIPS WITH FINANCIAL INSTITUTIONS WHERE FUNDS ARE	
INVESTED	
ENSURE THAT ALL FUNDS ARE INVESTED PROPERLY, ACCORDING TO INVESTMENT	
POLICY GUIDELINES	
ENSURE THAT ALL FEES CHARGED BY INVESTMENT FIRMS ARE APPROPRIATE	
REBALANCE INVESTMENT PORTFOLIO ON A MONTHLY BASIS	
PROVIDE MONTHLY INVESTMENT REPORTS	
REVIEW ALL INVESTMENTS QUARTERLY USING THE EXPERTISE OF TFEC'S	
INVESTMENT ADVISORY COMMITTEE	
PLANNED GIVING SERVICES	
PLANNED GIVING SERVICES ARE OFFERED AS REQUESTED BY POTENTIAL DONORS.	
WE HAVE AN ATTORNEY ON RETAINER WHO IS AVAILABLE IN THESE	
CIRCUMSTANCES. OUR PLANNED GIVING PRODUCTS INCLUDE:	
CHARITABLE REMAINDER TRUSTS	
CHARITABLE REMAINDER ANNUITY TRUSTS	
CHARITABLE LEAD TRUSTS	
LIFE INSURANCE POLICIES	
RETIREMENT PLAN ASSETS	

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

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

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

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

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

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

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

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

Name of the organization THE FOUNDATION FOR ENHANCING COMMUNITIES	Employer identification number 01-0564355
ND, OH, OK, OR, RI, SC, TN, UT, VA, WA, WV, WI	

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

THE CONFLICT OF INTEREST POLICY IS IN THE FOUNDATION'S BY-LAWS AT ARTICLE XIII, IN THE RELATIONSHIP WITH APPLICANTS SECTION OF THE EMPLOYEE HANDBOOK, AND IN POLICY STATEMENTS ADOPTED BY THE BOARD OF DIRECTORS. THE FOUNDATION'S GOVERNING DOCUMENT, BY-LAWS, ARTICLES OF INCORPORATION, AND POLICY STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S PRESIDENT. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT WHICH CONTAINS FINANCIAL INFORMATION, AND ITS FINANCIAL STATEMENTS TO DONORS, FUNDHOLDERS AND INTERESTED PERSONS.

PAGE 1, SECTION C, DOING BUSINES AS
 DILLSBURG AREA COMMUNITY FOUNDATION
 FRANKLIN COUNTY COMMUNITY FOUNDATION
 GREATER HARRISBURG COMMUNITY FOUNDATION
 MECHANICSBURG AREA COMMUNITY FOUNDATION
 PERRY COUNTY COMMUNITY FOUNDATION

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

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

	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) TFEC PROPERTIES, INC.	B	390,870.	FMV OF CASH CONTRIBUTION
(2) TFEC PROPERTIES, INC.	D	1,184,000.	SIGNED LOAN AGREEMENT WITH BANK
(3)			
(4)			
(5)			
(6)			

Forms included in Electronic Filing

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