

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Header section containing organization name (PARTNERSHIP FOR BETTER HEALTH), EIN (23-1352161), address (274 WILSON STREET, CARLISLE, PA 17013), principal officer (CAROL THORNTON), and website (WWW.FORBETTERHEALTHPA.ORG).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, fundraising expenses, and asset/liability totals.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (Carol Thornton), preparer signature (Stephanie E. Kane, CPA), and firm information (RKL LLP, 102 PICKERING WAY, STE 300, EXTON, PA 19341).

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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: THE PARTNERSHIP FOR BETTER HEALTH CHAMPIONS AND INVESTS IN IDEAS, INITIATIVES, AND COLLABORATIONS THAT IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES IN OUR REGION.

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 \$ 3,316,838. including grants of \$ 2,666,535.) (Revenue \$) THE PARTNERSHIP FOR BETTER HEALTH (FOUNDATION) PROVIDES FUNDING FOR GRANTS AND INITIATIVES THAT SEEK TO ELIMINATE HEALTH DISPARITIES AND ADDRESS THE ROOTS OF HEALTH ISSUES, TOWARD ENSURING THAT ALL PEOPLE HAVE THE CHANCE TO ENJOY HEALTHY LIVES. AS A RESULT OF THE 2023 STRATEGIC PLAN AND THE MOVE TO TRUST-BASED GRANT MAKING, DURING THE 23-24 FY, OUR GRANT PRIORITIES TRANSITIONED TO THREE APPLICATION CATEGORIES INCLUDING GENERAL OPERATING GRANTS FOR ORGANIZATIONS LEADING IN EQUITY WORK, PROJECT GRANTS TO ADDRESS ROOT ISSUES AND SPARK GRANTS (FORMERLY MINI-GRANTS). PRIORITY CONSIDERATION IS GIVEN TO GRANTEEES THAT ADDRESS ISSUES LIKE HEALTH EQUITY, AND SOCIAL DETERMINANTS OF HEALTH, AND WHICH ARE CENTERING PEOPLE WITH LIVED EXPERIENCE. FURTHER, EACH PROJECT AND SPARK GRANT IS ASSIGNED ONE OR MORE CORE FUNDING AREAS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 3,316,838.

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)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 reporting, tax shelter transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANN CARNEY - 717-960-9009
274 WILSON STREET, CARLISLE, PA 17013

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) REBECCA H. RALEY, MA EXEC. DIRECTOR (UNTIL 1/14/24)	45.00			X			132,916.	0.	30,674.	
(2) BARBARA KIRK INT. FIN. DIR. (UNTIL 12/21/23)	15.00			X			36,984.	0.	2,277.	
(3) ANN CARNEY FINANCE DIR. (BEG. 8/23/23)	30.00			X			20,289.	0.	1,533.	
(4) CAROL THORNTON INT. EXEC. DIR. (BEG. 1/15/24)	45.00			X			0.	0.	0.	
(5) TRISH NIEMITZ, RN CHAIRPERSON	3.00	X		X			0.	0.	0.	
(6) MEDHA D. MAKHLOUF, JD VICE CHAIR	3.00	X		X			0.	0.	0.	
(7) BENJAMIN DUM, CFP TREASURER	3.00	X		X			0.	0.	0.	
(8) MARISOL BARBER SECRETARY	3.00	X		X			0.	0.	0.	
(9) WIN CLELAND, PHD 5TH MEM. -EXEC. COMM.	3.00	X		X			0.	0.	0.	
(10) JOYCE BYLANDER BOARD MEMBER	2.00	X					0.	0.	0.	
(11) KATIE CRANE BOARD MEMBER	2.00	X					0.	0.	0.	
(12) MOLLY FORTNEY BOARD MEMBER	2.00	X					0.	0.	0.	
(13) DR. ROBERT FRAZIER, DDS BOARD MEMBER	2.00	X					0.	0.	0.	
(14) LAKSHMI POLAVARAPU, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(15) TARO LANDIS, CHIEF BOARD MEMBER	2.00	X					0.	0.	0.	
(16) REV. REBECCA MYERS BOARD MEMBER	2.00	X					0.	0.	0.	
(17) STEPHEN BARTOLI, CIMA BOARD MEMBER	2.00	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) GAIL WENK DUPONT BOARD MEMBER	2.00	X						0.	0.	0.
(19) MARK PRICE, PHD BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								190,189.	0.	34,484.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								190,189.	0.	34,484.

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 1

	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>	3	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>	4	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>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SPG FIDUCIARY PARTNERS OF RAYMOND JAMES, 7501 WISCONSIN AVE STE 740W, BETHESDA, MD	INVESTMENT MANAGEMENT	121,023.

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 1

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	20,000.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	1,591,440.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		1,611,440.			
Program Service Revenue	2 a						
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,221,623.		1221623.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				13,633,179.			
	7 b	Less: cost or other basis and sales expenses	9,961,519.				
	7 c	Gain or (loss)	3,671,660.				
7 d	Net gain or (loss)		3,671,660.		3671660.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	GROUP ANNUITY EXPERIENCE CREDIT	812900	51,941.		51,941.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		51,941.			
12	Total revenue. See instructions		6,556,664.	0.	0.	4945224.	

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	2,666,535.	2,666,535.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	235,004.	147,575.	86,968.	461.
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	367,463.	300,979.	65,649.	835.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,228.	17,674.	5,353.	201.
9 Other employee benefits	79,111.	60,921.	18,046.	144.
10 Payroll taxes	43,362.	32,270.	10,998.	94.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	23,209.		23,209.	
d Lobbying	5,340.	5,340.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	121,023.		121,023.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,059.	16,008.	11,459.	1,592.
12 Advertising and promotion	10,895.	7,856.	3,039.	
13 Office expenses	5,267.	2,099.	3,019.	149.
14 Information technology				
15 Royalties				
16 Occupancy	19,356.	10,705.	6,826.	1,825.
17 Travel	5,509.	3,817.	1,692.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,141.	4,141.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,767.	4,036.	2,814.	917.
23 Insurance	14,276.		14,276.	
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 REPAIRS & MAINTENANCE	29,933.	17,254.	10,126.	2,553.
b EVENTS & COMMUNITY DEVE	12,398.	12,398.		
c MISCELLANEOUS EXPENSE	9,302.	343.	8,829.	130.
d DUES & SUBSCRPTIONS	5,560.	3,033.	2,527.	
e All other expenses	6,923.	3,854.	3,069.	
25 Total functional expenses. Add lines 1 through 24e	3,724,661.	3,316,838.	398,922.	8,901.
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	201,028.	1	66,609.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0.	4	18,458.
	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	22,249.	9	30,028.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 835,747.		
	b Less: accumulated depreciation	10b 655,270.	158,586.	10c 180,477.
	11 Investments - publicly traded securities	47,258,430.	11	51,561,149.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	43,859,221.	15	47,509,775.
16 Total assets. Add lines 1 through 15 (must equal line 33)	91,499,514.	16	99,366,496.	
Liabilities	17 Accounts payable and accrued expenses	89,221.	17	121,091.
	18 Grants payable	1,363,892.	18	1,319,920.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		25	
	26 Total liabilities. Add lines 17 through 25	1,453,113.	26	1,441,011.
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	44,295,278.	27	48,346,415.
	28 Net assets with donor restrictions	45,751,123.	28	49,579,070.
	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	90,046,401.	32	97,925,485.
33 Total liabilities and net assets/fund balances	91,499,514.	33	99,366,496.	

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	6,556,664.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,724,661.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,832,003.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,046,401.
5	Net unrealized gains (losses) on investments	5	1,390,767.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,656,314.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,925,485.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p align="center">PARTNERSHIP FOR BETTER HEALTH</p>	Employer identification number <p align="center">23-1352161</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1778090.	2146469.	2501014.	2198620.	1611440.	10235633.
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	1778090.	2146469.	2501014.	2198620.	1611440.	10235633.
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)						7447319.
6 Public support. Subtract line 5 from line 4.						2788314.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1778090.	2146469.	2501014.	2198620.	1611440.	10235633.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1431353.	1019738.	946,200.	979,251.	1221623.	5598165.
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.)	59,871.	136,104.	148,676.	33,497.	51,941.	430,089.
11 Total support. Add lines 7 through 10						16263887.
12 Gross receipts from related activities, etc. (see instructions)					12	79,864.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	17.14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	17.44 %
16a 33 1/3% support test - 2023. 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 type="checkbox"/>
b 33 1/3% support test - 2022. 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 - 2023. 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 checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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>	Yes	No
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 (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

PARTNERSHIP FOR BETTER HEALTH IS A PUBLICLY SUPPORTED ORGANIZATION BASED ON THE FACTS AND CIRCUMSTANCES TEST OF TREASURY REG 1 170A-9(F)(3). PARTNERSHIP FOR BETTER HEALTH RECEIVED PUBLIC SUPPORT ABOVE 10% FOR THE FIVE YEAR PERIOD ENDING JUNE 30, 2024. THE ORGANIZATION RECEIVED APPROXIMATELY 17.14% OF ITS SUPPORT FROM THE GENERAL PUBLIC. PARTNERSHIP FOR BETTER HEALTH IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS FROM THE GENERAL PUBLIC AND OTHER EXEMPT ORGANIZATIONS. PARTNERSHIP FOR BETTER HEALTH'S BOARD OF TRUSTEES IS COMPRISED OF INDIVIDUALS WHO ARE CIVIC AND BUSINESS LEADERS AND THUS IS REPRESENTATIVE OF THE PUBLIC INTEREST. THE BOARD IS DESIGNED TO BE REPRESENTATIVE OF, AND KNOWLEDGEABLE ABOUT THE COMMUNITY AND ITS HEALTH NEEDS. FINALLY, THE PARTNERSHIP FOR BETTER HEALTH HAS DEMONSTRATED ITS PUBLICLY SUPPORTED NATURE BY FULFILLING ITS PRINCIPAL CHARGE, WHICH HISTORICALLY HAS BEEN TO SUPPORT A CHARITABLE MISSION RELATED TO IMPROVING ACCESS TO AND DELIVERY OF HEALTH CARE THROUGHOUT THE REGION. THIS MISSION ORIGINATES FROM THE ORGANIZATION'S PREDECESSOR ORGANIZATION, CARLISLE HEALTH SERVICES CORPORATION (THE FORMER CARLISLE HOSPITAL), THE SALE OF WHICH ESTABLISHED TODAY'S ORGANIZATION.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

PARTNERSHIP FOR BETTER HEALTH

Employer identification number

23-1352161

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,035,522.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>139,009.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>98,340.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>61,626.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>27,018.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>28,179.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>24,202.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>19,952.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>18,943.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>22,744.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>20,481.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>15,254.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	 <hr/> <hr/> <hr/>	\$ <u>14,262.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	 <hr/> <hr/> <hr/>	\$ <u>6,536.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	 <hr/> <hr/> <hr/>	\$ <u>8,606.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 10,000.	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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: PARTNERSHIP FOR BETTER HEALTH
Employer identification number: 23-1352161

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,340.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	241.													
c Total lobbying expenditures (add lines 1a and 1b)	5,581.													
d Other exempt purpose expenditures	3,311,257.													
e Total exempt purpose expenditures (add lines 1c and 1d)	3,316,838.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	315,842.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	78,961.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	276,702.	307,933.	293,340.	315,842.	1,193,817.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,790,726.
c Total lobbying expenditures	859.	24.	2,223.	5,581.	8,687.
d Grassroots nontaxable amount	69,176.	76,983.	73,335.	78,961.	298,455.
e Grassroots ceiling amount (150% of line 2d, column (e))					447,683.
f Grassroots lobbying expenditures	859.	24.	2,000.	5,340.	8,223.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization PARTNERSHIP FOR BETTER HEALTH Employer identification number 23-1352161

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held works of art for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		131,911.		131,911.
b Buildings		646,321.	610,605.	35,716.
c Leasehold improvements				
d Equipment		57,515.	44,665.	12,850.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				180,477.

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) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	47,486,400.
(2) RJ CHMCF WEIDNER ENDOWMENT	23,375.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	47,509,775.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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	11,482,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,390,767.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	3,656,314.	
	e Add lines 2a through 2d	2e		5,047,081.
3	Subtract line 2e from line 1		3	6,435,641.
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	121,023.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		121,023.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,556,664.

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	3,603,638.
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		
	e Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	3,603,638.
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	121,023.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		121,023.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,724,661.

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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE INTERNAL REVENUE CODE, SECTION 501(C)(3).

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX

Part XIII Supplemental Information (continued)

EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS PRIOR TO THE YEAR ENDED 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF TRUSTS 3,656,314.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **PARTNERSHIP FOR BETTER HEALTH** Employer identification number **23-1352161**

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
ADAMS COUNTY CHILDREN'S ADVOCACY CENTER - 450 WEST MIDDLE STREET - GETTYSBURG, PA 17325	20-3372800	501(C)(3)	20,000.	0.			TO PROTECT VULNERABLE CHILDREN, ACCAC SEEKS FUNDING TO REDUCE CHILD ABUSE IN NORTHERN ADAMS
BETHANY HOUSE 558 PETERSBURG RD CARLISLE, PA 17013	87-2011173	501(C)(3)	45,600.	0.			PROVIDE MENTAL HEALTH COUNSELING TO RESIDENTS OF BETHANY HOUSE. BUILDING INDEPENDENT
BIBLE WAY HIBNER MEMORIAL CHURCH OF GOD IN CHRIST - 223 WALNUT ST - CARLISLE, PA 17013	23-2164667	501(C)(3)	15,000.	0.			HELP FATHERS RECONNECT WITH THEIR CHILDREN AND DEVELOP ESSENTIAL PARENTING SKILLS THROUGH
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1519 NORTH 3RD STREET - HARRISBURG, PA 17102	23-2260248	501(C)(3)	10,000.	0.			SUPPORT THE EXPANSION OF TRAUMA-INFORMED CASE MANAGEMENT SERVICES TO ENHANCE THE WRAP-AROUND
BOYS & GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG - 73 W. BYRD ST. - SHIPPENSBURG, PA 17257	27-1658752	501(C)(3)	10,000.	0.			SUPPORT THE IMPLEMENTATION OF THE MENTAL HEALTH PROGRAM AND TO SUPPORT SCHOLARSHIPS
CARLISLE CARES 50 W PENN ST CARLISLE, PA 17013	26-3194660	501(C)(3)	134,497.	0.			SUPPORT A PHYSICAL ACCESS SITE FOR COORDINATED ENTRY IN CUMBERLAND COUNTY TO CONNECT PEOPLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **52.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
CARLISLE DAY CARE 100 EAST POMFRET STREET CARLISLE, PA 17013	23-1657371	501(C)(3)	8,872.	0.			TO PROMOTE AND SUPPORT THE MENTAL HEALTH OF CHILDCARE PROVIDERS.
CHURCH WORLD SERVICE HARRISBURG (PA) - 2101 N. FRONT ST. BLDG. 3 SUITE 301 - HARRISBURG, PA 17110	13-4080201	501(C)(3)	55,000.	0.			THE PURPOSE OF THIS GRANT IS TO INCREASE REFUGEES' ACCESS TO PERMANENT HOUSING IN CARLISLE.
CIVIC CLUB OF SHIPPENSBURG PO BOX 593 SHIPPENSBURG, PA 17257	23-1394564	501(C)(3)	22,000.	0.			THE SHIPPENSBURG COMMUNITY NURSE PROVIDES FREE IN-HOME HEALTH SERVICES TO MEET THE
COMMUNITY ACTION COMMISSION 1514 DERRY ST. HARRISBURG, PA 17111	23-1665590	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CONTACT HELPLINE PO BOX 90035 HARRISBURG, PA 17109	23-7083169	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CUMBERLAND VALLEY RAILS-TO-TRAILS COUNCIL, INC. - PO BOX 531 - SHIPPENSBURG, PA 17257	23-2630981	501(C)(3)	40,000.	0.			SUPPORT THE COMPLETION OF PERMITTING, ENGINEERING AND FIRST PHASE OF CONSTRUCTION FOR THE
EMPLOYMENT SKILLS CENTER 29 SOUTH HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	190,000.	0.			TO HELP MEET THE CRITICAL NEED FOR FRONTLINE HEALTHCARE WORKERS IN OUR COMMUNITY.
FRIENDS OF SPRING TOWNSHIP 2560 SHERMANS VALLEY ROAD ELLIOTTSBURG, PA 17024	82-3212202	501(C)(3)	25,000.	0.			TO SUPPORT EXPANSION OF LYNN SHEAFFER DUM MEMORIAL PARK.
GIRLS ON THE RUN CAPITAL AREA 525 N. TWELFTH ST. LEMOYNE, PA 17043	27-5095044	501(C)(3)	10,000.	0.			SUPPORT THE IMPLEMENTATION OF THE GIRLS ON THE RUN AFTERSCHOOL PROGRAM FOR

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
HOPE STATION OPPORTUNITY AREA NEIGHBORHOOD COUNCIL - 149 W. PENN ST - CARLISLE, PA 17013	25-1886489	501(C)(3)	56,500.	0.			TO AWARD SCHOLARSHIPS TO LOCAL YOUTHS CONNECTED TO HOPE STATION TO PARTICIPATE IN SUMMER
IN HIM CHRISTIAN WELLNESS 635 NORTH 12TH STREET, SUITE 101 LEMOYNE, PA 17043	81-2117172	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
JOIN HANDS MINISTRY 51 SOUTH CHURCH STREET NEW BLOOMFIELD, PA 17068	32-0271270	501(C)(3)	10,000.	0.			PROVIDE FUNDING SUPPORT FOR PERRY COUNTY YOUTH FROM LOW-INCOME HOUSEHOLDS TO PARTICIPATE
KEYSTONE HUMAN SERVICES 4391 STURBRUDGE DRIVE HARRISBURG, PA 17110	25-1847902	501(C)(3)	15,000.	0.			TO PROVIDE SUPPORT SERVICES TO FAMILIES AND CHILDREN EXHIBITING MENTAL AND BEHAVIORAL
LANDISBURG EMS INC. PO BOX 122 LANDISBURG, PA 17040	83-2816606	501(C)(3)	25,000.	0.			TO SUPPORT THE EDUCATION OF OUR COMMUNITY CITIZENS.
LATINO HISPANIC AMERICAN COMMUNITY CENTER - 1301 DERRY STREET - HARRISBURG, PA 17104	27-1032748	501(C)(3)	25,000.	0.			TO SUPPORT THE EXPANSION OF THE LATINO CENTER'S (LHACC) SERVICES WITH AN EMPHASIS ON SOCIAL
LAUNCH PAD 25 E. MAIN ST. NEWVILLE, PA 17241	84-2984366	501(C)(3)	40,000.	0.			TO PROMOTE HEALTHY LIVING WITH CASE MANAGEMENT AND SUPPORTIVE EMPLOYMENT TO IMPROVE HEALTH
LEAF PROJECT INC. 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	47-5215954	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
MARANATHA-CARLISLE PO BOX 1320 CARLISLE, PA 17013	20-5164840	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE MINISTRIES, INC. 99 W. CHURCH ST. DILLSBURG, PA 17019	23-2223120	501(C)(3)	50,000.	0.			SUPPORT THE PROVISION OF BASIC NEEDS ASSISTANCE, INCLUDING FOOD, HOUSING, TRANSPORTATION, CHILDCARE
NEW LIFE COMMUNITY 64 E NORTH ST CARLISLE, PA 17013	25-0765225	501(C)(3)	100,000.	0.			PROVIDE BICYCLE LIGHTS, HELMETS, AND LOCKS TO LIFECYCLE BICYCLE RECIPIENTS.
NHS STEVENS CENTER 33 STATE AVENUE CARLISLE, PA 17013	25-1878857	501(C)(3)	190,000.	0.			TO MAKE PSYCHIATRIC CARE AVAILABLE TO MEET MENTAL HEALTH NEEDS OF AN UNDERSERVED POPULATION OF
NLC LIFEWORKS 64 EAST NORTH STREET CARLISLE, PA 17013	92-1490734	501(C)(3)	65,000.	0.			THE INTAKE & LIFEWORKS COORDINATOR WILL ASSESS CLIENTS' BASIC NEEDS AND COORDINATE REFERRALS TO
PENNSYLVANIA FOUNDATION FOR HOME CARE AND HOSPICE - 600 NORTH 12TH STREET, SUITE 200 - LEMOYNE, PA 17043	23-7373857	501(C)(3)	50,000.	0.			PROVIDE SHORT-TERM FINANCIAL ASSISTANCE TO SUPPORT QUALIFYING INDIVIDUALS IN NEED OF
PERRY HOUSING PARTNERSHIP PO BOX 266 NEW BLOOMFIELD, PA 17068	26-0714060	501(C)(3)	50,000.	0.			A COMMUNITY-WIDE ACTION PROJECT TO ESTABLISH AND OPERATE A COLD WEATHER WARMING CENTER IN PERRY
PERRY HUMAN SERVICES PO BOX 436 NEW BLOOMFIELD, PA 17068	23-1953159	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
PROJECT SHARE OF CARLISLE 2A N HANOVER STREET CARLISLE, PA 17013	27-0531231	501(C)(3)	27,450.	0.			TO SUPPORT THE CONTINUING EXPANSION OF PROGRAMMING THAT TEACHES ABOUT AND PROVIDES HEALTHY,
REINS OF RHYTHM RIDING & HORSEMANSHIP - 1257 BLACK GAP ROAD - FAYETTEVILLE, PA 17222	45-5296444	501(C)(3)	30,000.	0.			PROVIDE HORSE POWERED READING PROGRAM TO HELP STUDENTS DEVELOP READING FLUENCY AND GAIN

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
SADLER HEALTH CENTER CORPORATION 100 N. HANOVER STREET CARLISLE, PA 17013	54-2082673	501(C)(3)	540,000.	0.			SUPPORT THE PROVISION OF DENTAL SERVICES AND COMMUNITY HEALTH WORKER SUPPORT IN ADDRESSING
SHIPPENSBURG AREA SCHOOL DISTRICT FOUNDATION - 317 N. MORRIS ST. - SHIPPENSBURG, PA 17257	30-0104247	501(C)(3)	15,000.	0.			SUPPORT THE PURCHASE OF INCENTIVES AND REWARDS FOR STUDENTS AT 6 SASD SITES FOR THE POSITIVE
SHIPPENSBURG PRODUCE & OUTREACH 130 S PENN ST SHIPPENSBURG, PA 17257	45-4154591	501(C)(3)	50,000.	0.			IMPLEMENT SPO ACTION PLAN FOR LONG TERM SUSTAINABILITY
ST. PAUL EVANGELICAL LUTHERAN CHURCH, APARTMENT MINISTRY/WE CARE TEAM - 201 W. LOUTHER STREET - CARLISLE, PA 17013	23-6050348	501(C)(3)	25,000.	0.			REPAIR DAMAGE TO WALLS, CEILINGS AND FLOORS FROM SEWAGE OVERFLOW IN COMMUNITY CARES OVERNIGHT
SUMMER PROGRAM FOR YOUTH PO BOX 612 CARLISLE, PA 17013	25-1798756	501(C)(3)	52,500.	0.			SUPPORT THE CONTINUATION OF A SUMMER ENRICHMENT PROGRAM DEDICATED TO ADVANCING THE ACADEMIC
THE ARC OF CUMBERLAND & PERRY COUNTY - 71 ASHLAND AVE - CARLISLE, PA 17013	23-1489837	501(C)(3)	63,500.	0.			PROVIDE NO-COST ADVOCACY SERVICES TO PROTECT THE RIGHTS OF PEOPLE WITH DISABILITIES IN
THE CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT, INC. - PO BOX 3576 - GETTYSBURG, PA 17325	64-0952164	501(C)(3)	53,500.	0.			TO SUPPORT YOUTH SUMMER PROGRAM SCHOLARSHIPS; GENERAL OPERATING SUPPORT
THE FOOD TRUST 1617 JOHN F. KENNEDY BLVD, SUITE 90 PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	20,000.	0.			SUPPORT THE MAINTENANCE AND EXPANSION OF THE FOOD BUCKS AND FOOD BUCKS RX PROGRAM IN CENTRAL PA TO
THE PENNSYLVANIA COALITION FOR ORAL HEALTH - PO BOX 242 - DELMONT, PA 15626	81-3594885	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 20 E POMFRET ST CARLISLE, PA 17013	23-2935283	501(C)(3)	20,000.	0.			TO SUPPORT IMPROVED NUTRITIONAL VALUE IN THE MY BROTHER'S TABLE PROGRAM AT THE SALVATION
TOMORROW'S NEIGHBORS 44 E. PENN ST. CARLISLE, PA 17013	30-1212060	501(C)(3)	60,000.	0.			SUPPORT THE ESTABLISHMENT OF A PILOT E-BIKE LIBRARY RENTAL PROGRAM TO BENEFIT REENTRANTS WHO ARE IN
VALLEY YOUTH HOUSE COMMITTEE, INC. 3400 HIGH POINT BLVD. BETHLEHEM, PA 18017	23-7178820	501(C)(3)	10,000.	0.			ADDRESSING FOOD INSECURITY AMONG YOUTH EXPERIENCING HOUSING INSECURITY OR LITERAL
YWCA CARLISLE 301 G ST. CARLISLE, PA 17013	23-1429866	501(C)(3)	10,000.	0.			SUPPORT THE DEVELOPMENT OF A TARGETED MARKETING PLAN AND EDUCATIONAL RESOURCES AROUND SEXUAL

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADAMS COUNTY ARTS COUNCIL (ACAC)

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE CONTINUATION OF PROGRAMMING THAT USES CREATIVE ARTS AS A CATALYST TO MENTAL, PHYSICAL AND EMOTIONAL HEALTH AND WELLBEING.

NAME OF ORGANIZATION OR GOVERNMENT:

ADAMS COUNTY CHILDREN'S ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROTECT VULNERABLE CHILDREN,

Part IV Supplemental Information

ACCAC SEEKS FUNDING TO REDUCE CHILD ABUSE IN NORTHERN ADAMS COUNTY VIA EDUCATION, OUTREACH AND PREVENTION ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: BETHANY HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE MENTAL HEALTH COUNSELING TO RESIDENTS OF BETHANY HOUSE. BUILDING INDEPENDENT YOUTH PROVIDES A HOLISTIC APPROACH TO EQUIP AND EMPOWER YOUTH TOWARDS INDEPENDENCE AND SELF-SUFFICIENCY.

NAME OF ORGANIZATION OR GOVERNMENT:

BIBLE WAY HIBNER MEMORIAL CHURCH OF GOD IN CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP FATHERS RECONNECT WITH THEIR CHILDREN AND DEVELOP ESSENTIAL PARENTING SKILLS THROUGH DESIGN AND OFFERING OF NEW FATHERHOOD PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE EXPANSION OF TRAUMA-INFORMED CASE MANAGEMENT SERVICES TO ENHANCE THE WRAP-AROUND SERVICES PROVIDED TO BBBSR LITTLES AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: BIG SPRING SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE PURCHASE OF PRE-BAGGED FOOD AND HYGIENE ITEMS FOR WEEKLY DISTRIBUTION TO FOOD INSECURE STUDENTS ENROLLED IN THE BIG SPRING SCHOOL DISTRICT.

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE IMPLEMENTATION OF THE MENTAL HEALTH PROGRAM AND TO SUPPORT SCHOLARSHIPS TO PROVIDE QUALITY SUMMER PROGRAMMING FOR CHILDREN WITH FAMILIES IN NEED IN THE SHIPPENSBURG AREA.

NAME OF ORGANIZATION OR GOVERNMENT: CARLISLE CARES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT A PHYSICAL ACCESS SITE FOR COORDINATED ENTRY IN CUMBERLAND COUNTY TO CONNECT PEOPLE EXPERIENCING OR AT RISK OF BECOMING HOMELESS WITH HOUSING AND SERVICES. AND SUPPORT OPERATIONS AND RENOVATIONS AT THE FAMILY SHELTER IN SHIPPENSBURG.

NAME OF ORGANIZATION OR GOVERNMENT: CARLISLE FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A DAY CAMP EXPERIENCE WITH ENGAGING OUTDOOR EDUCATION EXPERIENCES FOR UNDERSERVED YOUTH AGES 7-12 IN THE CARLISLE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL PENNSYLVANIA CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT LETORT SPRING GARDEN PRESERVE ENHANCEMENTS TO INCLUDE THE RESTORATION OF HISTORIC STRUCTURES, IMPROVED TRAIL ACCESS, ECOLOGICAL RESTORATION AND THE INSTALLATION OF INTERPRETIVE SIGNAGE.

NAME OF ORGANIZATION OR GOVERNMENT: CIVIC CLUB OF SHIPPENSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SHIPPENSBURG COMMUNITY NURSE PROVIDES FREE IN-HOME HEALTH SERVICES TO MEET THE NEEDS OF ELDERLY AND LOW-INCOME INDIVIDUALS WHO ARE UNDERINSURED.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CUMBERLAND VALLEY RAILS-TO-TRAILS COUNCIL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE COMPLETION OF PERMITTING, ENGINEERING AND FIRST PHASE OF CONSTRUCTION FOR THE MIDDLE SPRING GREENWAY TO EXTEND AND EXPAND CONNECTORS TO THE CUMBERLAND VALLEY RAIL TRAIL.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS ON THE RUN CAPITAL AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE IMPLEMENTATION OF THE GIRLS ON THE RUN AFTERSCHOOL PROGRAM FOR GIRLS IN GRADES 3-8 IN NORTHERN ADAMS COUNTY, PERRY COUNTY, SHIPPENSBURG, BIG SPRING AND SOUTH MIDDLETON AREA ELEMENTARY AND MIDDLE SCHOOLS. SUPPORT THE IMPLEMENTATION OF THE GIRLS ON THE RUN AFTERSCHOOL PROGRAM FOR GIRLS IN GRADES 3-8 IN PERRY COUNTY ELEMENTARY AND MIDDLE SCHOOLS.

NAME OF ORGANIZATION OR GOVERNMENT:

HOPE STATION OPPORTUNITY AREA NEIGHBORHOOD COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO AWARD SCHOLARSHIPS TO LOCAL YOUTHS CONNECTED TO HOPE STATION TO PARTICIPATE IN SUMMER CAMPS AND PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE IMPLEMENTATION OF A CUSTOMIZED LITERACY AND EMPOWERMENT PROGRAM FOR AFGHAN WOMEN TO INSTILL LIFE-ESSENTIAL SKILLS IN THEM TO HELP THEM BECOME SELF-SUFFICIENT AND WELL-INTEGRATED IN THEIR NEW COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: JOIN HANDS MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FUNDING SUPPORT FOR PERRY

Part IV Supplemental Information

COUNTY YOUTH FROM LOW-INCOME HOUSEHOLDS TO PARTICIPATE IN EXTRACURRICULAR ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: KEYSTONE HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT SERVICES TO FAMILIES AND CHILDREN EXHIBITING MENTAL AND BEHAVIORAL HEALTH CONDITIONS IN ENROLLED IN CAPITAL AREA HEAD START IN PERRY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

LATINO HISPANIC AMERICAN COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF THE LATINO CENTER'S (LHACC) SERVICES WITH AN EMPHASIS ON SOCIAL DETERMINANTS OF HEALTH TO THE LATINO HISPANIC AMERICAN COMMUNITY IN CUMBERLAND/PERRY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: LAUNCH PAD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE HEALTHY LIVING WITH CASE MANAGEMENT AND SUPPORTIVE EMPLOYMENT TO IMPROVE HEALTH DISPARITIES AND OCCUPATIONAL OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOPE MINISTRIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE PROVISION OF BASIC NEEDS ASSISTANCE, INCLUDING FOOD, HOUSING, TRANSPORTATION, CHILDCARE AND WORKFORCE DEVELOPMENT PROGRAMS FOR OUR NEW REFUGEE NEIGHBORS.

NAME OF ORGANIZATION OR GOVERNMENT: NHS STEVENS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAKE PSYCHIATRIC CARE AVAILABLE TO MEET MENTAL HEALTH NEEDS OF AN UNDERSERVED POPULATION OF INDIVIDUALS

Part IV Supplemental Information

WHO HAVE NO INSURANCE, MEDICAID, OR MEDICARE.

NAME OF ORGANIZATION OR GOVERNMENT: NLC LIFEWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE INTAKE & LIFEWORKS COORDINATOR WILL ASSESS CLIENTS' BASIC NEEDS AND COORDINATE REFERRALS TO LOCAL RESOURCES TO IMPROVE THE CLIENTS' HEALTH AND WELL-BEING.

NAME OF ORGANIZATION OR GOVERNMENT:

PENNSYLVANIA FOUNDATION FOR HOME CARE AND HOSPICE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SHORT-TERM FINANCIAL ASSISTANCE TO SUPPORT QUALIFYING INDIVIDUALS IN NEED OF HOME-BASED HEALTH CARE SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: PERRY HOUSING PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: A COMMUNITY-WIDE ACTION PROJECT TO ESTABLISH AND OPERATE A COLD WEATHER WARMING CENTER IN PERRY COUNTY, PA FOR THOSE WHO ARE UNHOUSED.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT SHARE OF CARLISLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONTINUING EXPANSION OF PROGRAMMING THAT TEACHES ABOUT AND PROVIDES HEALTHY, NUTRITIOUS FOOD TO CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: REINS OF RHYTHM RIDING & HORSEMANSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE HORSE POWERED READING PROGRAM TO HELP STUDENTS DEVELOP READING FLUENCY AND GAIN SOCIAL-EMOTIONAL SKILLS THROUGH EQUINE ASSISTED LEARNING. SUPPORT THE OPPORTUNITY FOR 4-6 TEENS TO OBTAIN PAID POSITIONS DURING THE SUMMER

Part IV Supplemental Information

SEASON WITH REINS OF RHYTHM TO FOCUS ON THE DEVELOPMENT OF POSITIVE LEADERSHIP SKILLS, SOCIAL SKILLS, WORKPLACE READINESS SKILLS AND CHARACTER DEVELOPMENT AS THEY WORK IN THE ONGOING REINS OF RHYTHM ADAPTIVE RIDING AND HORSEMANSHIP THERAPEUTIC PROGRAMS. GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SADLER HEALTH CENTER CORPORATION
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE PROVISION OF DENTAL SERVICES AND COMMUNITY HEALTH WORKER SUPPORT IN ADDRESSING SOCIAL DETERMINANTS OF HEALTH REGARDLESS OF PATIENTS' ABILITY TO PAY.

NAME OF ORGANIZATION OR GOVERNMENT:
SHIPPENSBURG AREA SCHOOL DISTRICT FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE PURCHASE OF INCENTIVES AND REWARDS FOR STUDENTS AT 6 SASD SITES FOR THE POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORT (PBIS) PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: SHIPPENSBURG UNIVERSITY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: HOUND PACKS IS A PROGRAM THAT PROVIDES WEEKEND BACKPACKS FILLED WITH NUTRITIOUS FOOD FOR CHILDREN AND THEIR FAMILIES WHO EXPERIENCE FOOD INSECURITY IN THE SHIPPENSBURG AREA SCHOOL DISTRICT.

NAME OF ORGANIZATION OR GOVERNMENT:
ST. PAUL EVANGELICAL LUTHERAN CHURCH, APARTMENT MINISTRY/WE CARE TEAM
(H) PURPOSE OF GRANT OR ASSISTANCE: REPAIR DAMAGE TO WALLS, CEILINGS AND FLOORS FROM SEWAGE OVERFLOW IN COMMUNITY CARES OVERNIGHT SHELTER AND REPLACE HVAC FOR EMERGENCY WEATHER SHELTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SUMMER PROGRAM FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE CONTINUATION OF A SUMMER ENRICHMENT PROGRAM DEDICATED TO ADVANCING THE ACADEMIC ACHIEVEMENTS AND SOCIAL/EMOTIONAL WELL-BEING OF AT-RISK YOUTH IN GRADES 4-6. TO SUPPORT SPY'S EXPANSION FROM A 6-WEEK SUMMER PROGRAM TO A PROGRAM WITH YEAR-ROUND ENRICHMENT OPPORTUNITIES FOR AT-RISK STUDENTS WHEN SCHOOL IS NOT IN SESSION.

SUPPORT THE PROVISION OF SCHOLARSHIPS TO CURRENT AT-RISK SPY PARTICIPANTS TO OFFSET THE COSTS OF ENROLLING IN FEE-BASED AFTER SCHOOL PROGRAMMING HELD DURING THE ACADEMIC YEAR. TO PURCHASE EDUCATIONAL SOFTWARE AND COMPUTER DESKS FOR NEW COMPUTERS THAT WERE DONATED TO SPY

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF CUMBERLAND & PERRY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE NO-COST ADVOCACY SERVICES TO PROTECT THE RIGHTS OF PEOPLE WITH DISABILITIES IN CUMBERLAND AND PERRY COUNTIES. TO BUILD THE SKILLS, KNOWLEDGE, AND CONFIDENCE IN ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO ENABLE THEM TO ADVOCATE FOR THEMSELVES AND OTHERS USING THEIR LIVED EXPERIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: THE FOOD TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE MAINTENANCE AND EXPANSION OF THE FOOD BUCKS AND FOOD BUCKS RX PROGRAM IN CENTRAL PA TO INCENTIVIZE AND MAXIMIZE THE UTILIZATION OF SNAP.

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IMPROVED NUTRITIONAL VALUE IN THE MY BROTHER'S TABLE PROGRAM AT THE SALVATION ARMY CARLISLE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TOMORROW'S NEIGHBORS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE ESTABLISHMENT OF A PILOT E-BIKE LIBRARY RENTAL PROGRAM TO BENEFIT REENTRANTS WHO ARE IN NEED OF AN AFFORDABLE AND ACCESSIBLE TRANSPORTATION OPTION.

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY YOUTH HOUSE COMMITTEE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESSING FOOD INSECURITY AMONG YOUTH EXPERIENCING HOUSING INSECURITY OR LITERAL HOMELESSNESS IN PERRY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA CARLISLE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE DEVELOPMENT OF A TARGETED MARKETING PLAN AND EDUCATIONAL RESOURCES AROUND SEXUAL VIOLENCE PREVENTION AND OUTREACH TO TO UNDERSERVED COMMUNITIES AND VICTIMS OF HUMAN TRAFFICKING.

SCHEDULE I, PAGE 1, PART I, LINE 2

THE ORGNIZATION USES FIVE CRITICAL MECAHNISMS TO ENSURE THAT GRANT FUNDS ARE APPROPRIATELY APPLIED TO ACHIEVE DESIRED GOALS 1) GRANT APPLICATIONS IN WHICH PROSPECTIVE GRANTEES SPECIFY PROJECT ACTIVITIES, PROGRAM OUTCOMES, EVALUATION STRATEGIES, AND BUDGET. 2) GRANT CONTRACTS THAT CONFIRM PROJECT ACTIVITIES, PROGRAM OUTCOMES, EVALUATION PLANS, REPORTING REQUIREMENTS AND SITE VISIT PLANS. 3) SITE VISITS BY ORGANIZATION STAFF AND VOLUNTEERS WHICH ALLOW FOR AN OPEN DIALOGUE BETWEEN PROGRAM AND ORGANIZATION STAFF, AS WELL AS OBSERVATION OF PROGRAM ACTIVITIES WHEN APPROPRIATE. 4) IN THE CASE OF MULTI-YEAR AWARDS, INTERIM REPORTS PREPARED BY GRANTEES, WHICH DOCUMENT PROGRESS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

PARTNERSHIP FOR BETTER HEALTH

Employer identification number

23-1352161

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

COLLABORATIONS THAT IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES IN
OUR REGION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALIGNED WITH THE SOCIAL DETERMINANTS OF HEALTH (HEALTH CARE ACCESS AND
QUALITY; SOCIAL AND COMMUNITY CONTEXT; ECONOMIC STABILITY; EDUCATION
ACCESS AND QUALITY; AND NEIGHBORHOOD AND THE BUILT ENVIRONMENT). IN
ADDITION, DURING FISCAL 23-24, \$840,000 IN FOUNDATION INITIATIVES WERE
APPROVED WHICH WILL FOCUS ON HIGH PRIORITY AREAS SUCH AS AFFORDABLE
HOUSING, PERRY COUNTY HEALTH COALITION, HOME HEALTH CARE AND
SUSTAINABLE FOOD SYSTEMS.

IN THE CURRENT FISCAL YEAR, THE FOUNDATION AWARDED \$2,346,938 FOR 87
GRANTS AND OTHER ASSISTANCE TO LOCAL ORGANIZATIONS. AN ADDITIONAL
\$279,398 WAS PUT BACK INTO THE LOCAL COMMUNITY FROM INITIATIVES
APPROVED IN PRIOR FISCAL YEARS.

PROGRAMS AT SADLER HEALTH CENTER RECEIVED 23% OF THE TOTAL GRANTS AND
INITIATIVE FUNDING FOR HEALTH SERVICES THAT INCLUDE DENTAL CARE AND
COMMUNITY HEALTH WORKERS TO PROVIDE OUTREACH, COMMUNITY EDUCATION,
INFORMAL COUNSELING, SOCIAL SUPPORT AND ADVOCACY. THE FOUNDATION MADE
CAPITAL INVESTMENTS OF \$25,000 TO LYNN SHEAFFER DUM MEMORIAL PARK IN
PERRY COUNTY AND \$40,000 TO THE CUMBERLAND VALLEY RAILS-TO-TRAILS IN
CUMBERLAND COUNTY. SHIPPENSBURG PRODUCE AND OUTREACH WAS AWARDED
\$50,000 TO IMPLEMENT ITS NEW STRATEGIC PLAN TO STRENGTHEN ITS CAPACITY

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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IN ADDRESSING FOOD INSECURITY. FOR NORTHERN ADAMS COUNTY, THE FOUNDATION AWARDED GRANTS TO THE CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT, INC. AND THE ADAMS COUNTY CHILDREN'S ADVOCACY CENTER. OTHER ASSISTANCE TO LOCAL ORGANIZATIONS FOCUSED ON INCREASING ACCESS TO HEALTHCARE, AFFORDABLE HOUSING, AND FOOD, ADDRESSING OPIOID ADDICTION, AND ADVANCING HIGH-QUALITY YOUTH DEVELOPMENT PROGRAMS.

THE FOUNDATION'S STRATEGIC APPROACH INCLUDES COALITION BUILDING, POLICY ADVOCACY, PUBLIC EDUCATION AND NONPROFIT CAPACITY BUILDING. WE SERVE AS A CATALYST, ADVOCATE AND COLLABORATOR TO MAKE HEALTH A SHARED PRIORITY TOWARD ESTABLISHING OUR COMMUNITIES AS THE HEALTHIEST IN THE NATION.

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

THE FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND THE AUDIT SUBCOMMITTEE. COPIES ARE MADE AVAILABLE TO THE BOARD AND A BRIEF SUMMARY IS MADE PRIOR TO BOARD ACTION.

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

THE ANNUAL DISCLOSURE OF CONFLICT OF INTEREST IS COMPLETED BY BOARD, COMMITTEE MEMBERS, AND STAFF. THESE STATEMENTS ARE REVIEWED AND MAINTAINED BY THE EXECUTIVE DIRECTOR AND REFERRED TO WHEN NEEDED WHEN A CONFLICT OF INTEREST COMES ABOUT. THAT INDIVIDUAL MAY PARTICIPATE IN DISCUSSION BUT DOES NOT VOTE ON THE MATTER.

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

15A) THE EXECUTIVE DIRECTOR'S (ED'S) ANNUAL PERFORMANCE REVIEW AND SALARY DETERMINATION INVOLVES INDEPENDENT DELIBERATION BY THE EXECUTIVE COMMITTEE WITH INPUT FROM THE FULL BOARD. A SALARY BENCHMARKING STUDY IS CONDUCTED BY

Name of the organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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THE EXECUTIVE COMMITTEE EVERY THREE YEARS. THE STUDY ENCOMPASSES ALL STAFF POSITIONS AT THE ORGANIZATION AND IS DEVELOPED THROUGH A REVIEW OF REPUTABLE LOCAL, STATE, AND NATIONAL SALARY BENCHMARKING STUDIES CONDUCTED FOR NONPROFIT ORGANIZATIONS AND COMMUNITY FOUNDATIONS. THE REPORT IS UPDATED EVERY THREE YEARS, MOST RECENTLY COMPLETED IN 2022 DUE TO TRANSITIONS IN THE FINANCE DIRECTOR POSITION DURING 2023. THE ED DRAFTS AN ANNUAL WORKPLAN AT THE START OF EACH YEAR THAT IDENTIFIES CRITICAL GOALS AND ACTIONS TO GUIDE HER WORK IN THE YEAR AHEAD. THE WORKPLAN IS REVIEWED AND VOTED ON BY THE FULL BOARD. IN THE SPRING OF EACH YEAR, ALL STAFF UNDERGO AN ANNUAL PERFORMANCE REVIEW. AS A PART OF THIS PROCESS, THE ED COMPLETES AN ANNUAL SELF-EVALUATION AND REPORTS ON ALL PROGRESS MADE WITHIN HER YEARLY WORKPLAN. THE EXECUTIVE COMMITTEE REVIEWS THESE DOCUMENTS AND INVITES THE FULL BOARD TO PROVIDE INPUT ON THE ED'S PERFORMANCE REVIEW. THE BOARD CHAIR AND VICE CHAIR SYNTHESIZE THIS INFORMATION AND MEET WITH THE ED TO DISCUSS THE REVIEW. A RECOMMENDATION FOR THE ED'S SALARY ADJUSTMENT IS THEN MADE BY THE EXECUTIVE OFFICERS BASED ON RESULTS OF HER PERFORMANCE REVIEW, THE FINDINGS OF THE SALARY BENCHMARKING STUDY, AND FUNDS AVAILABLE IN THE BOARD APPROVED BUDGET.

15B) SALARY BENCHMARKING STUDY IS CONDUCTED BY THE EXECUTIVE COMMITTEE EVERY THREE YEARS. THE STUDY ENCOMPASSES ALL STAFF POSITIONS AT THE ORGANIZATION AND IS DEVELOPED THROUGH A REVIEW OF REPUTABLE LOCAL, STATE, AND NATIONAL SALARY BENCHMARKING STUDIES CONDUCTED FOR NONPROFIT ORGANIZATIONS AND COMMUNITY FOUNDATIONS. THE REPORT IS UPDATED EVERY THREE YEARS, MOST RECENTLY COMPLETED IN 2022 DUE TO TRANSITIONS IN THE FINANCE DIRECTOR POSITION IN 2023. IN THE SPRING OF EACH YEAR, ALL STAFF UNDERGO AN ANNUAL PERFORMANCE REVIEW AND RECOMMENDATIONS FOR SALARY ADJUSTMENTS ARE THEN MADE BY THE EXECUTIVE DIRECTOR BASED ON FUNDS AVAILABLE IN THE BOARD

Name of the organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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APPROVED BUDGET.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS, IN ABBREVIATED FORM, ARE PRINTED IN AN ANNUAL REPORT THAT IS MAILED TO INDIVIDUALS IN THE COMMUNITY, AGENCIES TO WHICH GRANTS ARE MADE, AND VOLUNTEERS. AVAILABILITY OF THE REPORTS IS ALSO ANNOUNCED IN AN AD IN THE LOCAL NEWSPAPER.

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

CHANGES IN VALUE OF TRUSTS	3,656,314.
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FORM 990, PAGE 12, PART XII, LINE 2C

THE AUDIT AND FINANCE COMMITTEE ARE RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. PARTNERSHIP FOR BETTER HEALTH	Taxpayer identification number (TIN) 23-1352161
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 274 WILSON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARLISLE, PA 17013	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ANN CARNEY**
274 WILSON STREET - CARLISLE, PA 17013

Telephone No. **717-960-9009** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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