

Form 990
Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
201 WEST FOURTH STREET
City or town, state or province, country, and ZIP or foreign postal code
WILLIAMSPORT, PA 177016102

D Employer identification number
24-6013117

E Telephone number
(570) 321-1500

G Gross receipts \$ 21,114,728

F Name and address of principal officer
JACK WILLOUGHY
201 WEST FOURTH STREET
WILLIAMSPORT, PA 177016102

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: WWW FCFPARTNERSHIP ORG

K Form of organization
Corporation Trust Association Other FOUNDATION

L Year of formation 1916

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA (FCFP) WORKS TO IMPROVE QUALITY OF LIFE IN NORTH CENTRAL PENNSYLVANIA THROUGH COMMUNITY LEADERSHIP, THE PROMOTION OF PHILANTHROPY, THE STRENGTHENING OF NONPROFIT IMPACT AND THE PERPETUAL STEWARDSHIP OF CHARITABLE ASSETS

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets; 3 Number of voting members of the governing body (22); 4 Number of independent voting members of the governing body (21); 5 Total number of individuals employed in calendar year 2019 (17); 6 Total number of volunteers (235); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0); 7b Net unrelated business taxable income from Form 990-T, line 39 (0).

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (2,665,225 / 5,914,305); 9 Program service revenue (0 / 0); 10 Investment income (14,849,903 / 4,414,289); 11 Other revenue (632,087 / 451,129); 12 Total revenue (18,147,215 / 10,779,723); 13 Grants and similar amounts paid (3,689,577 / 4,768,202); 14 Benefits paid to or for members (0 / 0); 15 Salaries, other compensation, employee benefits (911,341 / 965,557); 16a Professional fundraising fees (0 / 0); 16b Total fundraising expenses (452,493); 17 Other expenses (996,553 / 1,075,305); 18 Total expenses (5,597,471 / 6,809,064); 19 Revenue less expenses (12,549,744 / 3,970,659); 20 Total assets (87,924,689 / 105,168,410); 21 Total liabilities (7,606,070 / 8,552,073); 22 Net assets or fund balances (80,318,619 / 96,616,337).

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-06-26
Preparer: JACK WILLOUGHY CFO & ASST SECRETARY/TREASURER

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00168809, Firm's name MAHER DUESSEL CPA'S, Firm's EIN 23-1622758, Firm's address 3003 NORTH FRONT STREET SUITE 101 HARRISBURG, PA 17110, Phone no (717) 232-1230

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FCFP WORKS TO IMPROVE QUALITY OF LIFE IN NORTH CENTRAL PENNSYLVANIA THROUGH COMMUNITY LEADERSHIP, THE PROMOTION OF PHILANTHROPY, THE STRENGTHENING OF NONPROFIT IMPACT, AND THE PERPETUAL STEWARDSHIP OF CHARITABLE ASSETS

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 No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 5,806,140 including grants of \$ 4,768,202) (Revenue \$ 38,980)
See Additional Data

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

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

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

4e Total program service expenses ▶ 5,806,140

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming.

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 17</p>		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		<p>2b Yes</p>	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		<p>3a</p>	<p>No</p>
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>		<p>3b</p>	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>		<p>4a</p>	<p>No</p>
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>			
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		<p>5a</p>	<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p>5b</p>	<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		<p>5c</p>	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>		<p>6a</p>	<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		<p>6b</p>	
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>			
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>		<p>7a Yes</p>	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		<p>7b Yes</p>	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		<p>7c</p>	<p>No</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>		
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p>7e</p>	<p>No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		<p>7f</p>	<p>No</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		<p>7g</p>	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		<p>7h</p>	
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>		<p>8</p>	<p>No</p>
<p>9 Sponsoring organizations maintaining donor advised funds.</p>			
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>		<p>9a</p>	<p>No</p>
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		<p>9b</p>	<p>No</p>
<p>10 Section 501(c)(7) organizations. Enter</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>		
<p>11 Section 501(c)(12) organizations. Enter</p>			
<p>a Gross income from members or shareholders</p>	<p>11a</p>		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>		
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>			
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>		<p>13a</p>	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>		
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>		
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		<p>14a</p>	<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>		<p>14b</p>	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>		<p>15</p>	<p>No</p>
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>		<p>16</p>	<p>No</p>

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	22	
1b	Enter the number of voting members included in line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 JACK WILLOUGHBY 201 WEST FOURTH STREET WILLIAMSPORT, PA 177016242 (570) 321-1500

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TAMMY WEBER CHAIR	1 00	X		X			0	0	0	
(2) BRIAN BLUTH VICE CHAIR	1 00	X		X			0	0	0	
(3) TED STROSSER SECRETARY/TREASURER	1 00	X		X			0	0	0	
(4) JAY B ALEXANDER DIRECTOR	1 00	X					0	0	0	
(5) LISE M BARRICK DIRECTOR	1 00	X					0	0	0	
(6) MIKE BEITER DIRECTOR	1 00	X					0	0	0	
(7) JOHN BELANGER DIRECTOR	1 00	X					0	0	0	
(8) KAREN BLASCHAK DIRECTOR	1 00	X					0	0	0	
(9) BILL BROWN DIRECTOR	1 00	X					0	0	0	
(10) RON CIMINI DIRECTOR	1 00	X					0	0	0	
(11) AL CLAPPS DIRECTOR	1 00	X					0	0	0	
(12) DAVIE JANE GILMOUR DIRECTOR	1 00	X					0	0	0	
(13) TERI MACBRIDE DIRECTOR	1 00	X					0	0	0	
(14) TRISHA MARTY DIRECTOR	1 00	X					0	0	0	
(15) BRENDA NICHOLS DIRECTOR	1 00	X					0	0	0	
(16) GARY PECK DIRECTOR	1 00	X					0	0	0	
(17) TODD ROSS DIRECTOR	1 00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVE SURGALA DIRECTOR	1 00	X						0	0	0
(19) BOB WALKER DIRECTOR	1 00	X						0	0	0
(20) KAREN YOUNG DIRECTOR	1 00	X						0	0	0
(21) SUE YOUNG DIRECTOR	1 00	X						0	0	0
(22) JENNIFER D WILSON PRESIDENT & CEO	45 00 0 50	X		X				187,798	0	12,076
(23) BOB WAYNE THRU MARCH 2019 DIRECTOR	1 00	X						0	0	0
(24) TOM CHARLES THRU MARCH 2019 DIRECTOR	1 00	X						0	0	0
(25) JOHN A WILLOUGHBY CHIEF FINANCIAL OFFICER	45 00 0 50			X				116,045	0	20,167

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		303,843	32,243

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI INVESTMENTS COMPANY 1 FREEDOM VALLEY DRIVE OAKS, PA 19456	INVESTMENT MANAGEMENT	252,403

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	103,169		
	d Related organizations	1d			
	e Government grants (contributions)	1e	9,000		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,802,136		
	g Noncash contributions included in lines 1a - 1f \$	1g	168,308		
	h Total. Add lines 1a-1f		5,914,305		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,421,312			2,421,312	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			438,778			438,778	
	6a Gross rents	6a	(i) Real	(ii) Personal				
			6b Less rental expenses	6b				
		6c Rental income or (loss)	6c					
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			7b Less cost or other basis and sales expenses	7b	12,264,273			
		7c Gain or (loss)	7c	10,271,296				
		d Net gain or (loss)				1,992,977		1,992,977
	8a Gross income from fundraising events (not including \$ 103,169 of contributions reported on line 1c) See Part IV, line 18	8a						
			8b Less direct expenses	8b	37,080			
		c Net income or (loss) from fundraising events				-26,629		-26,629
	9a Gross income from gaming activities See Part IV, line 19	9a						
			9b Less direct expenses	9b				
		c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a						
			10b Less cost of goods sold	10b				
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11a ADMINISTRATIVE FEE INC		813219	37,690	37,690				
b MISCELLANEOUS INCOME		900099	1,290	1,290				
c								
d All other revenue								
e Total. Add lines 11a-11d			38,980					
12 Total revenue. See instructions			10,779,723	38,980	0		4,826,438	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,768,202	4,768,202		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	336,086	36,792	249,326	49,968
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	484,024	145,737	71,006	267,281
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,574	5,594	2,612	12,368
9 Other employee benefits	64,925	14,324	16,799	33,802
10 Payroll taxes	59,948	14,452	21,298	24,198
11 Fees for services (non-employees)				
a Management	29,169	29,169		
b Legal	16,347		16,347	
c Accounting	23,369		23,369	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	310,654	310,654		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,507	29,976	33,531	
12 Advertising and promotion				
13 Office expenses	103,189	64,609	30,820	7,760
14 Information technology	54,335	11,808	30,880	11,647
15 Royalties				
16 Occupancy	12,947	12,947		
17 Travel	16,051	3,677	4,848	7,526
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	49,022	49,022		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	168,573	152,577	11,997	3,999
23 Insurance	23,302	10,025	11,817	1,460
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	91,509	81,371	1,721	8,417
b PUBLIC RELATIONS	38,120	19,194	9,463	9,463
c DONOR RELATIONS	33,969	24,252	3,196	6,521
d STAFF EDUCATION	25,160	5,676	11,401	8,083
e All other expenses	16,082	16,082		
25 Total functional expenses. Add lines 1 through 24e	6,809,064	5,806,140	550,431	452,493
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	245,638	1	1,727,259
	2 Savings and temporary cash investments	685,001	2	896,423
	3 Pledges and grants receivable, net	358,233	3	329,356
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	94,311	9	81,826
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 3,557,374		
	b Less accumulated depreciation	10b 614,528	3,015,040	10c 2,942,846
	11 Investments—publicly traded securities	78,764,569	11	94,544,404
	12 Investments—other securities—See Part IV, line 11		12	
	13 Investments—program-related—See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets—See Part IV, line 11	4,761,897	15	4,646,296
16 Total assets. Add lines 1 through 15 (must equal line 34)	87,924,689	16	105,168,410	
Liabilities	17 Accounts payable and accrued expenses	124,094	17	129,325
	18 Grants payable	2,201,432	18	2,787,079
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability—Complete Part IV of Schedule D	3,571,266	21	4,173,754
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,709,278	23	1,461,915
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,606,070	26	8,552,073
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	75,878,061	27	92,197,783
	28 Net assets with donor restrictions	4,440,558	28	4,418,554
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	80,318,619	32	96,616,337	
33 Total liabilities and net assets/fund balances	87,924,689	33	105,168,410	

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	10,779,723
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,809,064
3	Revenue less expenses Subtract line 2 from line 1	3	3,970,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,318,619
5	Net unrealized gains (losses) on investments	5	12,041,389
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	285,670
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	96,616,337

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 24-6013117

Name: FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Form 990 (2019)

Form 990, Part III, Line 4a:

FCFP WORKS TO IMPROVE QUALITY OF LIFE IN NORTH CENTRAL PENNSYLVANIA THROUGH COMMUNITY LEADERSHIP, THE PROMOTION OF PHILANTHROPY, THE STRENGTHENING OF NONPROFIT IMPACT AND THE PERPETUAL STEWARDSHIP OF CHARITABLE ASSETS OVER 700 GRANTS AND SCHOLARSHIPS, EXCEEDING \$4.7 MILLION WERE DISTRIBUTED IN 2019 TO IMPACT AND ENHANCE OPPORTUNITIES IN THE FOLLOWING AREAS: ARTS AND CULTURE, CIVIC, EDUCATION, HEALTH AND HUMAN SERVICES, RECREATION AND YOUTH. FCFP CELEBRATES THE UNIQUE CHARACTERISTICS OF OUR COMMUNITIES WHILE ENCOURAGING COLLABORATION ACROSS THE REGION AS WE AIM TO CREATE POWERFUL COMMUNITIES THROUGH PASSIONATE GIVING.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Employer identification number

24-6013117

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,297,574	3,760,513	5,556,742	2,665,225	5,914,305	21,194,359
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,297,574	3,760,513	5,556,742	2,665,225	5,914,305	21,194,359
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,270,839
6	Public support. Subtract line 5 from line 4						17,923,520

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,297,574	3,760,513	5,556,742	2,665,225	5,914,305	21,194,359
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,797,448	2,185,801	3,962,862	2,859,497	2,860,090	14,665,698
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						35,860,057
12	Gross receipts from related activities, etc. (see instructions)					12	3,373,259

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	49.980 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	48.690 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 24-6013117

Name: FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

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)

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2019 Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number 24-6013117

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing values for total number, aggregate value of contributions, grants, and 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?
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?

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)
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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-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?
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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,429,000	78,926,000	67,980,000	63,358,000	66,191,000
b Contributions	2,038,000	1,348,000	7,407,000	3,425,000	3,611,000
c Net investment earnings, gains, and losses	14,778,000	-4,968,000	11,332,000	7,262,000	-2,155,000
d Grants or scholarships	1,167,000	885,000	3,615,000	4,248,000	2,803,000
e Other expenditures for facilities and programs	1,483,000	1,462,000	873,000	1,271,000	963,000
f Administrative expenses	550,000	530,000	756,000	546,000	523,000
g End of year balance	86,045,000	72,429,000	81,475,000	67,980,000	63,358,000

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

- a** Board designated or quasi-endowment ▶ 100 000 %
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,960		24,960
b Buildings		3,155,070	369,486	2,785,584
c Leasehold improvements				
d Equipment		260,045	139,291	120,754
e Other		117,299	105,751	11,548
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,942,846

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,550,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	12,041,389
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	849,946
e	Add lines 2a through 2d	2e	12,891,335
3	Subtract line 2e from line 1	3	9,658,989
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	298,523
b	Other (Describe in Part XIII)	4b	822,211
c	Add lines 4a and 4b	4c	1,120,734
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	10,779,723

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

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

1	Total expenses and losses per audited financial statements	1	6,252,606
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,252,606
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	310,654
b	Other (Describe in Part XIII)	4b	245,804
c	Add lines 4a and 4b	4c	556,458
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,809,064

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 24-6013117

Name: FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	<p>FUNDS HELD AS AGENCY ENDOWMENTS - \$3,189,472 ASSETS TRANSFERRED TO THE FOUNDATION FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS FOR THE PURPOSE OF ESTABLISHING AN ENDOWMENT FOR THE BENEFIT OF THE NOT-FOR-PROFIT ORGANIZATION ARE ACCOUNTED FOR AS FUNDS HELD AS AGENCY ENDOWMENTS</p> <p>IN SUCH CIRCUMSTANCES, THE FOUNDATION RECOGNIZES THE FAIR VALUE OF THE ASSETS TRANSFERRED AS AN INCREASE IN ITS INVESTMENTS AND A LIABILITY TO THE NONPROFIT LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS - \$381,794 THE FOUNDATION IS A RECIPIENT OF CERTAIN SPLIT-INTEREST AGREEMENTS, ARRANGEMENTS IN WHICH IT HAS A BENEFICIAL INTEREST BUT IS NOT THE SOLE BENEFICIARY CHARITABLE GIFT ANNUITIES ASSETS RECEIVED UNDER CHARITABLE GIFT ANNUITIES, ARRANGEMENTS IN WHICH A DONOR CONTRIBUTES ASSETS TO THE FOUNDATION IN EXCHANGE FOR A PROMISE BY THE FOUNDATION TO PAY A FIXED AMOUNT FOR A SPECIFIED PERIOD OF TIME TO THE DONOR OR A SPECIFIED BENEFICIARY, ARE RECORDED AT FAIR VALUE LIABILITIES UNDER THESE ARRANGEMENTS REPRESENT THE PRESENT VALUE OF ESTIMATED CONTRACTUAL PAYMENTS CALCULATED ON AN ACTUARIAL BASIS THE DIFFERENCE BETWEEN THE FAIR VALUE OF THE ASSETS RECEIVED AND LIABILITIES ASSUMED IS RECOGNIZED AS UNRESTRICTED GIFT REVENUE UNLESS THE DONOR HAS RESTRICTED THE FOUNDATION'S USE OF ITS INTEREST TO A SPECIFIC TIME PERIOD OR PURPOSE THE ASSETS RECEIVED UNDER CHARITABLE GIFT ANNUITIES ARE CONSIDERED TO BE ASSETS OF THE FOUNDATION THE PRESENT VALUE OF FUTURE PAYMENT LIABILITIES ON THESE CHARITABLE GIFT ANNUITIES IS BASED ON THE DONORS' AGES AND A DISCOUNT FACTOR CHARITABLE REMAINDER TRUSTS THE FOUNDATION IS A BENEFICIARY UNDER CERTAIN CHARITABLE REMAINDER TRUSTS, ARRANGEMENTS IN WHICH A DONOR ESTABLISHES AND FUNDS A TRUST WITH SPECIFIED DISTRIBUTIONS TO BE MADE TO A DESIGNATED BENEFICIARY OVER THE TRUST'S TERM UPON TERMINATION OF THESE TRUSTS, THE FOUNDATION WILL RECEIVE THE ASSETS REMAINING IN THE TRUSTS THE FOUNDATION RECOGNIZES CONTRIBUTIONS AND A RECEIVABLE IN THE PERIOD IN WHICH THE TRUST IS ESTABLISHED, AT THE PRESENT VALUE OF THE ESTIMATED FUTURE BENEFITS TO BE RECEIVED WHEN THE TRUST ASSETS ARE DISTRIBUTED THE PRESENT VALUE OF FUTURE PAYMENT LIABILITIES ON THESE TRUSTS IS BASED ON THE DONORS' AGES AND A DISCOUNT FACTOR</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY THIRD-PARTY 333,544 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY FOUNDATION -16,082 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 337,484 CONTRIBUTIONS TO SPLIT-INTEREST AGREEMENTS 195,000

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTIONS TO AGENCY ENDOWMENTS 173,495 NET INVESTMENT INCOME AND GAINS ON AGENCY ENDOWMENTS 648,716

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DISTRIBUTIONS ON AGENCY ENDOWMENTS 200,553 FEES REPORTED ON AGENCY ENDOWMENTS 29,169 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT - HELD BY FOUNDATION 16,082

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
**FIRST COMMUNITY FOUNDATION PARTNERSHIP
 OF PENNSYLVANIA**

Employer identification number
 24-6013117

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TREE HOUSE GOLF TOURNAMENT (event type)	SHANGRAW GOLF TOURNAMENT (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	37,889	51,380	50,980	140,249
	2 Less Contributions	28,339	37,760	37,070	103,169
	3 Gross income (line 1 minus line 2)	9,550	13,620	13,910	37,080
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	8,311	301	1,448	10,060
	6 Rent/facility costs	3,945	19,468	10,961	34,374
	7 Food and beverages	2,936		2,989	5,925
	8 Entertainment			2,717	2,717
	9 Other direct expenses	42	700	9,891	10,633
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				63,709
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-26,629	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party
- Name ▶
- Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number 24-6013117

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 109
3 Enter total number of other organizations listed in the line 1 table 28

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA REQUIRES THE SUBMISSION OF A GRANT EVALUATION NARRATIVE FOR ALL COMPETITIVELY AWARDED GRANTS AT THE ONE-YEAR ANNIVERSARY OF THE GRANT PAYMENT THE NARRATIVE IS TO INCLUDE DESCRIPTION OF THE PROJECT/PROGRAM, GOALS SET FOR SAID PROJECT/PROGRAM, PROGRESS AND/OR SETBACKS RELATIVE TO THE GOALS, HOW THE PROJECT'S/PROGRAM'S IMPACT ON PARTICIPANTS FOR THE COMMUNITY IS MEASURED, WHAT WAS LEARNED FROM THE INFORMATION AND HOW THAT INFORMATION WILL BE APPLIED FOR FUTURE ACTIVITIES OR STRATEGIES, IF APPLICABLE, AND IDEAS ON HOW TO IMPROVE THE PROJECT/PROGRAM, IF APPLICABLE

Additional Data

Software ID:
Software Version:
EIN: 24-6013117
Name: FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY 19 EAST SEVENTH STREET BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	19,529				2019 RAISE THE REGION
AMERICAN RED CROSS NORTH CENTRAL PA CHAPTER 249 FARLEY CIRCLE LEWISBURG, PA 17837	53-0196605	501(C)(3)	13,507				NORTH CENTRAL PA CHAPTER DISASTER TRAILER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RESCUE WORKERS INC 643 ELMIRA STREET WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	68,770				EXTERIOR RENOVATION PHASE 3
ANIMAL RESOURCE CENTER PO BOX 439 BLOOMSBURG, PA 17815	23-3069063	501(C)(3)	14,204				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATHENS AREA SCHOOL DISTRICT 401 WEST FREDERICK STREET ATHENS, PA 18810	23-1671235		5,200				PHONICS LESSON LIBRARIES FOR LITERACY INSTRUCTION FOR STUDENTS IN GRADES K-3
BABSON COLLEGE CRUICKSHANK ALUMNI HALL BABSON PARK, MA 02457	04-2103544	501(C)(3)	20,000				SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLABONS PET RECOVERY SERVICES 119 FAIRGROUND STREET MUNCY, PA 17756	81-5282742	501(C)(3)	14,427				2019 RAISE THE REGION
BILLTOWN BLUES ASSOCIATION INC 165 EAST WATER STREET HUGHESVILLE, PA 17737	23-2726997	501(C)(3)	17,594				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLAST IU 17 EDUCATIONAL ENHANCEMENT FOUNDATION RR 2 BOX 212 CANTON, PA 17724	23-2789463	501(C)(3)	55,000				MAKING ENDS MEET FOR STUDENTS FROM POVERTY
BLOOMSBURG THEATRE ENSEMBLE INC 226 CENTER STREET BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	62,471				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA 119 WARREN STUDENT SERVICES CENTER BLOOMSBURG, PA 17815	23-2738930		16,782				SCHOLARSHIPS
BOROUGH OF LEWISBURG 55 SOUTH FIFTH STREET SUITE 1 LEWISBURG, PA 17837	24-6000616		18,352				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA COLUMBIA MONTOUR COUNCIL 5 AUDUBON COURT BLOOMSBURG, PA 17815	24-0795392	501(C)(3)	23,232				2019 RAISE THE REGION
BOY SCOUTS OF AMERICA SUSQUEHANNA COUNCIL 815 NORTHWAY ROAD WILLIAMSPORT, PA 17701	24-0795397	501(C)(3)	15,006				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKNELL UNIVERSITY 108 MARTZ HALL LEWISBURG, PA 17837	24-0772407	501(C)(3)	6,000				SABRINA BARNER - MUNCY AREA SCHOOL DISTRICT
CAMERON COUNTY SCHOOL DISTRICT 601 WOODLAND AVENUE EMPORIUM, PA 15834	25-1157782		8,200				VIDEO PRODUCTION EQUIPMENT FOR STEM INTEGRATION FOR STUDENTS IN GRADES 7-12

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP MOUNT LUTHER CORPORATION 355 MOUNT LUTHER LANE MIFFLINBURG, PA 17844	23-2624417	501(C)(3)	21,854				2019 RAISE THE REGION
CAMP SUSQUE INC 47 SUSQUE CAMP ROAD TROUT RUN, PA 17771	24-6002452	501(C)(3)	16,694				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	26,492				2019 RAISE THE REGION
CHERISHED CATS RESCUE ALLIANCE INC 230 MARKET STREET LEWISBURG, PA 17837	81-5275031	501(C)(3)	9,993				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COUNTY CHRISTIAN SCHOOL ASSOCIATION 123 SCHOOLHOUSE ROAD BLOOMSBURG, PA 17815	23-2993181	501(C)(3)	16,785				2019 RAISE THE REGION
COLUMBIA COUNTY TRAVELING LIBRARY INC 702 SAWMILL ROAD BLOOMSBURG, PA 17815	23-2662846	501(C)(3)	5,380				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ARTS CENTER 220 WEST FOURTH STREET WILLIAMSPORT, PA 17701	23-2617447	501(C)(3)	317,499				CAC ROOF MEMBRANE RESURFACING PROJECT
COMMUNITY THEATRE LEAGUE INC 100 WEST THIRD STREET WILLIAMSPORT, PA 17701	23-2358507	501(C)(3)	17,202				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUDERSPORT AREA SCHOOL DISTRICT 698 DWIGHT STREET COUDERSPORT, PA 16915	24-6000867		10,800				TECHNOLOGY FOR MARKETING COURSE FOR BUSINESS & ARTS STUDENTS IN GRADES 7-12 AND ENGRAVING TECHNOLOGY FOR INDUSTRIAL TECH STUDENTS IN GRADES 7-12
COVATION CENTER INC 217 WEST FOURTH STREET WILLIAMSPORT, PA 17701	81-1771632	501(C)(3)	110,000				REENTRY READY BUSINESS DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DONALD L HEITER COMMUNITY CENTER INC 100 NORTH FIFTH STREET LEWISBURG, PA 17837	23-2756465	501(C)(3)	5,497				2019 RAISE THE REGION
EAST STROUDSBURG UNIVERSITY 200 PROSPECT STREET EAST STROUDSBURG, PA 18301	23-2504462		7,607				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC & COMMUNITY GROWTH CORPORATION OF LYCOMING COUNTY 102 WEST FOURTH STREET WILLIAMSPORT, PA 17701	46-3480562	501(C)(3)	25,507				"GROW LYCOMING" SOCIAL MEDIA CAMPAIGN TO PRESENT QUALITY OF LIFE AND WORK PLACE OPPORTUNITIES
ELDRED TOWNSHIP VOLUNTEER FIRE COMPANY 5556 WARRENSVILLE ROAD MONTOURSVILLE, PA 17754	23-2121783	501(C)(3)	5,097				CPR MANIKINS AND DEVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANGELICAL COMMUNITY HOSPITAL ONE HOSPITAL DRIVE LEWISBURG, PA 17837	24-0795411	501(C)(3)	50,750				PATIENT ROOM IMPROVEMENT, MODERNIZATION, AND ENHANCEMENT PROJECT AND COMMUNITY CARE PROGRAM SUPPORT
EXPECTATIONS WOMEN'S CENTER PO BOX 291 LEWISBURG, PA 17837	23-2635894	501(C)(3)	28,309				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF LYCOMING COUNTY INC 635 HEPBURN STREET WILLIAMSPORT, PA 17703	26-3239003	501(C)(3)	18,748				2019 RAISE THE REGION
FIRETREE PLACE 600 CAMPBELL STREET WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	7,350				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH 2 ROSS STREET WILLIAMSPORT, PA 17701	24-0829840	501(C)(3)	5,202				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
GEISINGER HEALTH FOUNDATION 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-1995911	501(C)(3)	289,544				GEISINGER JERSEY SHORE HELIPAD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN CENTRAL PA 484 ALEXIS DRIVE WILLIAMSPORT, PA 17701	46-4149210	501(C)(3)	5,250				COORDINATOR POSITION AND PARTICIPANT SCHOLARSHIPS
GREATER HOPE CARE CENTER 224 SOUTH BROAD STREET JERSEY SHORE, PA 17740	81-4106949	501(C)(3)	7,121				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LYCOMING HABITAT FOR HUMANITY INC 335 ROSE STREET WILLIAMSPORT, PA 17701	23-2586879	501(C)(3)	11,051				2019 RAISE THE REGION
GREATER SUSQUEHANNA VALLEY UNITED WAY 228 ARCH STREET SUNBURY, PA 17801	23-1697631	501(C)(3)	13,871				LOCAL VISION - FINANCIAL EDUCATION AND CASEWORK FOR "ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED" INDIVIDUALS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SUSQUEHANNA VALLEY YMCA PO BOX 390 SUNBURY, PA 17801	24-0795634	501(C)(3)	7,091				2019 RAISE THE REGION
GREENWOOD FRIENDS SCHOOL PO BOX 438 MILLVILLE, PA 17846	23-2078043	501(C)(3)	5,273				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANDUP FOUNDATION 262 WILLOW ROAD MILTON, PA 17847	20-0984499	501(C)(3)	9,718				2019 RAISE THE REGION
HAVEN MINISTRY INC 1043 SOUTH FRONT STREET SUNBURY, PA 17801	23-2628202	501(C)(3)	13,066				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVEN TO HOME RESCUE INC PO BOX 851 BERWICK, PA 18603	37-1569875	501(C)(3)	7,787				2019 RAISE THE REGION
HIAWATHA INC 1500 WEST THIRD STREET WILLIAMSPORT, PA 17701	23-2768737	501(C)(3)	77,711				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE ENTERPRISES FOUNDATION INC 2401 REACH ROAD WILLIAMSPORT, PA 17701	23-1914215	501(C)(3)	21,133				2019 RAISE THE REGION
HOPE ENTERPRISES INC 2401 REACH ROAD WILLIAMSPORT, PA 17701	23-2303287	501(C)(3)	12,316				ANNUAL SUPPORT FOR PEDIATRIC EDUCATIONAL SERVICES AND THERAPEUTIC CLINICS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUGHESVILLE AREA PUBLIC LIBRARY 146 SOUTH FIFTH STREET HUGHESVILLE, PA 17737	23-7078007	501(C)(3)	5,040				2019 RAISE THE REGION
INTERLINK MINISTRIES INC 11234 HACKETT ROAD APPLE CREEK, OH 44606	34-1700949	501(C)(3)	14,378				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMES V BROWN LIBRARY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	190,192				DIGITIZATION OF HISTORIC NEWSPAPERS
JERSEY SHORE AREA SCHOOL DISTRICT 175 AP DRIVE JERSEY SHORE, PA 17740	24-6002552	501(C)(5)	23,671				FOSS NEXT GENERATION INSTRUCTIONAL MODEL CURRICULUM FOR STANDARDS-BASED SCIENCE FOR STUDENTS IN GRADES K-5

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
K9 HERO HAVEN INC 176 MAHANAY CREEK LANE HERNDON, PA 17830	47-5227436	501(C)(3)	5,694				2019 RAISE THE REGION
KUTZTOWN UNIVERSITY PO BOX 730 KUTZTOWN, PA 19530	23-2710197		13,947				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP SUSQUEHANNA VALLEY 2859 NORTH SUSQUEHANNA TRAIL SHAMOKIN DAM, PA 17876	23-2746819	501(C)(3)	5,698				2019 RAISE THE REGION
LEWISBURG AREA SCHOOL DISTRICT 1951 WASHINGTON AVENUE LEWISBURG, PA 17837	23-1656529		15,575				DIGITAL LITERACY TECHNOLOGY TO ENHANCE SKILLS TRAINING FOR WRITING FOR STUDENTS IN GRADE 4

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWISBURG CHILDREN'S MUSEUM 815 MARKET STREET LEWISBURG, PA 17837	81-1588789	501(C)(3)	6,860				2019 RAISE THE REGION
LITTLE LEAGUE BASEBALL INC PO BOX 3485 WILLIAMSPORT, PA 17701	23-1688231	501(C)(3)	8,253				FOR USE IN THE JOHN W LUNDY CONFERENCE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCK HAVEN UNIVERSITY STUDENT FINANCIAL SERVICES 401 NORTH FAIRVIEW STREET LOCK HAVEN, PA 17745	23-2442881		18,572				SCHOLARSHIPS
LOYALSOCK MUSIC ASSOCIATION 1784 EAST THIRD STREET WILLIAMSPORT, PA 17701	82-5354319	501(C)(3)	9,877				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYALSOCK TOWNSHIP SCHOOL DISTRICT 1605 FOUR MILE DRIVE WILLIAMSPORT, PA 17701	24-6001067		10,227				VEX ROBOTICS KITS TO CREATE AND EXPAND TEAM ROBOTICS PROGRAMS AT THE MIDDLE AND HIGH SCHOOLS AND INTRODUCE ROBOTICS COMPETITIONS
LYCOMING ANIMAL PROTECTION SOCIETY INC LAPS 195 PHILLIPS PARK DRIVE SOUTH WILLIAMSPORT, PA 17702	23-2675714	501(C)(3)	13,126				VETERINARY CARE FOR FELINES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYCOMING COLLEGE 700 COLLEGE PLACE WILLIAMSPORT, PA 17701	24-0795965	501(C)(3)	18,910				SCHOLARSHIPS
LYCOMING COUNTY HISTORICAL SOCIETY & THOMAS T TABER MUSEUM 858 WEST FOURTH STREET WILLIAMSPORT, PA 17701	23-1640657	501(C)(3)	5,754				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYCOMING COUNTY SPCA 2805 REACH ROAD WILLIAMSPORT, PA 17701	24-0857714	501(C)(3)	27,110				2019 RAISE THE REGION
LYCOMING COUNTY UNITED WAY INC 33 WEST THIRD STREET WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	127,646				SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYCOMING COUNTY VETERANS TRANSITION CENTER INC 24 EAST THIRD STREET WILLIAMSPORT, PA 17701	47-3123776	501(C)(3)	13,726				2019 RAISE THE REGION
MAGICAL MEMORIES 121 COLONIAL LANE TURBOTVILLE, PA 17772	45-4816974	501(C)(3)	11,667				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANSFIELD UNIVERSITY 71 SOUTH ACADEMY STREET MANSFIELD, PA 16933	25-1690694		6,000				SCHOLARSHIPS
MEADOWVIEW CHRISTIAN ACADEMY 216 TULIP ROAD PAXINOS, PA 17860	23-1907315	501(C)(3)	36,340				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCERSBURG ACADEMY 300 EAST SEMINARY STREET MERCERSBURG, PA 17236	23-1365963	501(C)(3)	7,390				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
MIDDLECREEK AREA COMMUNITY CENTER 67 ELM STREET BEAVER SPRINGS, PA 17812	23-2791200	501(C)(3)	33,160				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLERSVILLE UNIVERSITY PO BOX 1002 MILLERSVILLE, PA 17551	23-2397926	501(C)(3)	11,417				SCHOLARSHIPS
MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612	24-0795406	501(C)(3)	6,457				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY AREA SCHOOL DISTRICT 120 PENN STREET MONTGOMERY, PA 17752	24-6001106		22,068				PRECISION MACHINE TOOL TECHNOLOGY, CNC ROUTER TABLE, FOR MANUFACTURING DEPT STUDENTS IN GRADES 8-12
MONTGOMERY HOUSE LIBRARY INC 20 CHURCH STREET MCEWENSVILLE, PA 17749	25-1181545	501(C)(3)	45,028				LIBRARY MATERIALS, PROGRAMS, AND OPERATIONS SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTOURSVILLE AREA SCHOOL DISTRICT 50 NORTH ARCH STREET MONTOURSVILLE, PA 17754	23-1667972		63,800				GET MORE MATH TECHNOLOGY AND EQUIPMENT FOR ALGEBRA CURRICULUM FOR STUDENTS IN GRADES 7-12
MOSTLY MUTTS INC 284 LITTLE MOUNTAIN ROAD SUNBURY, PA 17801	34-2029750	501(C)(3)	5,291				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNCY AREA POOL ASSOCIATION REAR 125 NEW STREET MUNCY, PA 17756	23-7006677	501(C)(3)	30,935				CAPITAL PROJECTS-FILTRATION SYSTEM, SOLAR POOL COVERS, POOL MAINTENANCE, EXTERIOR/INTERIOR MAINTENANCE
MUNCY HISTORICAL SOCIETY & MUSEUM OF HISTORY 40 NORTH MAIN STREET MUNCY, PA 17756	23-6297367	501(C)(3)	11,289				SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNCY SCHOOL DISTRICT 206 SHERMAN STREET MUNCY, PA 17756	24-6001124		90,086				WEIGHT ROOM EQUIPMENT FOR A NEW FITNESS FACILITY
NEEDLEWORK GUILD OF AMERICAN NEWBERRY BRANCH 1974 JACKS HOLLOW ROAD WILLIAMSPORT, PA 17702	23-6410755	501(C)(3)	7,906				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NICHOLAS WOLFF FOUNDATION INC PO BOX 810 MILLVILLE, PA 17846	23-2481065	501(C)(3)	13,460				2019 RAISE THE REGION
NORTH PENN LEGAL SERVICES INC 329 MARKET STREET WILLIAMSPORT, PA 17701	23-1659111	501(C)(3)	90,598				LYCOMING MEDICAL LEGAL PARTNERSHIP START-UP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHCENTRAL PENNSYLVANIA CONSERVANCY 330 GOVERNMENT PLACE WILLIAMSPORT, PA 17703	23-2606163	501(C)(3)	8,481				2019 RAISE THE REGION
NORTHUMBERLAND CHRISTIAN SCHOOL 351 FIFTH STREET NORTHUMBERLAND, PA 17857	24-6019828	501(C)(3)	84,071				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF LOURDES REGIONAL SCHOOL 2001 CLINTON AVENUE COAL TOWNSHIP, PA 17866	23-1494791	501(C)(3)	21,770				2019 RAISE THE REGION
PCC CORNER OF HOPE 150 SOUTH MARKET STREET SHAMOKIN, PA 17872	27-3052793	501(C)(3)	8,223				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENN STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376		29,363				SCHOLARSHIPS
PENNSYLVANIA COLLEGE OF TECHNOLOGY ONE COLLEGE AVENUE DIF 108 WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	46,801				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA SPCA PHILADELPHIA 350 EAST ERIE AVENUE PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	18,037				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
PLUNKETTS CREEK TOWNSHIP VOLUNTEER FIRE DEPARTMENT 327 DUNWOODY ROAD WILLIAMSPORT, PA 17701	23-7152260	501(C)(3)	6,622				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RE-CREATION USA INC 2520 MAIN STREET PORT TREVORTON, PA 17864	25-1322951	501(C)(3)	5,532				2019 RAISE THE REGION
RIVER VALLEY REGIONAL YMCA 641 WALNUT STREET WILLIAMSPORT, PA 17701	24-0795698	501(C)(3)	51,421				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROAD RADIO USA INC 601 SOUTH MAIN STREET MUNCY, PA 17756	23-2767215	501(C)(3)	6,187				2019 RAISE THE REGION
ROCHESTER INSTITUTE OF TECHNOLOGY 56 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	14,482				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF DANVILLE INC PO BOX 300 DANVILLE, PA 17821	23-2155803	501(C)(3)	8,450				2019 RAISE THE REGION
SALT & LIGHT MEDIA MINISTRIES WGRC RADIO 101 ARMORY BOULEVARD LEWISBURG, PA 17837	22-2584923	501(C)(3)	9,276				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAYRE SCHOOL DISTRICT 333 WEST LOCKHART STREET SAYRE, PA 18840	23-1671518		6,135				ARTIST-IN-RESIDENCE MURALIST ANNE MARIE ZWACK
SHAPE OF JUSTICE 265 POINT TOWNSHIP DRIVE NORTHUMBERLAND, PA 17857	83-0939345	501(C)(3)	9,520				MENSTRUAL HYGIENE PRODUCTS FOR DISTRIBUTION AT FOOD PANTRIES, WOMEN'S SHELTERS AND COMMUNITY CENTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DRIVE SHIPPENSBURG, PA 17257	23-2500361		5,618				SCHOLARSHIPS
SLIPPERY ROCK UNIVERSITY 103 OLD MAIN ADMINISTRATION BUILDING SLIPPERY ROCK, PA 16057	25-1513539		9,616				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOJOURNER TRUTH MINISTRIES INC 501 HIGH STREET WILLIAMSPORT, PA 17701	23-2125932	501(C)(3)	9,592				2019 RAISE THE REGION
SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT 515 WEST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702	24-6002560		16,390				VARIOUS

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

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SOUTH WILLIAMSPORT BOROUGH 329 WEST SOUTHERN AVENUE SOUTH WILLIAMSPORT, PA 17702	24-6000659		122,267				REPAVING OF THE PARK COMPLEX PARKING PATH
ST JOHN NEUMANN REGIONAL ACADEMY 901 PENN STREET WILLIAMSPORT, PA 17701	75-3244895	501(C)(3)	38,478				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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

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ST JOSEPH SCHOOL 1027 FERRY STREET DANVILLE, PA 17821	23-1494791	501(C)(3)	8,703				2019 RAISE THE REGION
SUGAR VALLEY COMMUNITY VOLUNTEER FIRE COMPANY 24 WEST ANTHONY STREET LOGANTON, PA 17747	25-1425937	501(C)(4)	125,000				PURCHASE OF A NEW FIRE TRUCK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SULLIVAN COUNTY SCHOOL DISTRICT 777 SOUTH STREET LAPORTE, PA 18626	23-1667984		13,800				MEDIA PRODUCTION/STEM INTEGRATION EQUIPMENT FOR THE HIGH SCHOOL
SUNCOM INDUSTRIES INC 128 WATER STREET NORTHUMBERLAND, PA 17857	23-6420578	501(C)(3)	5,054				2019 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSQUEHANNA GREENWAY PARTNERSHIP 301 MARKET STREET UNIT 649 LEWISBURG, PA 17837	20-5013029	501(C)(3)	5,708				2019 RAISE THE REGION
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BOULEVARD SUITE 1 WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	36,794				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINGSGROVE, PA 17870	23-1353385	501(C)(3)	12,954				SCHOLARSHIPS
SUSQUEHANNA VALLEY CHORALE PO BOX 172 LEWISBURG, PA 17837	23-7171719	501(C)(3)	21,136				2019 RAISE THE REGION

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

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THE EXCHANGE 203 WEST MAIN STREET BLOOMSBURG, PA 17815	27-0980463	501(C)(3)	5,923				2019 RAISE THE REGION
THE NEW LOVE CENTER 229 SOUTH BROAD STREET JERSEY SHORE, PA 17740	81-4639031	501(C)(3)	50,000				16FT BOX TRUCK WITH LIFT

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

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THE SALVATION ARMY OF WILLIAMSPORT 457 MARKET STREET WILLIAMSPORT, PA 17703	13-5562351	501(C)(3)	8,576				PROGRAM SUPPORT
THE WILLIAMSPORT HOME 1900 RAVINE ROAD WILLIAMSPORT, PA 17701	24-0795507	501(C)(3)	12,885				SUPPORT OF PROGRAMS AND OPERATIONS

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

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THINKBIG PEDIATRIC CANCER FUND INC 225 COLUMBIA MALL DRIVE BLOOMSBURG, PA 17815	47-1955469	501(C)(3)	14,284				2019 RAISE THE REGION
THOMAS BEAVER FREE LIBRARY 317 FERRY STREET DANVILLE, PA 17821	24-0796861	501(C)(3)	7,925				SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONAL HOUSING AND CARE CENTER INC 21 GATE HOUSE DRIVE DANVILLE, PA 17821	23-2824353	501(C)(3)	10,803				SUPPORT OF PROGRAMS AND OPERATIONS
TRINITY EPISCOPAL CHURCH 844 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0795692	501(C)(3)	7,390				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY AREA SCHOOL DISTRICT 68 FENNER AVENUE TROY, PA 16947	23-1667986		11,200				NUMBER CORNER SKILL-BUILDING PROGRAM TO ENHANCE STANDARD MATHEMATICS CURRICULUM FOR STUDENTS IN GRADES 2ND-6TH
TURBOTVILLE COMMUNITY HALL CORPORATION PO BOX 313 TURBOTVILLE, PA 17772	23-2863129	501(C)(3)	15,298				RENOVATIONS TO THE HISTORIC COMMUNITY CENTER BUILDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH AT GREENSBURG 150 FINOLI DRIVE GREENSBURG, PA 15601	25-0965591	501(C)(3)	20,000				SCHOLARSHIPS
UNIVERSITY OF SCRANTON 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501(C)(3)	7,150				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE SCIENCES IN PHILADELPHIA 600 SOUTH 43RD STREET PHILADELPHIA, PA 19104	23-1352668	501(C)(3)	14,000				SCHOLARSHIPS
UPTOWN MUSIC COLLECTIVE 144 WEST THIRD STREET WILLIAMSPORT, PA 17701	20-3851091	501(C)(3)	49,511				2019 RAISE THE REGION

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

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WARRIOR RUN SCHOOL DISTRICT 4800 SUSQUEHANNA TRAIL TURBOTVILLE, PA 17772	23-1669490		20,600				RESTORATION OF THE GRAND PIANO PROJECT WITH STUDENT PARTICIPATION FROM PIANO STUDIO CLASS, INDUSTRIAL ARTS CLASS, AND JOURNALISM CLASS
WATSONTOWN HISTORICAL ASSOCIATION 200 MAIN STREET WATSONTOWN, PA 17777	81-3739343	501(C)(3)	7,385				PRESERVATION OF HISTORICAL NEWSPAPERS RECORD & STAR (1884-1926), WATSONTOWN RECORD (1869-1884), AND THE WEST BRANCH STAR (1882-1884) SCAN TO MICROFILM EQUIPMENT, ARCHIVAL BOXES AND TISSUE, DEHUMIDIFIER, SHELVING, RENT FOR ADDITIONAL SPACE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAY'S GARDEN COMMISSION OF THE CITY OF WILLIAMSPORT 1550 WEST THIRD STREET WILLIAMSPORT, PA 17701	24-6000719		57,400				WAY'S GARDEN IMPROVEMENT PROJECT
WEST BRANCH DRUG & ALCOHOL ABUSE COMMISSION INC 213 WEST FOURTH STREET 2ND FLOOR WILLIAMSPORT, PA 17701	23-6616299	501(C)(3)	10,951				WARM HAND OFF PROJECT - PERSONAL CARE ITEMS FOR PATIENTS TO MOVE FROM THE HOSPITAL TO TREATMENT FACILITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CHESTER UNIVERSITY OF PENNSYLVANIA 25 UNIVERSITY AVENUE WEST CHESTER, PA 19383	23-2417773		5,806				CHRISTINA SAMAR - SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0859746		40,920				VARIOUS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSPORT AREA SCHOOL DISTRICT EDUCATION FOUNDATION 2780 WEST FOURTH STREET WILLIAMSPORT, PA 17701	35-2230335	501(C)(3)	10,338				2019 RAISE THE REGION
WILLIAMSPORT SYMPHONY ORCHESTRA 220 WEST FOURTH STREET 3RD FLOOR WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	45,600				ANNUAL SUPPORT OF CAPITAL CAMPAIGN OBJECTIVES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA NORTHCENTRAL PA 815 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0796439	501(C)(3)	22,644				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENNIFER D WILSON PRESIDENT & CEO	(i)	187,798	0	0	9,246	2,830	199,874	5,065
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S BOARD OF DIRECTORS APPROVED THE GROSS UP PAYMENTS AND SOCIAL CLUB DUES AS PART OF THE PRESIDENT/CEO'S COMPENSATION PACKAGE. THE INVOICES ARE SENT TO THE FOUNDATION AND ARE PAID DIRECTLY BY THE FOUNDATION. THE AMOUNTS PAID FOR SOCIAL CLUB DUES AS WELL AS ANY GROSS UP PAYMENTS FOR THE APPLICABLE TAXES ARE INCLUDED AS TAXABLE WAGES ON THE FORM W-2 OF THE PRESIDENT/CEO.
PART I, LINE 1B	THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S BOARD OF DIRECTORS APPROVED THE GROSS UP PAYMENTS AND SOCIAL CLUB DUES AS PART OF THE PRESIDENT/CEO'S COMPENSATION PACKAGE. THE INVOICES ARE SENT TO THE FOUNDATION AND ARE PAID DIRECTLY BY THE FOUNDATION. THE AMOUNTS PAID FOR SOCIAL CLUB DUES AS WELL AS ANY GROSS UP PAYMENTS FOR THE APPLICABLE TAXES ARE INCLUDED AS TAXABLE WAGES ON THE FORM W-2 OF THE PRESIDENT/CEO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Employer identification number
24-6013117

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	168,308	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2019

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number

24-6013117

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>DURING 2019, THE BY-LAWS OF FCFP WERE CHANGED AS FOLLOWS ARTICLE III - DIRECTORS, SECTION 3 2 - ELECTION AND TERM OF SERVICE THE TERMS OF SERVICE SHALL BE FOUR (4) YEARS BEGINNING MAY 1 FOLLOWING THE ANNUAL MEETING AT WHICH THEY ARE ELECTED NO DIRECTOR MAY SERVE MORE THAN TWELVE (12) YEARS, EXCEPT FOR THE PRESIDENT & CEO, WHO SHALL BE AN EX OFFICIO DIRECTOR WITH VOTE AND THE CHAIR OF THE BOARD WHO MAY SERVE UNTIL THE END OF THE CURRENT TERM AS CHAIR FOLLOWING AT LEAST A ONE (1) YEAR BREAK IN SERVICE, A DIRECTOR MAY THEN BE RE-ELECTED FOR UP TO THREE (3) FOUR (4) YEAR TERMS ALL NOMINATIONS AND ELECTIONS SHALL BE MADE BY THE DIRECTORS THEN IN OFFICE ARTICLE III - REGIONAL ADVISORY BOARDS, SECTION 7 3 - PERIOD OF SERVICE THE MEMBERS OF THE REGIONAL ADVISORY BOARD SHALL BE APPOINTED BY RESOLUTION OF THE BOARD OF DIRECTORS THE TERMS OF SERVICE SHALL BE FOUR (4) YEARS BEGINNING MAY 1 FOLLOWING THE ANNUAL MEETING AT WHICH THEY ARE ELECTED NO REGIONAL ADVISORY BOARD MEMBER MAY SERVE MORE THAN EIGHT (8) YEARS FOLLOWING AT LEAST A ONE (1) YEAR BREAK IN SERVICE, A PERSON MAY THEN BE REAPPOINTED TO A REGIONAL ADVISORY BOARD FOR UP TO TWO (2) FOUR (4) YEAR TERMS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S IRS FORM 990 IS SENT TO THE BOARD OF DIRECTORS ELECTRONICALLY PRIOR TO SENDING IT TO THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OF THE BOARD OF DIRECTORS, OFFICERS, EMPLOYEES AND COMMITTEE MEMBERS AND ADVISORY BOARD MEMBERS ARE REQUIRED TO COMPLETE ANNUALLY THE CONFLICT OF INTEREST DISCLOSURE STATEMENT THOSE DIRECTORS OR ADVISORY BOARD MEMBERS HAVING AFFILIATIONS WITH GRANTEE ORGANIZATIONS AS SHOWN ON THE CURRENT LIST OF CONFLICTS DEVELOPED FROM THE DISCLOSURE STATEMENTS ARE NOTED AS ABSTAINING FROM VOTING ON THE GRANTS TO THOSE ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>PROCESS FOR PRESIDENT/CEO THE BOARD CHAIR AND THE CHAIR OF THE GOVERNANCE COMMITTEE OF THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA CONFIRM THE EVALUATION STRUCTURE FOR THE YEAR THE PRESIDENT/CEO SUBMITS A SELF-EVALUATION THE FULL BOARD AND STAFF PARTICIPATE IN A 360 EVALUATION THE CHAIR OF THE GOVERNANCE COMMITTEE PRESENTS A SUMMARY OF THE EVALUATION RESULTS TO THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION SALARY DATA FROM THE COUNCIL ON FOUNDATIONS AND COMPARABLE POSITIONS IN NORTHCENTRAL PA THE EXECUTIVE COMMITTEE APPROVES THE PRESIDENT/CEO'S SALARY THE BOARD CHAIR AND THE CHAIR OF THE GOVERNANCE COMMITTEE MEET WITH THE PRESIDENT/CEO TO REVIEW THE EVALUATION AND SALARY CHANGES PROCESS FOR OFFICERS THE PRESIDENT/CEO MET WITH THE OFFICERS TO DISCUSS OVERALL JOB PERFORMANCE, PROGRAMMING DETAILS, AND AREAS THAT NEEDED TO BE WORKED ON THE PRESIDENT/CEO REVIEWED THE SALARY DATA COMPILED PERIODICALLY BY THE COUNCIL ON FOUNDATIONS THE DATA WAS COMPARED TO THE OFFICER'S CURRENT SALARY AND BENEFITS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S CONFLICT OF INTEREST POLICY IS IN THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S BYLAWS, ARTICLE VIII THE FOUNDATION'S GOVERNING DOCUMENT, ITS BYLAWS AND ARTICLES OF INCORPORATION ARE AVAILABLE ON REQUEST TO THE FOUNDATION'S PRESIDENT/CEO THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT TO INTERESTED PERSONS WHICH CONTAIN FINANCIAL INFORMATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 333,544 CONTRIBUTIONS TO AGENCY ENDOWMENTS - 173,495 NET INVESTMENT INCOME AND GAINS ON AGENCY ENDOWMENTS -648,716 DISTRIBUTIONS ON AGENCY ENDOWMENTS 200,553 FEES REPORTED ON AGENCY ENDOWMENTS 29,169 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 337,484 CONTRIBUTIONS TO SPLIT-INTEREST AGREEMENTS 195,000 AGENCY ENDOWMENTS INVESTMENT MANAGEMENT FEES 12,131

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Employer identification number

24-6013117

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FCFPA PROPERTIES INC 201 WEST FOURTH STREET WILLIAMSPORT, PA 17701 20-3734185	TITLE HOLDING COMPANY	PA	501(C)(2)		FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation