

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>PARTNERSHIP FOR BETTER HEALTH</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>274 WILSON STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>CARLISLE, PA 17013</b>	<b>D</b> Employer identification number <b>23-1352161</b>
	<b>F</b> Name and address of principal officer: <b>CAROL THORNTON</b> <b>SAME AS C ABOVE</b>	<b>E</b> Telephone number <b>717-960-9009</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	<b>G</b> Gross receipts \$ <b>15,492,521.</b>
<b>J</b> Website: <b>WWW.FORBETTERHEALTHPA.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	<b>L</b> Year of formation: <b>2001</b>	<b>M</b> State of legal domicile: <b>PA</b>

## Part I Summary

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE PARTNERSHIP FOR BETTER HEALTH CHAMPIONS AND INVESTS IN IDEAS, INITIATIVES, AND</b>		
	<b>2</b>	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>32</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,611,440.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,893,283.</b>	<b>3,395,412.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>51,941.</b>	<b>37,987.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,556,664.</b>	<b>5,818,512.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,666,535.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>748,168.</b>	<b>774,417.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>5,676.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>309,958.</b>	<b>297,019.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,724,661.</b>	<b>4,110,896.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>2,832,003.</b>	<b>1,707,616.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>99,366,496.</b>	<b>End of Year</b> <b>107,751,581.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>1,441,011.</b>	<b>1,432,265.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>97,925,485.</b>	<b>106,319,316.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer <b>CAROL THORNTON, EXECUTIVE DIRECTOR</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Preparer's name <b>DAVID J. MANBECK, CPA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00773661</b>
	Firm's name <b>BOYER &amp; RITTER, LLC</b>	Firm's EIN <b>23-1311005</b>		Phone no. <b>717-761-7210</b>	
	Firm's address <b>211 HOUSE AVENUE CAMP HILL, PA 17011</b>				

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

**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 \$ 3,699,155. including grants of \$ 3,039,460. ) (Revenue \$ 37,987. ) 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. IN LINE WITH OUR TRUST-BASED GRANT MAKING APPROACH, OUR GRANT PRIORITIES INCLUDE THREE APPLICATION CATEGORIES COMPRISED OF GENERAL OPERATING GRANTS FOR ORGANIZATIONS LEADING IN EQUITY WORK, PROJECT GRANTS TO ADDRESS ROOT ISSUES AND SPARK 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 ALIGNED WITH THE SOCIAL DETERMINANTS OF HEALTH (HEALTH CARE ACCESS AND QUALITY; SOCIAL

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 3,699,155.

Part IV Checklist of Required Schedules

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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 response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	13	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	13	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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     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) CAROL THORNTON, MPA EXEC. DIRECTOR (BEG. 1/14/24)	45.00			X				111,072.	0.	22,727.
(2) ANN CARNEY FINANCE DIRECTOR	30.00			X				70,147.	0.	10,437.
(3) REBECCA H. RALEY, MA EXEC. DIRECTOR (UNTIL 1/14/24)	45.00			X				26,942.	0.	1,795.
(4) TRISH NIEMITZ, RN CHAIRPERSON	3.00	X		X				0.	0.	0.
(5) RODERICK FRAZIER, DDS VICE CHAIR	3.00	X		X				0.	0.	0.
(6) MARISOL BARBER TREASURER	3.00	X		X				0.	0.	0.
(7) GAIL WENK DU PONT SECRETARY	3.00	X		X				0.	0.	0.
(8) JOYCE BYLANDER 5TH MEMBER EXE. COMMITTEE	3.00	X		X				0.	0.	0.
(9) KATIE CRANE BOARD MEMBER	2.00	X						0.	0.	0.
(10) BRADLEY GRIFFIE, ESQ BOARD MEMBER	2.00	X						0.	0.	0.
(11) SHERRY KNOWLTON BOARD MEMBER	2.00	X						0.	0.	0.
(12) MICHAEL LYMAN, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(13) LAURA MEGIVERN BOARD MEMBER	2.00	X						0.	0.	0.
(14) REV. REBECCA MYERS, MSW BOARD MEMBER	2.00	X						0.	0.	0.
(15) LAKSHMI POLAVARAPU, MD BOARD MEMBER	2.00	X						0.	0.	0.
(16) MARK PRICE, PHD BOARD MEMBER	2.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,385,113.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,610.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		2,385,113.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		1,471,451.		1471451.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	9,674,009.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	1,923,961.			
	<b>d</b>	Net gain or (loss) .....		1,923,961.			1923961.
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	<b>Business Code</b>	900099	37,987.	37,987.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			37,987.		
<b>12</b>	<b>Total revenue.</b> See instructions .....			5,818,512.	37,987.	0.	
						3395412.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,039,460.	3,039,460.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	217,829.	117,487.	100,342.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	404,978.	334,712.	69,436.	830.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	22,391.	18,778.	3,557.	56.
<b>9</b> Other employee benefits .....	85,728.	72,210.	13,365.	153.
<b>10</b> Payroll taxes .....	43,491.	31,867.	11,572.	52.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	18,737.		18,737.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	126,919.		126,919.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	50,323.	26,103.	20,388.	3,832.
<b>12</b> Advertising and promotion .....	285.	245.	40.	
<b>13</b> Office expenses .....	6,263.	2,684.	3,546.	33.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	17,987.	12,523.	5,217.	247.
<b>17</b> Travel .....	5,840.	3,556.	2,284.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	6,920.	2,845.	4,075.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	7,469.	5,303.	2,061.	105.
<b>23</b> Insurance .....	15,209.		15,209.	
<b>24</b> 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.)				
<b>a</b> <u>EQUIPMENT RENTAL AND MA</u>	20,344.	14,044.	5,987.	313.
<b>b</b> <u>EVENTS AND COMMUNITY DE</u>	9,202.	9,202.		
<b>c</b> <u>DUES AND SUBSCRIPTIONS</u>	7,658.	6,329.	1,329.	
<b>d</b> <u>POLICY EVENTS AND ACTIV</u>	1,332.	1,332.		
<b>e</b> All other expenses _____	2,531.	475.	2,001.	55.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,110,896.	3,699,155.	406,065.	5,676.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	66,609.	<b>1</b>	164,002.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	18,458.	<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	30,028.	<b>9</b>	53,865.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 845,701.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 661,493.	180,477.	<b>10c</b> 184,208.
	<b>11</b> Investments - publicly traded securities .....	51,561,149.	<b>11</b>	56,256,490.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	47,509,775.	<b>15</b>	51,093,016.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	99,366,496.	<b>16</b>	107,751,581.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	121,091.	<b>17</b>	121,015.
	<b>18</b> Grants payable .....	1,319,920.	<b>18</b>	1,311,250.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,441,011.	<b>26</b>	1,432,265.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	48,346,415.	<b>27</b>	52,270,420.
	<b>28</b> Net assets with donor restrictions .....	49,579,070.	<b>28</b>	54,048,896.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	97,925,485.	<b>32</b>	106,319,316.
<b>33</b> Total liabilities and net assets/fund balances .....	99,366,496.	<b>33</b>	107,751,581.	

**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	5,818,512.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,110,896.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,707,616.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,925,485.
5	Net unrealized gains (losses) on investments	5	3,095,334.
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	3,590,881.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	106,319,316.

**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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	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 _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2146469.	2501014.	2198620.	1611440.	2385113.	10842656.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2146469.	2501014.	2198620.	1611440.	2385113.	10842656.
<b>5</b> 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) .....						7680643.
<b>6 Public support.</b> Subtract line 5 from line 4.						3162013.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	2146469.	2501014.	2198620.	1611440.	2385113.	10842656.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1019738.	946,200.	979,251.	1221623.	1471451.	5638263.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	136,104.	148,676.	33,497.	51,941.	37,987.	408,205.
<b>11 Total support.</b> Add lines 7 through 10						16889124.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	18.72 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	17.14 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, and 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body power and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, and 3 regarding support provided, relationships, and significant voice.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, and 3b regarding the Integral Part Test and activities.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

**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, 2025. THE ORGANIZATION RECEIVED APPROXIMATELY 18.72% 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 C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	2,815.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	1,301.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	4,116.													
<b>d</b> Other exempt purpose expenditures .....	3,695,039.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	3,699,155.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	334,958.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	83,740.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	307,933.	293,340.	315,842.	334,958.	1,252,073.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,878,110.
<b>c</b> Total lobbying expenditures	24.	2,223.	5,581.	4,116.	11,944.
<b>d</b> Grassroots nontaxable amount	76,983.	73,335.	78,961.	83,740.	313,019.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					469,529.
<b>f</b> Grassroots lobbying expenditures	24.	2,000.	5,340.	2,815.	10,179.

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 questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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 questions about dues, lobbying expenditures, and carryover.

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, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

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.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

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

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes     No

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

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

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

Yes     No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations?   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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
<b>1a</b> Land		131,911.		131,911.
<b>b</b> Buildings		657,522.	613,694.	43,828.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		56,268.	47,799.	8,469.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				184,208.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) <b>BENEFICIAL INTEREST IN PERPETUAL TRUSTS</b>	<b>51,066,597.</b>
(2) <b>RJ CHMCF WEIDNER ENDOWMENT</b>	<b>26,419.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>51,093,016.</b>

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	12,377,808.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	3,095,334.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,590,881.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	6,686,215.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	5,691,593.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	126,919.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	126,919.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,818,512.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,983,977.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,983,977.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	126,919.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	126,919.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,110,896.

**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 FOLLOWS THE PROVISIONS OF FASB'S INCOME TAX TOPIC OF THE ASC WHICH REQUIRES AN ASSESSMENT OF THE ORGANIZATION'S EXPOSURE TO INCOME TAXES AT THE ENTITY LEVEL AS A RESULT OF UNCERTAIN TAX POSITIONS TAKEN IN CURRENT AND PREVIOUSLY FILED TAX RETURNS. EXAMPLES OF TAX POSITIONS TAKEN AT THE ENTITY LEVEL INCLUDED CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND THE EXISTENCE OF UNRELATED BUSINESS TAXABLE INCOME ARISING FROM THE CONDUCT OF UNRELATED BUSINESS ACTIVITIES. ANY TAX BENEFITS ASSOCIATED WITH UNCERTAIN TAX POSITIONS THAT ARE IN EXCESS OF A REALIZATION THRESHOLD MUST BE RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE FINANCIAL STATEMENTS, INCLUDING ANY ASSOCIATED INTEREST AND PENALTIES. PRESENTLY, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION, INCLUDING ANY APPEALS AND LITIGATION, AND THEREFORE, MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NO EXPOSURE TO INCOME TAXES ARISING FROM UNCERTAIN TAX POSITIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF TRUSTS 3,590,881.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**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)	15,000.	0.			PROTECT VULNERABLE CHILDREN IN NORTHERN ADAMS COUNTY VIA EDUCATION, OUTREACH AND
AMELIA S. GIVIN FREE LIBRARY 114 N. BALTIMORE AVENUE MT. HOLLY SPRINGS, PA 17065	23-2027997	501(C)(3)	7,200.	0.			THE ADULT PROGRAMMING PROJECT
BETHANY HOUSE OF CUMBERLAND COUNTY INC - 558 PETERSBURG RD. - CARLISLE, PA 17013	87-2011173	501(C)(3)	42,100.	0.			FAMILY NIGHT; TO WORK IN COLLABORATION WITH HARRISBURG UNIVERSITY'S GAME DESIGN PROGRAM THAT
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1519 NORTH 3RD STREET - HARRISBURG, PA 17102	23-2260248	501(C)(3)	15,000.	0.			TO CREATE AND SUPPORT YOUTH MENTORING MATCHES IN THE PARTNERSHIP SERVICE AREA
BLUE MOUNTAIN ESCAPE, INC. 1206 S. MARKET STREET MECHANICSBURG, PA 17055	85-1252874	501(C)(3)	53,784.	0.			TO SUPPORT THE EXPANSION OF OUR WORKFORCE DEVELOPMENT AND HOUSING INITIATIVE FOR WOMEN WITH
BRANCH CREEK PLACE SENIOR CENTER & MORE - 115 N. FAYETTE STREET - SHIPPENSBURG, PA 17257	23-6276101	501(C)(3)	10,000.	0.			SUPPORT GROUPS & PEER COUNSELING FOR LONELINESS & SOCIAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **54.**

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

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

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

**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 CARES 50 W. PENN ST. CARLISLE, PA 17013	26-3194660	501(C)(3)	135,000.	0.			COORDINATED ENTRY; ASSIST WITH THE OPERATIONS AND IMPROVEMENTS AT OUR FAMILY SHELTER LOCATED IN
CHRIST AMONG NEIGHBORS 130 PENN ST. SHIPPENSBURG, PA 17257	25-1628594	501(C)(3)	10,000.	0.			TO PROVIDE FINANCIAL HOUSING ASSISTANCE TO RESIDENTS OF SHIPPENSBURG, PA
CHURCH WORLD SERVICE HARRISBURG (PA) - 2101 N. FRONT ST. BLDG. 3 SUITE 301 - HARRISBURG, PA 17110	13-4080201	501(C)(3)	75,000.	0.			THE PURPOSE OF THIS GRANT IS TO ENSURE REFUGEES HAVE ACCESS TO STABLE, PERMANENT HOUSING AT A
CIVIC CLUB OF SHIPPENSBURG PO BOX 593 SHIPPENSBURG, PA 17257	23-1394564	501(C)(3)	44,000.	0.			TO CONTINUE TO PROVIDE EQUITABLE IN-HOME HEALTHCARE, COMMUNITY EDUCATION AND HEALTH
COMMUNITY EMPOWERMENT SERVICES INC 149 E. SHADY LANE ENOLA, PA 17025	99-3528101	501(C)(3)	19,500.	0.			OUR MISSION IS TO PROVIDE SOCIAL AND EMOTIONAL SUPPORT RESOURCES AND PROGRAMMING TO RETURNING
CONSUMER SATISFACTION SERVICES, INC - 4775 LINGLESTOWN RD. - HARRISBURG, PA 17112	02-0578157	501(C)(3)	29,200.	0.			TO PROMOTE MENTAL HEALTH AWARENESS AND EMOTIONAL WELL-BEING THROUGH CREATIVE EXPRESSION AND
CONTACT HELPLINE PO BOX 90035 HARRISBURG, PA 17109	23-7083169	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
DOMESTIC VIOLENCE SERVICES OF CUMBERLAND AND PERRY COUNTIES - PO BOX 1039 - CARLISLE, PA 17013	25-1629910	501(C)(3)	40,000.	0.			TRAUMA-INFORMED SUPPORT GROUPS & ADVISORY BOARD FOR SURVIVORS OF DOMESTIC VIOLENCE; TO SUPPORT THE
EMPLOYMENT SKILLS CENTER 29 SOUTH HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	12,000.	0.			TO TRAIN QUALIFIED CANDIDATES TO BECOME CERTIFIED EMERGENCY MEDICAL TECHNICIANS TO

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
PROJECT SHARE OF CARLISLE - FARMER'S ON THE SQUARE FISCAL SPONSOR - 2A N HANOVER STREET - CARLISLE, PA 17013	27-0531231	501(C)(3)	12,414.	0.			TO CONTINUE MATCHING UP TO \$20 PER CUSTOMER PER WEEK OF FOOD ACCESS BENEFITS DISTRIBUTED VIA
GIRLS ON THE RUN CAPITAL AREA 525 N. TWELFTH ST. LEMOYNE, PA 17043	27-5095044	501(C)(3)	18,000.	0.			GENERAL OPERATING SUPPORT
HOPE STATION OPPORTUNITY AREA NEIGHBORHOOD COUNCIL - 149 W. PENN ST - CARLISLE, PA 17013	25-1886489	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT; TO AWARD SCHOLARSHIPS TO LOCAL YOUTHS CONNECTED TO HOPE
IN HIM CHRISTIAN WELLNESS 635 NORTH 12TH STREET, SUITE 101 LEMOYNE, PA 17043	81-2117172	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT; TO CONNECT INDIVIDUALS AND FAMILIES FACING HOMELESSNESS, JOB
JOIN HANDS MINISTRY 51 SOUTH CHURCH STREET NEW BLOOMFIELD, PA 17068	32-0271270	501(C)(3)	10,000.	0.			TO SUPPORT THE YOUTH ASSISTANCE PROGRAM, HELPING PERRY COUNTY AT-RISK YOUTH ACCESS
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.
LAUNCH PAD 25 E. MAIN ST. NEWVILLE, PA 17241	84-2984366	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
LEAF PROJECT INC. 554 WARM SPRINGS ROAD LANDISBURG, PA 17040	47-5215954	501(C)(3)	65,000.	0.			GENERAL OPERATING SUPPORT; TO GROW LEAF'S KITCHEN CAPACITY IN ORDER TO MEET THE NEEDS OF OUR
NEW HOPE MINISTRIES, INC. 99 W. CHURCH ST. DILLSBURG, PA 17019	23-2223120	501(C)(3)	29,820.	0.			TO SUPPORT THE MOBILE FOOD PANTRY PROGRAM IN NORTHERN ADAMS AND CENTRAL CUMBERLAND

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
NLC LIFEWORKS 64 E. NORTH ST. CARLISLE, PA 17013	92-1490734	501(C)(3)	165,000.	0.			TO ADVOCATE AND COORDINATE SERVICES FOR UNDERSERVED COMMUNITY MEMBERS IN NEED OF
PA COMMUNITY HEALTH WORKER COLLABORATIVE - 525 WILLIAM PENN PLAZA, 25TH FL. - PITTSBURGH, PA 15219	93-4654156	501(C)(3)	69,250.	0.			TO EMPOWER COMMUNITY HEALTH WORKERS THROUGH TRAINING, ADVOCACY, AND COLLABORATION TO IMPROVE
PA HOME CARE AND HOSPICE 600 N. 12TH ST., SUITE 200 LEMOYNE, PA 17043	23-7373857	501(C)(3)	50,000.	0.			INCREASE ACCESS TO HOME HEALTH CARE SERVICES
PARTNERS FOR JUSTICE 244 FIFTH AVE. SUITE R277 NEW YORK, PA 10001	82-1202125	501(C)(3)	25,000.	0.			TO INCREASE ACCESS TO SERVICES, SUPPORT, AND RESOURCES TO PEOPLE REPRESENTED BY THE PUBLIC
PAW PACKS PROGRAM, INC. 475 SHIPPENSBURG ROAD NEWVILLE, PA 17241	82-5342753	501(C)(3)	17,000.	0.			TO EXPAND THE FOOD STORAGE CAPACITY OF THE PAW PACKS PROGRAM TO IMPROVE THE AVAILABILITY
PENNSYLVANIA HEALTH ACCESS NETWORK 1501 CHERRY ST. PHILADELPHIA, PA 19102	47-4876589	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
PERRY HOUSING PARTNERSHIP PO BOX 266 NEW BLOOMFIELD, PA 17068	26-0714060	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT; CONTINUE KEEPING PERRY WARM CENTER THROUGH 2024-2025 SEASON
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)	50,000.	0.			GENERAL OPERATING SUPPORT

**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
REINS OF RHYTHM RIDING & HORSEMANSHIP - 1257 BLACK GAP ROAD - FAYETTEVILLE, PA 17222	45-5296444	501(C)(3)	37,500.	0.			TO LAUNCH THE NATIONALLY SCALED PROGRAM MODEL, STABLE MOMENTS, TO SUPPORT THE DEVELOPMENT
RYE TOWNSHIP COMMUNITY ASSOCIATION 150 LEE DR. MARYSVILLE, PA 17023	25-1789142	501(C)(3)	15,500.	0.			TO INSTALL OUTFIELD FENCING AND INFIELD UPGRADES TO RESTORE THE USE OF THE BALLFIELD AND
SADLER HEALTH CENTER CORPORATION 100 N. HANOVER STREET CARLISLE, PA 17053	54-2082673	501(C)(3)	545,000.	0.			SUPPORT THE PROVISION OF DENTAL SERVICES AND COMMUNITY HEALTH WORKER SUPPORT IN ADDRESSING
SAFE HARBOUR INC. 102 W. HIGH ST. CARLISLE, PA 17013	23-2405118	501(C)(3)	41,800.	0.			HOMELESSNESS CONFERENCE
SHIPPENSBURG AREA EMERGENCY MEDICAL SERVICES - 711 E. ORANGE ST. - SHIPPENSBURG, PA 17257	25-1818234	501(C)(3)	25,000.	0.			TO PLACE IN SERVICE A VEHICLE DEDICATED TO COMMUNITY EMS PROGRAMS
SHIPPENSBURG AREA SCHOOL DISTRICT FOUNDATION - 317 N. MORRIS ST. - SHIPPENSBURG, PA 17257	30-0104247	501(C)(3)	16,825.	0.			TO SUPPORT OUR CONTINUING EFFORTS TO ENHANCE OUR UNFUNDED PBIS PROGRAM TO MEET THE BEHAVIORAL AND
SHIPPENSBURG PRODUCE AND OUTREACH 130 S PENN ST. SHIPPENSBURG, PA 17257	45-4154591	501(C)(3)	50,000.	0.			ESTABLISH A PAID-STAFF POSITION AS A FOUNDATIONAL PIECE OF SPO'S SUSTAINABILITY AS A
CENTER FOR LAND USE SUSTAINABILITY 1871 OLD MAIN DR. SHIPPENSBURG, PA 17257	23-2500361	501(C)(3)	35,000.	0.			FISCAL SPONSOR FOR CUMBERLAND COUNTY FOOD SYSTEM ALLIANCE
SHIPPENSBURG UNIVERSITY FOUNDATION 500 NEWBURG ROAD SHIPPENSBURG, PA 17257	23-2046093	501(C)(3)	60,000.	0.			TO PROVIDE MENTAL HEALTH AWARENESS AND RESOURCES FOR SHIPPENSBURG AREA SCHOOL DISTRICT YOUTH.

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
SONJA'S TABLE 313 N. FAYETTE ST. SHIPPENSBURG, PA 17257	33-4813121	501(C)(3)	10,000.	0.			SHIPPENSBURG COMMUNITY MEALS AT "THE DINNER PLACE"
SOUTH CENTRAL COMMUNITY ACTION PROGRAMS - 153 N. STRATTON ST. - GETTYSBURG, PA 17325	23-2020123	501(C)(3)	50,000.	0.			TO SUPPORT THE OPERATION AND EXPAND AND ENHANCE THE GLEANING PROJECT IN NORTHERN ADAMS COUNTY.
ST. ANDREW'S EPISCOPAL CHURCH AND GRACE PLACE GARDENS - 206 E. BURD ST. - SHIPPENSBURG, PA 17257	32-0338551	501(C)(3)	8,900.	0.			A SEAT AROUND THE TABLE, JUST FOR YOU
SUBSTANCE ABUSE SERVICES, INC. 5525 LOCUST LANE, SUITE 2R HARRISBURG, PA 17109	25-1861015	501(C)(3)	90,000.	0.			PROVIDE SUBSTANCE USE DISORDER SERVICES AND SUPPORTS.
SUMMER PROGRAM FOR YOUTH PO BOX 612 CARLISLE, PA 17013	25-1798756	501(C)(3)	51,500.	0.			GENERAL OPERATING SUPPORT: TO PROVIDE AT-RISK, MARGINALIZED YOUTH IN GRADES 1-6,
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; THE CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT -
THE HARBOR CHURCH OF THE NAZARENE INC. - 55 W. KING ST. - SHIPPENSBURG, PA 17257	46-2671598	501(C)(3)	60,776.	0.			TO EXPAND RECOVERY RESOURCES TO OUR COMMUNITY BEYOND OUR OWN RECOVERY HOUSE
THE SALVATION ARMY 20 E POMFRET ST. CARLISLE, PA 17013	13-5562351	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
THERAPY AND COUNSELING SERVICES 115 S. ST. JOHN'S DR. CAMP HILL, PA 17011	83-2408555	501(C)(3)	23,800.	0.			TO SUPPORT PARENTS AND CAREGIVERS OF NEURODIVERGENT CHILDREN WITH DIRECT TRAINING

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
TOMORROW'S NEIGHBORS 44 E. PENN ST. CARLISLE, PA 17013	30-1212060	501(C)(3)	100,000.	0.			TOMORROW'S NEIGHBORS - GENERAL OPERATING SUPPORT
VALLEY YOUTH HOUSE COMMITTEE, INC. 3400 HIGH POINT BLVD. BETHLEHEM, PA 18017	23-7178820	501(C)(3)	10,000.	0.			THIS FUNDING WILL ADVANCE HEALTH EQUITY BY ADDRESSING FOOD INSECURITY AND POOR
YWCA CARLISLE 301 G ST. CARLISLE, PA 17013	23-1429866	501(C)(3)	97,280.	0.			GENERAL OPERATING SUPPORT; SECOND SEASON: A GATHERING FOR WOMEN; ESTABLISH AND MANAGE A

**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 CHILDREN'S ADVOCACY CENTER

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

NORTHERN ADAMS COUNTY VIA EDUCATION, OUTREACH AND PREVENTION ACTIVITIES.

**NAME OF ORGANIZATION OR GOVERNMENT:**

BETHANY HOUSE OF CUMBERLAND COUNTY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY NIGHT; TO WORK IN

COLLABORATION WITH HARRISBURG UNIVERSITY'S GAME DESIGN PROGRAM THAT WILL

CREATE SOFTWARE TO TRACK OUR INDEPENDENT LIVING PROGRAM GOALS AND

OUTCOMES

**NAME OF ORGANIZATION OR GOVERNMENT:** BLUE MOUNTAIN ESCAPE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF OUR

WORKFORCE DEVELOPMENT AND HOUSING INITIATIVE FOR WOMEN WITH SUD; TO

SUPPORT THE EXPANSION OF MALE RECOVERY RESIDENCES IN CARLISLE

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: CARLISLE CARES

(H) PURPOSE OF GRANT OR ASSISTANCE: COORDINATED ENTRY; ASSIST WITH THE OPERATIONS AND IMPROVEMENTS AT OUR FAMILY SHELTER LOCATED IN SHIPPENSBURG, PA SERVING HUNDREDS EACH YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH WORLD SERVICE HARRISBURG (PA)

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO ENSURE REFUGEES HAVE ACCESS TO STABLE, PERMANENT HOUSING AT A FRAGILE TIME WHEN THE FEDERAL FUNDING FREEZES HAVE DISRUPTED HOUSING ASSISTANCE FOR NEW NEIGHBORS THROUGHOUT OUR REGION.

NAME OF ORGANIZATION OR GOVERNMENT: CIVIC CLUB OF SHIPPENSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE TO PROVIDE EQUITABLE IN-HOME HEALTHCARE, COMMUNITY EDUCATION AND HEALTH SCREENINGS TO RESIDENTS OF THE SHIPPENSBURG COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY EMPOWERMENT SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR MISSION IS TO PROVIDE SOCIAL AND EMOTIONAL SUPPORT RESOURCES AND PROGRAMMING TO RETURNING CITIZENS WHO HAVE RECENTLY BEEN RELEASED FROM INCARCERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CONSUMER SATISFACTION SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE MENTAL HEALTH AWARENESS AND EMOTIONAL WELL-BEING THROUGH CREATIVE EXPRESSION AND COMMUNITY ENGAGEMENT; TO SUSTAIN AND ENHANCE THE CUMBERLAND/PERRY COMMUNITY SUPPORT PROGRAM (CSP), EMPOWERING INDIVIDUALS WITH SEVERE MENTAL HEALTH AND CO-OCCURRING DISORDERS THROUGH CSP PRINCIPLES AND COMMUNITY-DRIVEN INITIATIVES.

NAME OF ORGANIZATION OR GOVERNMENT:

DOMESTIC VIOLENCE SERVICES OF CUMBERLAND AND PERRY COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAUMA-INFORMED SUPPORT GROUPS & ADVISORY BOARD FOR SURVIVORS OF DOMESTIC VIOLENCE; TO SUPPORT THE EXPANSION OF DVSCP'S BATTERERS' INTERVENTION PROGRAM (AMEND) BY CREATING A PT PROGRAM COORDINATOR POSITION.

NAME OF ORGANIZATION OR GOVERNMENT: EMPLOYMENT SKILLS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRAIN QUALIFIED CANDIDATES TO BECOME CERTIFIED EMERGENCY MEDICAL TECHNICIANS TO FILL CRITICAL POSITIONS; STUDENT CONNECTION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT SHARE OF CARLISLE - FARMER'S ON THE SQUARE FISCAL SPONSOR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE MATCHING UP TO \$20 PER CUSTOMER PER WEEK OF FOOD ACCESS BENEFITS DISTRIBUTED VIA EBT CARDS OR THE FULL VALUE OF FMNP AND SFMNP CHECKS, AND INCREASE THE NUMBER OF REGULAR PARTICIPANTS IN THE PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

HOPE STATION OPPORTUNITY AREA NEIGHBORHOOD COUNCIL

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

NAME OF ORGANIZATION OR GOVERNMENT: IN HIM CHRISTIAN WELLNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; TO

**Part IV Supplemental Information**

CONNECT INDIVIDUALS AND FAMILIES FACING HOMELESSNESS, JOB LOSS, TRAUMA, ADDICTIONS, AND OTHER BARRIERS TO WHOLE HEALTH WITH MENTAL HEALTH SERVICES IN A NON-THREATENING WAY.

NAME OF ORGANIZATION OR GOVERNMENT: JOIN HANDS MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE YOUTH ASSISTANCE PROGRAM, HELPING PERRY COUNTY AT-RISK YOUTH ACCESS RESOURCES AND GUIDANCE FOR ACADEMIC AND CAREER SUCCESS.

NAME OF ORGANIZATION OR GOVERNMENT: LEAF PROJECT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; TO GROW LEAF'S KITCHEN CAPACITY IN ORDER TO MEET THE NEEDS OF OUR COMMUNITY FOR HEALTHY CONVENIENT FOOD.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MOBILE FOOD PANTRY PROGRAM IN NORTHERN ADAMS AND CENTRAL CUMBERLAND COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: NLC LIFEWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE AND COORDINATE SERVICES FOR UNDERSERVED COMMUNITY MEMBERS IN NEED OF SERVICES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH; HOUSING COALITION OF CUMBERLAND COUNTY & HOUSING STRATEGIC PLAN

NAME OF ORGANIZATION OR GOVERNMENT:

PA COMMUNITY HEALTH WORKER COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER COMMUNITY HEALTH WORKERS THROUGH TRAINING, ADVOCACY, AND COLLABORATION TO IMPROVE HEALTH OUTCOMES AND ADVANCE EQUITY, AS WELL AS ACHIEVE SUSTAINABLE FINANCING FOR CHWS IN PENNSYLVANIA.

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERS FOR JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE ACCESS TO SERVICES, SUPPORT, AND RESOURCES TO PEOPLE REPRESENTED BY THE PUBLIC DEFENDER OF CUMBERLAND COUNTY, IMPROVING THEIR SOCIAL DETERMINANTS OF HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: PAW PACKS PROGRAM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE FOOD STORAGE CAPACITY OF THE PAW PACKS PROGRAM TO IMPROVE THE AVAILABILITY OF NUTRITIONAL WEEKEND FOODS TO FOOD INSECURE CHILDREN IN THE BIG SPRING SCHOOL DISTRICT.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LAUNCH THE NATIONALLY SCALED PROGRAM MODEL, STABLE MOMENTS, TO SUPPORT THE DEVELOPMENT OF LIFE SKILLS IN FOSTER/ADOPTED YOUTH FOR HEALTHY TRANSITIONS INTO ADULTHOOD; TO SUPPORT THE EXPANSION OF FIELD TRIP OPPORTUNITIES FOR EMOTIONAL SUPPORT CLASSROOMS; SILVER STRIDES - BRINGING SENIORS & YOUTH TOGETHER; REINS OF RHYTHM RIDING & HORSEMANSHIP - GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: RYE TOWNSHIP COMMUNITY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INSTALL OUTFIELD FENCING AND INFIELD UPGRADES TO RESTORE THE USE OF THE BALLFIELD AND PROVIDE A SAFE ATMOSPHERE FOR AREA YOUTH TO PLAY.

NAME OF ORGANIZATION OR GOVERNMENT: SADLER HEALTH CENTER CORPORATION

**Part IV Supplemental Information**

(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: TO SUPPORT OUR CONTINUING EFFORTS TO ENHANCE OUR UNFUNDED PBIS PROGRAM TO MEET THE BEHAVIORAL AND MENTAL HEALTH NEEDS OF OUR STUDENT POPULATION; TO INCREASE 4TH AND 5TH GRADE STUDENTS' LEVEL OF PHYSICAL ACTIVITY, HYGIENE HABITS AND HEALTH LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: SHIPPENSBURG PRODUCE AND OUTREACH (H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISH A PAID-STAFF POSITION AS A FOUNDATIONAL PIECE OF SPO'S SUSTAINABILITY AS A FOOD PANTRY.

NAME OF ORGANIZATION OR GOVERNMENT: SUMMER PROGRAM FOR YOUTH (H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT: TO PROVIDE AT-RISK, MARGINALIZED YOUTH IN GRADES 1-6, EQUITABLE ACCESS TO AFTERSCHOOL ENRICHMENT ACTIVITIES, AND IN DOING SO, IMPROVE THEIR HEALTH OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH SUMMER PROGRAM SCHOLARSHIPS; THE CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT - GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: THERAPY AND COUNSELING SERVICES (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PARENTS AND CAREGIVERS OF NEURODIVERGENT CHILDREN WITH DIRECT TRAINING SESSIONS AND A FREE VIDEO RESOURCE LIBRARY WITH NEURODIVERSITY-AFFIRMING APPROACHES.

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY YOUTH HOUSE COMMITTEE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: THIS FUNDING WILL ADVANCE HEALTH EQUITY BY ADDRESSING FOOD INSECURITY AND POOR NUTRITION AMONG TRANSITIONING YOUTH IN PERRY COUNTY. GROCERY STORE GIFT CARDS, NUTRITION COUNSELING, AND HEALTHY EATING PROMOTE POSITIVE HEALTH OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA CARLISLE (H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; SECOND SEASON: A GATHERING FOR WOMEN; ESTABLISH AND MANAGE A COUNTY-WIDE HUMAN TRAFFICKING COALITION TO IMPROVE SURVIVOR SUPPORT, EDUCATION FOR CAREGIVERS AND DIRECT SERVICE PROVIDERS, AND COUNTY-WIDE RESOURCE COORDINATION.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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:

AND COMMUNITY CONTEXT; ECONOMIC STABILITY; EDUCATION ACCESS AND QUALITY; AND NEIGHBORHOOD AND THE BUILT ENVIRONMENT). IN ADDITION, DURING FISCAL 24-25, \$149,400 IN FOUNDATION INITIATIVES WERE APPROVED WHICH WILL FOCUS ON HIGH PRIORITY AREAS SUCH AS PERRY COUNTY HEALTH COALITION, NONPROFIT CAPACITY DEVELOPMENT, WORKPLACE WELLNESS, AND SUSTAINABLE FOOD SYSTEMS.

IN THE CURRENT FISCAL YEAR, THE FOUNDATION AWARDED \$2,455,196 FOR 85 GRANTS AND OTHER ASSISTANCE TO LOCAL ORGANIZATIONS. AN ADDITIONAL \$443,413 WAS PUT BACK INTO THE LOCAL COMMUNITY FROM INITIATIVES APPROVED IN PRIOR FISCAL YEARS.

PROGRAMS AT SADLER HEALTH CENTER RECEIVED 18% 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 INVESTMENTS OF \$25,000 IN LANDISBURG EMS FOR THEIR CITIZEN RESPONDER CAMPAIGN IN PERRY COUNTY, \$17,000 FOR INCREASED FOOD STORAGE AND REFRIGERATION CAPACITY TO THE PAW PACKS PROGRAM IN CUMBERLAND COUNTY, AND \$4,947 TO CENTRAL PENNSYLVANIA CONSERVANCY TO INSTALL AN ADA-COMPLIANT WHEELCHAIR RAMP TO SUPPORT EQUITABLE ACCESS TO LETORT SPRING GARDEN PRESERVE'S HISTORIC BARN. CARLISLE CARES WAS AWARDED \$85,000 TO IMPROVE ITS CAPACITY TO ADDRESS HOMELESSNESS IN GREATER SHIPPENSBURG. FOR NORTHERN ADAMS COUNTY, THE FOUNDATION AWARDED GRANTS TO SOUTH CENTRAL COMMUNITY ACTION PROGRAM'S GLEANING PROJECT FOR \$50,000 TO DECREASE FOOD INSECURITY AND \$15,000 TO THE ADAMS COUNTY CHILDREN'S ADVOCACY CENTER FOR EDUCATION AND OUTREACH TO VULNERABLE CHILDREN. THE PARTNERSHIP AWARDED \$96,480 TO 12 NONPROFITS TO ADDRESS EMERGENT SOCIAL ISOLATION ISSUES ACROSS THE ENTIRE SERVICE AREA. THESE GRANTS WERE REVIEWED AND APPROVED BY A GROUP OF PEOPLE WITH LIVED EXPERIENCE FROM OUR COMMUNITY AS PART OF OUR NEW PARTICIPATORY GRANTMAKING PROGRAM. OTHER ASSISTANCE TO LOCAL ORGANIZATIONS FOCUSED ON INCREASING ACCESS TO HEALTHCARE, AFFORDABLE HOUSING, FOOD SECURITY, 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:

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

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

Name of the organization PARTNERSHIP FOR BETTER HEALTH	Employer identification number 23-1352161
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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 AND REVIEWED 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 2025. 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. EACH SPRING, 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 AND REVIEWED 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 2025. 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 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:

CHANGE IN VALUE OF TRUSTS 3,590,881.

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.