

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA D Employer identification number: 24-6013117 E Telephone number: 570-321-1500 G Gross receipts \$: 25,838,780. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: 501(c)(3) J Website: WWW.FCPPARTNERSHIP.ORG K Form of organization: Other FOUND L Year of formation: 1916 M State of legal domicile: PA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement (SEE SCHEDULE O), 2-7. Governance and Activities, 8-12. Revenue (Total: 9,852,881), 13-19. Expenses (Total: 5,719,710), 20-22. Net Assets or Fund Balances (Total: 110,415,617).

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: Jonathan Nichols, CFO. Date: 6/18/21.

Paid Preparer: Print/Type preparer's name: LISA A. RITTER. Preparer's signature: Lisa A. Ritter. Date: 6/18/21. Check if self-employed: No. PTIN: P00168809. Firm's name: MAHER DUESSEL, CPA'S. Firm's EIN: 23-1622756. Firm's address: 3003 NORTH FRONT STREET, SUITE 101, HARRISBURG, PA 17110. Phone no: 717-232-1230.

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

Part III Statement of Program Service Accomplishments

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

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 \$ 4,728,085. including grants of \$ 3,659,516.) (Revenue \$ 46,144.)
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 760 GRANTS AND SCHOLARSHIPS, EXCEEDING \$3.6
MILLION WERE DISTRIBUTED IN 2020 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.

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

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

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

4e Total program service expenses **4,728,085.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
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		
	2a 15		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
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.	15	X
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.	16	X

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process 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?		X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JONATHAN NICHOLS - 570-321-1500**
201 WEST FOURTH STREET, WILLIAMSPORT, PA 17701-6242

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 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) JENNIFER D. WILSON PRESIDENT & CEO	45.00 0.50	X		X				0.		
(2) JOHN A. WILLOUGHBY CHIEF FINANCIAL OFFICER	45.00 0.50			X				0.		
(3) TAMMY WEBER CHAIR	1.00	X		X			0.	0.	0.	
(4) BRIAN BLUTH VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) TED STROSSER SECRETARY/TREASURER	1.00	X		X			0.	0.	0.	
(6) JAY B. ALEXANDER DIRECTOR	1.00	X					0.	0.	0.	
(7) LISE M. BARRICK DIRECTOR	1.00	X					0.	0.	0.	
(8) MIKE BEITER DIRECTOR	1.00	X					0.	0.	0.	
(9) JOHN BELANGER DIRECTOR	1.00	X					0.	0.	0.	
(10) KAREN BLASCHAK DIRECTOR	1.00	X					0.	0.	0.	
(11) BILL BROWN (THRU NOVEMBER 2020) DIRECTOR	1.00	X					0.	0.	0.	
(12) RON CIMINI DIRECTOR	1.00	X					0.	0.	0.	
(13) AL CLAPPS DIRECTOR	1.00	X					0.	0.	0.	
(14) DAVIE JANE GILMOUR DIRECTOR	1.00	X					0.	0.	0.	
(15) TERI MACBRIDE DIRECTOR	1.00	X					0.	0.	0.	
(16) TRISHA MARTY DIRECTOR	1.00	X					0.	0.	0.	
(17) BRENDA NICHOLS (THRU NOVEMBER 2020) 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 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) GARY PECK (THRU APRIL 2020) DIRECTOR	1.00	X					0.	0.	0.	
(19) TODD ROSS DIRECTOR	1.00	X					0.	0.	0.	
(20) DAVE SURGALA (THRU MAY 2020) DIRECTOR	1.00	X					0.	0.	0.	
(21) BOB WALKER DIRECTOR	1.00	X					0.	0.	0.	
(22) KAREN YOUNG DIRECTOR	1.00	X					0.	0.	0.	
(23) SUE YOUNG DIRECTOR	1.00	X					0.	0.	0.	
(24) KENDRA AUCKER (BEGINNING MAY 20) DIRECTOR	1.00	X					0.	0.	0.	
(25) HARVEY EDWARDS (BEGINNING MAY 2) DIRECTOR	1.00	X					0.	0.	0.	
(26) DOMINIC MOFFA (BEGINNING MAY 20) DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							312,845.	0.	33,328.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							312,845.	0.	33,328.	

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI INVESTMENTS COMPANY 1 FREEDOM VALLEY DRIVE, OAKS, PA 19456	INVESTMENT MANAGEMENT	303,231.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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				
(27) MARWIN REEVES (BEGINNING MAY 20 DIRECTOR	1.00	X						0.	0.	0.	
Total to Part VII, Section A, line 1c											

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	38,985.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	159,500.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,961,506.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 320,332.				
	h Total. Add lines 1a-1f			6,159,991.			
Program Service Revenue	2 a _____	Business Code					
	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)		1,991,124.			1,991,124.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		141,733.			141,733.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	17,347,025.	138,027.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	15,644,607.	319,253.			
	c Gain or (loss)	7c	1,702,418.	-181,226.			
	d Net gain or (loss)			1,521,192.		1,521,192.	
8 a Gross income from fundraising events (not including \$ 38,985. of contributions reported on line 1c). See Part IV, line 18	8a		14,736.				
			22,039.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-7,303.		-7,303.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMINISTRATIVE FEE INC	Business Code	561000	39,826.	39,826.		
			900099	6,318.	6,318.		
				46,144.			
b MISCELLANEOUS INCOME							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			46,144.				
12 Total revenue. See instructions			9,852,881.	46,144.	0.	3,646,746.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,659,516.	3,659,516.		
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	346,173.	37,962.	256,579.	51,632.
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	523,044.	161,708.	75,286.	286,050.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,148.	4,393.	3,148.	13,607.
9 Other employee benefits	85,689.	16,136.	25,010.	44,543.
10 Payroll taxes	56,268.	9,486.	21,576.	25,206.
11 Fees for services (nonemployees):				
a Management	31,309.	31,309.		
b Legal	13,226.		13,226.	
c Accounting	23,480.		23,480.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	373,910.	373,910.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	99,671.	55,180.	34,637.	9,854.
12 Advertising and promotion				
13 Office expenses	98,964.	63,114.	27,660.	8,190.
14 Information technology	5,575.	1,867.	1,674.	2,034.
15 Royalties				
16 Occupancy	11,359.	11,359.		
17 Travel	1,642.	268.	267.	1,107.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	18,893.	18,893.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	163,353.	155,240.	6,085.	2,028.
23 Insurance	22,660.	11,164.	10,272.	1,224.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	76,885.	60,319.	10,047.	6,519.
b STAFF EDUCATION	28,384.	17,653.	6,883.	3,848.
c PUBLIC RELATIONS	22,402.	12,896.	4,753.	4,753.
d DONOR RELATIONS	20,407.	9,960.	442.	10,005.
e All other expenses	15,752.	15,752.		
25 Total functional expenses. Add lines 1 through 24e	5,719,710.	4,728,085.	521,025.	470,600.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,727,259.	1	1,042,355.
	2 Savings and temporary cash investments	896,423.	2	3,017,802.
	3 Pledges and grants receivable, net	329,356.	3	276,333.
	4 Accounts receivable, net		4	2,087.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	81,826.	9	85,654.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,713,152.		
	b Less: accumulated depreciation	10b 785,345.		
	11 Investments - publicly traded securities	2,942,846.	10c	2,927,807.
	12 Investments - other securities. See Part IV, line 11	94,544,404.	11	105,819,820.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	4,646,296.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	105,168,410.	15	5,041,920.	
		16	118,213,778.	
Liabilities	17 Accounts payable and accrued expenses	129,325.	17	183,336.
	18 Grants payable	2,787,079.	18	1,719,825.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,173,754.	21	4,620,463.
	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	1,461,915.	23	1,274,537.
	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	8,552,073.	26	7,798,161.
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	92,197,783.	27	105,609,269.
	28 Net assets with donor restrictions	4,418,554.	28	4,806,348.
	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	96,616,337.	32	110,415,617.
33 Total liabilities and net assets/fund balances	105,168,410.	33	118,213,778.	

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	9,852,881.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,719,710.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,133,171.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,616,337.
5	Net unrealized gains (losses) on investments	5	9,551,057.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	115,052.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	110,415,617.

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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits _____

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

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.

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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: _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,760,513.	5,556,742.	2,665,225.	5,914,305.	6,159,991.	24,056,776.
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	3,760,513.	5,556,742.	2,665,225.	5,914,305.	6,159,991.	24,056,776.
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)						5,638,968.
6 Public support. Subtract line 5 from line 4.						18,417,808.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,760,513.	5,556,742.	2,665,225.	5,914,305.	6,159,991.	24,056,776.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,185,801.	3,962,862.	2,859,497.	2,860,090.	2,132,857.	14,001,107.
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						38,057,883.
12 Gross receipts from related activities, etc. (see instructions)					12	2,619,264.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	48.39 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	49.98 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Employer identification number

24-6013117

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 182,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, acreage, monitoring, and expenses. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form with questions 1a, 1b, and 2 regarding collections of art and historical treasures, including revenue and asset reporting requirements.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	86,045,000.	72,429,000.	78,926,000.	67,980,000.	63,358,000.
b Contributions	679,000.	2,038,000.	1,348,000.	7,407,000.	3,425,000.
c Net investment earnings, gains, and losses	11,678,000.	14,778,000.	-4,968,000.	11,332,000.	7,262,000.
d Grants or scholarships	1,131,000.	1,167,000.	885,000.	3,615,000.	4,248,000.
e Other expenditures for facilities and programs	1,909,000.	1,483,000.	1,462,000.	873,000.	1,271,000.
f Administrative expenses	521,000.	550,000.	530,000.	756,000.	546,000.
g End of year balance	94,841,000.	86,045,000.	72,429,000.	81,475,000.	67,980,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		160,960.		160,960.
b Buildings		3,155,070.	495,689.	2,659,381.
c Leasehold improvements		9,490.	8,096.	1,394.
d Equipment		260,970.	167,184.	93,786.
e Other		126,662.	114,376.	12,286.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,927,807.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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. (Col. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	19,017,744.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,551,057.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	531,316.
e	Add lines 2a through 2d	2e	10,082,373.
3	Subtract line 2e from line 1	3	8,935,371.
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	359,130.
b	Other (Describe in Part XIII.)	4b	558,380.
c	Add lines 4a and 4b	4c	917,510.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,852,881.

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	5,218,464.
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	5,218,464.
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	359,130.
b	Other (Describe in Part XIII.)	4b	142,116.
c	Add lines 4a and 4b	4c	501,246.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,719,710.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

FUNDS HELD AS AGENCY ENDOWMENTS - \$4,201,846

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. 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 - \$418,617

THE FOUNDATION IS A RECIPIENT OF CERTAIN SPLIT-INTEREST AGREEMENTS,

ARRANGEMENTS IN WHICH IT HAS A BENEFICIAL INTEREST BUT IS NOT THE SOLE

Part XIII Supplemental Information *(continued)*

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.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY

THIRD-PARTY	-15,752.
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CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY

FOUNDATION	110,823.
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GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	269,995.
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CONTRIBUTIONS TO SPLIT-INTEREST AGREEMENTS	166,250.
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TOTAL TO SCHEDULE D, PART XI, LINE 2D	531,316.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENTS	44,121.
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NET INVESTMENT INCOME AND GAINS ON AGENCY ENDOWMENTS	514,259.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	558,380.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS ON AGENCY ENDOWMENTS	80,275.
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FEES REPORTED ON AGENCY ENDOWMENTS	46,089.
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CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT - HELD BY

FOUNDATION	15,752.
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TOTAL TO SCHEDULE D, PART XII, LINE 4B	142,116.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2 a** 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 NONE	(d) Total events (add col. (a) through col. (c))
		CORKS AND FORKS (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	53,721.			53,721.
	2 Less: Contributions	38,985.			38,985.
	3 Gross income (line 1 minus line 2)	14,736.			14,736.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,630.			1,630.
	6 Rent/facility costs	10,720.			10,720.
	7 Food and beverages	4,833.			4,833.
	8 Entertainment	1,100.			1,100.
	9 Other direct expenses	3,756.			3,756.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,039.
11 Net income summary. Subtract line 10 from line 3, column (d)				-7,303.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

- 16 Gaming manager information:
- Name ► _____
- Gaming manager compensation ► \$ _____
- Description of services provided ► _____

- Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY - 19 EAST SEVENTH STREET - BLOOMSBURG, PA 17815	61-1591692	501C3	22,187.	0.			2020 RAISE THE REGION AND COVID-19 EMERGENCY RESPONSE NEEDS
AIDS RESOURCE ALLIANCE, INC. 500 WEST THIRD STREET, SUITE 2A WILLIAMSPORT, PA 17701	23-2522649	501C3	13,247.	0.			HIV SELF-TESTING INITIATIVE FOR AT-RISK INDIVIDUALS RESIDING IN LYCOMING AND/OR UNION
AMERICAN RED CROSS NORTH CENTRAL PA CHAPTER - 249 FARLEY CIRCLE - LEWISBURG, PA 17837	53-0196605	501C3	12,786.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA STREET WILLIAMSPORT, PA 17701	23-1714132	501C3	34,440.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
ANIMAL RESOURCE CENTER P.O. BOX 439 BLOOMSBURG, PA 17815	23-3069063	501C3	14,289.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
ATHENS AREA SCHOOL DISTRICT 401 WEST FREDERICK STREET, SUITE 1 ATHENS, PA 18810	23-1671235		20,400.	0.			21ST CENTURY INNOVATIONS LEARNING LAB FOR REAL-WORLD INSTRUCTION IN STEM FOR STUDENTS IN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **141.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **14.**

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM DIAGNOSTIC EVALUATIONS RESOURCES SERVICES, INC. - 276 GRAYLYN CREST DRIVE - NEW COLUMBIA, PA 17856	27-2112814	501C3	5,188.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
BELLABONS PET RECOVERY SERVICES 119 FAIRGROUND STREET MUNCY, PA 17756	81-5282742	501C3	7,977.	0.			2020 RAISE THE REGION
BEYOND VIOLENCE, INC. 1612 WALNUT STREET BERWICK, PA 18603	23-2899786	501C3	9,322.	0.			OPERATING EXPENSES NOT COVERED UNDER RESTRICTED GRANTS
BILLTOWN BLUES ASSOCIATION, INC. 165 EAST WATER STREET HUGHESVILLE, PA 17737	23-2726997	501C3	19,717.	0.			2020 RAISE THE REGION
BLOOMSBURG PUBLIC LIBRARY 225 MARKET STREET BLOOMSBURG, PA 17815	24-0820972	501C3	7,724.	0.			WI-FI HOTSPOTS AND DIGITAL READING & VIDEO CONTENT FOR CHILDREN AND ADULTS
BLOOMSBURG THEATRE ENSEMBLE 226 CENTER STREET BLOOMSBURG, PA 17815	23-2066731	501C3	68,720.	0.			2020 RAISE THE REGION
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA - 400 EAST SECOND STREET - BLOOMSBURG, PA 17815	23-2738930		11,193.	0.			SCHOLARSHIPS
BOROUGH OF LEWISBURG 55 SOUTH FIFTH STREET, SUITE 1 LEWISBURG, PA 17837	24-6000616		18,537.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
BOY SCOUTS OF AMERICA COLUMBIA MONTOUR COUNCIL - 5 AUDUBON COURT - BLOOMSBURG, PA 17815	24-0795392	501C3	22,468.	0.			2020 RAISE THE REGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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, SUSQUEHANNA COUNCIL - 815 NORTHWAY ROAD - WILLIAMSPORT, PA 17701	24-0795397	501C3	12,273.	0.			2020 RAISE THE REGION
CAMP MOUNT LUTHER CORPORATION 355 MOUNT LUTHER LANE MIFFLINBURG, PA 17844	23-2624417	501C3	21,626.	0.			2020 RAISE THE REGION
CAMP SUSQUE, INC. 47 SUSQUE CAMP ROAD TROUT RUN, PA 17771	24-6002452	501C3	33,392.	0.			2020 RAISE THE REGION
CARING COMMUNITIES FOR AIDS 67 PUBLIC SQUARE, SUITE 508 WILKES-BARRE, PA 18701	23-2815276	501C3	6,171.	0.			PERSONAL PROTECTIVE EQUIPMENT AND CLEANING PRODUCTS AND SUPPLIES FOR CLINICS IN COLUMBIA AND
CATS IN BLOOM, INC. 102 WEST MAIN STREET BLOOMSBURG, PA 17815	83-4568601	501C3	7,920.	0.			2020 RAISE THE REGION
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501C3	44,274.	0.			2020 RAISE THE REGION
CENTRAL SUSQUEHANNA OPPORTUNITIES, INC. - 2 EAST ARCH STREET, SUITE 313 - SHAMOKIN, PA 17872	23-2564524	501C3	15,000.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
CENTRAL SUSQUEHANNA SIGHT SERVICES, INC. - 348 MARKET STREET - SUNBURY, PA 17801	24-0798648	501C3	6,646.	0.			OPERATING EXPENSES
CHERISHED CATS RESCUE ALLIANCE, INC. - 230 MARKET STREET, SUITE 1 - LEWISBURG, PA 17837	81-5275031	501C3	13,814.	0.			2020 RAISE THE REGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD HUNGER OUTREACH PARTNERS 2 ELIZABETH STREET TOWANDA, PA 18848	83-3319637	501C3	5,500.	0.			PURCHASE OF FOOD FOR DISTRIBUTION AND PERSONNEL COSTS FOR A PART-TIME "POP-UP"
COLUMBIA COUNTY CHRISTIAN SCHOOL ASSOCIATION - 123 SCHOOLHOUSE ROAD - BLOOMSBURG, PA 17815	23-2993181	501C3	16,648.	0.			2020 RAISE THE REGION
COLUMBIA DAY CARE PROGRAM, INC. 215 EAST 5TH STREET BLOOMSBURG, PA 17815	23-1877155	501C3	6,000.	0.			OPERATING EXPENSES
COMMUNITY ARTS CENTER 220 WEST FOURTH STREET WILLIAMSPORT, PA 17701	23-2617447	501C3	104,837.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
COMMUNITY THEATRE LEAGUE, INC. 100 WEST THIRD STREET WILLIAMSPORT, PA 17701	23-2358507	501C3	34,798.	0.			RENT, PERSONNEL, TICKETING SOFTWARE, SANITIZATION AND SAFETY MATERIALS, AND SIGNAGE
DIAKON CHILD FAMILY & COMMUNITY MINISTRIES - 1018 NORTH UNION STREET - MIDDLETOWN, PA 17057	46-5390969	501C3	35,100.	0.			PROGRAM AND OPERATING EXPENSES FOR LYCOMING COUNTY FACILITIES
DONALD L. HEITER COMMUNITY CENTER, INC. - 100 NORTH FIFTH STREET - LEWISBURG, PA 17837	23-2756465	501C3	12,574.	0.			BEFORE/AFTER SCHOOL PROGRAM OR MICRO-SCHOOL TO BE DETERMINED IN CONJUNCTION WITH THE
EAST LYCOMING HISTORICAL SOCIETY 66 SOUTH MAIN STREET HUGHESVILLE, PA 17737	23-2432106	501C3	5,459.	0.			2020 RAISE THE REGION
EAST LYCOMING SCHOOL DISTRICT 349 CEMETERY STREET HUGHESVILLE, PA 17737	23-1667965		5,738.	0.			CARBON FIBER 3D PRINTING ENHANCEMENT TO PRODUCE PROTOTYPES FOR THE STEM LABS FOR GRADES 7-12

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	501C3	74,000.	0.			SMALL BUSINESS ASSISTANCE PROGRAMS - STRATEGIC GRANT PER COMMITTEE
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELIZABETHTOWN, PA 17022	23-1352632	501C3	15,000.	0.			SCHOLARSHIPS
EOS THERAPEUTIC RIDING CENTER, INC. - 288 DAHL ROAD - BLOOMSBURG, PA 17815	23-2692159	501C3	5,929.	0.			OPERATING EXPENSES
EVANGELICAL COMMUNITY HOSPITAL ONE HOSPITAL DRIVE LEWISBURG, PA 17837	24-0795411	501C3	50,000.	0.			UNRESTRICTED USE FOR THE MOST PRESSING NEEDS DUE TO THE COVID-19 PANDEMIC
EXCHANGE POOL 1373 WHITEHALL ROAD TURBOTVILLE, PA 17772	23-2017743	501C3	11,353.	0.			POOL REFURBISHMENT
EXPECTATIONS WOMEN'S CENTER P.O. BOX 291 LEWISBURG, PA 17837	23-2635894	501C3	38,966.	0.			2020 RAISE THE REGION
FAMILIES UNITED NETWORK, INC. 33 ASHLER MANOR MUNCY, PA 17756	23-2857929	501C3	15,233.	0.			OPERATING EXPENSES
FAMILY PROMISE OF LYCOMING COUNTY, INC. - 635 HEPBURN STREET - WILLIAMSPORT, PA 17703	26-3239003	501C3	40,058.	0.			RENT AND UTILITY PAYMENTS FOR ASSET LIMITED, INCOME CONSTRAINED, AND EMPLOYED FAMILIES AND BECOMING
FAMILY SERVICE ASSOCIATION OF NORTHEASTERN PENNSYLVANIA - 31 WEST MARKET STREET - WILKES BARRE, PA 18701	24-0795415	501C3	16,750.	0.			COVID-19 EMERGENCY RESPONSE NEEDS - PA 211 NE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRETREE PLACE 600 CAMPBELL STREET WILLIAMSPORT, PA 17701	47-2631668	501C3	55,920.	0.			SCHOLARSHIPS FOR THE BEFORE-SCHOOL CARE AND AFTER-SCHOOL CLUB AND TO PAVE THE DRIVE-THRU PATH
FIRST EVANGELICAL LUTHERAN CHURCH 404 MARKET STREET MIFFLINBURG, PA 17844	24-0856042	501C3	13,816.	0.			DOWN PAYMENT
FIRST UNITED METHODIST CHURCH 2 ROSS STREET WILLIAMSPORT, PA 17701	24-0829840		5,356.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
FOUNDATION OF THE WILLIAMSPORT LYCOMING CHAMBER - 102 WEST FOURTH STREET - WILLIAMSPORT, PA 17701	23-2610934	501C3	5,197.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
FRIENDS OF THE COLUMBIA COUNTY TRAVELING LIBRARY, INC. - 702 SAWMILL ROAD, SUITE 101 - BLOOMSBURG, PA 17815	23-2662846	501C3	13,399.	0.			2020 RAISE THE REGION
GEISINGER HEALTH FOUNDATION 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	23-1995911	501C3	10,768.	0.			ANNUAL SUPPORT OF GEISINGER HOME HEALTH & HOSPICE AT MARIA HALL
GOLDEN RULE LOVE INC 102 LOWER MARKET STREET MILTON, PA 17847	23-2959016	501C3	6,763.	0.			OPERATING AND FUEL EXPENSES
GOOD SAMARITAN MISSION 491 FERRY STREET DANVILLE, PA 17821	20-0305960	501C3	7,731.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
GREATER HOPE CARE CENTER 224 SOUTH BROAD STREET JERSEY SHORE, PA 17740	81-4106949	501C3	7,847.	0.			2020 RAISE THE REGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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, SUITE 1 - WILLIAMSPORT, PA 17701	23-2586879	501C3	22,721.	0.			PAYMENTS FOR AT-RISK MORTGAGEES AND SUPPORT FOR THE HOME-BUILD PROJECT ON DIAMOND STREET
GREATER SUSQUEHANNA VALLEY YMCA P.O BOX 390 SUNBURY, PA 17801	24-0795634	501C3	16,282.	0.			CLEANING PRODUCTS AND SUPPLIES AND OPERATING EXPENSES
GREENWOOD FRIENDS SCHOOL P.O. BOX 438 MILLVILLE, PA 17846	23-2078043	501C3	5,378.	0.			2020 RAISE THE REGION
HANDUP FOUNDATION 262 WILLOW ROAD MILTON, PA 17847	20-0984499	501C3	6,250.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
HAVEN MINISTRY, INC. 1043 SOUTH FRONT STREET SUNBURY, PA 17801	23-2628202	501C3	14,205.	0.			2020 RAISE THE REGION
HAVEN TO HOME RESCUE, INC. P.O. BOX 851 BERWICK, PA 18603	37-1569875	501C3	8,745.	0.			2020 RAISE THE REGION
HIAWATHA, INC. 1500 WEST THIRD STREET WILLIAMSPORT, PA 17701	23-2768737	501C3	23,370.	0.			2020 RAISE THE REGION
HOPE ENTERPRISES FOUNDATION, INC. 2401 REACH ROAD WILLIAMSPORT, PA 17701	23-1914215	501C3	23,026.	0.			ANNUAL SUPPORT OF PROGRAMS, OPERATIONS, AND CAPITAL NEEDS
HUGHESVILLE AREA PUBLIC LIBRARY 146 SOUTH FIFTH STREET HUGHESVILLE, PA 17737	23-7078007	501C3	9,326.	0.			CLEANING PRODUCTS AND SUPPLIES, PERSONAL PROTECTIVE EQUIPMENT, SUPPLIES FOR "TAKE AND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERLINK MINISTRIES, INC. P.O. BOX 460 APPLE CREEK, OH 44606	34-1700949	501C3	5,810.	0.			2020 RAISE THE REGION
JAMES V. BROWN LIBRARY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	24-0799180	501C3	39,402.	0.			OPERATING EXPENSES
JERSEY SHORE AREA SCHOOL DISTRICT 175 A&P DRIVE JERSEY SHORE, PA 17740	24-6002552	501C5	12,702.	0.			FULL OPTION SCIENCE SYSTEM (FOSS) FOR STUDENTS IN GRADES K-3
JUNIOR ACHIEVEMENT OF NEPA, INC. 1122 OAK STREET PITTSTON TOWNSHIP, PA 18640	23-1700209	501C3	13,000.	0.			"JA INSPIRE VIRTUAL", A VIRTUAL CAREER FAIR, TO BE MADE AVAILABLE TO 8TH AND 9TH GRADE STUDENTS IN
K9 HERO HAVEN, INC. 176 MAHANAY CREEK LANE HERNDON, PA 17830	47-5227436	501C3	6,453.	0.			2020 RAISE THE REGION
KEYSTONE COLLEGE ONE COLLEGE GREEN LA PLUME, PA 18440	24-0795441	501C3	14,204.	0.			SCHOLARSHIPS
KINGDOM KIDZ, INC. 11 EAST THIRD STREET WATSONTOWN, PA 17777	26-3756792	501C3	16,358.	0.			OUTFITTING OF A NEW CREATIVE ARTS CENTER FOR QUALITY FAMILY PROGRAMMING USING
KUTZTOWN UNIVERSITY P.O. BOX 730 KUTZTOWN, PA 19530	23-2710197		5,660.	0.			SCHOLARSHIPS
LEADERSHIP SUSQUEHANNA VALLEY 2859 NORTH SUSQUEHANNA TRAIL SHAMOKIN DAM, PA 17876	23-2746819	501C3	8,429.	0.			2020 RAISE THE REGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAGUE OF WOMEN VOTERS EDUCATION FUND - 1730 M STREET NW, SUITE 1000 - WASHINGTON, DC 20036	53-0239013	501C3	10,000.	0.			SUPPORT OF PROGRAMS AND INITIATIVES
LEWISBURG CHILDREN'S MUSEUM 815 MARKET STREET LEWISBURG, PA 17837	81-1588789	501C3	11,055.	0.			2020 RAISE THE REGION
LITTLE LEAGUE BASEBALL, INC. P.O. BOX 3485 WILLIAMSPORT, PA 17701	23-1688231	501C3	8,268.	0.			FOR USE IN THE JOHN W. LUNDY CONFERENCE CENTER
LOCK HAVEN UNIVERSITY 401 NORTH FAIRVIEW STREET LOCK HAVEN, PA 17745	23-2442881		19,866.	0.			SCHOLARSHIPS
LOYALSOCK TOWNSHIP SCHOOL DISTRICT 1605 FOUR MILE DRIVE WILLIAMSPORT, PA 17701	24-6001067		19,182.	0.			LASER ENGRAVER TO ENHANCE DESIGN AND ENGINEERING CURRICULUM FOR STUDENTS IN GRADES 6-8
LYCOMING ANIMAL PROTECTION SOCIETY, INC. LAPS - 195 PHILLIPS PARK DRIVE - SOUTH WILLIAMSPORT, PA 17702	23-2675714	501C3	7,072.	0.			2020 RAISE THE REGION
LYCOMING COLLEGE 700 COLLEGE PLACE WILLIAMSPORT, PA 17701	24-0795965	501C3	26,607.	0.			SCHOLARSHIPS
LYCOMING COUNTY SPCA 2805 REACH ROAD WILLIAMSPORT, PA 17701	24-0857714	501C3	37,210.	0.			2020 RAISE THE REGION
LYCOMING COUNTY UNITED WAY, INC. 1 WEST THIRD STREET, SUITE 208 WILLIAMSPORT, PA 17701	24-0828149	501C3	78,617.	0.			2020 RAISE THE REGION

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

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LYCOMING COUNTY VETERANS TRANSITION CENTER, INC. - 515 LEGION ROAD - MUNCY, PA 17754	47-3123776	501C3	14,111.	0.			2020 RAISE THE REGION
LYCOMING-CLINTON MENTAL HEALTH/INTELLECTUAL DISABILITIES - 200 EAST STREET - WILLIAMSPORT, PA 17701	23-2187674		7,981.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
MAGICAL MEMORIES 121 COLONIAL LANE TURBOTVILLE, PA 17772	45-4816974	501C3	7,569.	0.			2020 RAISE THE REGION
MARIA JOSEPH MANOR, INC. 1707 MONTOUR BLVD DANVILLE, PA 17821	23-2517957	501C3	8,747.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
MASTIFFS TO MUTTS 3974 EDENVILLE ROAD CHAMBERSBURG, PA 17202	27-1187353	501C3	14,519.	0.			2020 RAISE THE REGION
MEADOWVIEW CHRISTIAN ACADEMY 216 TULIP ROAD PAXINOS, PA 17860	23-1907315	501C3	6,272.	0.			2020 RAISE THE REGION
MERCERSBURG ACADEMY 300 EAST SEMINARY STREET MERCERSBURG, PA 17236	23-1365963	501C3	7,434.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
MESSIAH COLLEGE ONE COLLEGE AVENUE, SUITE 3011 MECHANICSBURG, PA 17055	23-1352661	501C3	20,000.	0.			SCHOLARSHIPS
MIDDLECREEK AREA COMMUNITY CENTER 67 ELM STREET BEAVER SPRINGS, PA 17812	23-2791200	501C3	46,829.	0.			2020 RAISE THE REGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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		23,968.	0.			CNC LATHE FOR HANDS-ON MANUAL MACHINING INSTRUCTION FOR STUDENTS IN GRADES 7-12
MONTGOMERY HOUSE LIBRARY, INC. 20 CHURCH STREET MCEWENSVILLE, PA 17749	25-1181545	501C3	53,814.	0.			OPERATING SUPPORT
MONTTOURSVILLE AREA SCHOOL DISTRICT 50 NORTH ARCH STREET MONTTOURSVILLE, PA 17754	23-1667972		5,094.	0.			ENHANCE THE STUDENT EDUCATIONAL EXPERIENCE
MOSTLY MUTTS, INC. 284 LITTLE MOUNTAIN ROAD SUNBURY, PA 17801	34-2029750	501C3	6,109.	0.			2020 RAISE THE REGION
MOUNTAIN VIEW BIBLE CAMP 99 MOUNT VIEW LANE DANVILLE, PA 17821	23-7042759	501C3	8,260.	0.			2020 RAISE THE REGION
MUNCY AREA POOL ASSOCIATION REAR 125 NEW STREET MUNCY, PA 17756	23-7006677	501C3	75,253.	0.			BABY POOL ENHANCEMENTS, DIVING BOARDS, UTILITY SHEDS
MUNCY BAPTIST CHURCH 11 WEST PENN STREET MUNCY, PA 17756	23-2324803	501C3	12,848.	0.			ADDITIONAL CLIMATE CONTROL AND RESTORATION OF PIPE ORGAN
MUNCY HISTORICAL SOCIETY & MUSEUM OF HISTORY - 40 NORTH MAIN STREET - MUNCY, PA 17756	23-6297367	501C3	28,218.	0.			2020 RAISE THE REGION
MUNCY PUBLIC LIBRARY 108 SOUTH MAIN STREET MUNCY, PA 17756	23-6412842	501C3	12,966.	0.			TECHNOLOGY UPGRADE

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

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MUNCY SCHOOL DISTRICT 206 SHERMAN STREET MUNCY, PA 17756	24-6001124		27,369.	0.			GREEN SCREEN PRODUCTIONS - MULTI-MEDIA PRESENTATIONS FOR STUDENTS IN GRADES 7-12
NICHOLAS WOLFF FOUNDATION, INC. P.O. BOX 810 MILLVILLE, PA 17846	23-2481065	501C3	9,670.	0.			2020 RAISE THE REGION
NORTH CENTRAL SIGHT SERVICES, INC. 2121 REACH ROAD WILLIAMSPORT, PA 17701	24-0814118	501C3	18,521.	0.			SOCIAL SERVICES OPERATING EXPENSES FOR CLIENTS IN LYCOMING COUNTY
NORTHCENTRAL PENNSYLVANIA CONSERVANCY - 330 GOVERNMENT PLACE - WILLIAMSPORT, PA 17703	23-2606163	501C3	7,445.	0.			2020 RAISE THE REGION
NORTHUMBERLAND CHRISTIAN SCHOOL 351 FIFTH STREET NORTHUMBERLAND, PA 17857	24-6019828	501C3	85,859.	0.			2020 RAISE THE REGION
OUR LADY OF LOURDES REGIONAL SCHOOL - 2001 CLINTON AVENUE - COAL TOWNSHIP, PA 17866	23-1494791	501C3	16,457.	0.			2020 RAISE THE REGION
PCC CORNER OF HOPE 150 SOUTH MARKET STREET SHAMOKIN, PA 17872	27-3052793	501C3	5,785.	0.			2020 RAISE THE REGION
PENN STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376		48,125.	0.			SCHOLARSHIPS
PENNSYLVANIA COLLEGE OF TECHNOLOGY ONE COLLEGE AVENUE, DIF 108 WILLIAMSPORT, PA 17701	23-2564508	501C3	25,133.	0.			SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	501C3	25,261.	0.			GENERAL OPERATING SUPPORT
PLUNKETTS CREEK TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 327 DUNWOODY ROAD - WILLIAMSPORT, PA 17701	23-7152260	501C3	15,188.	0.			RETROFIT ROOF STRUCTURE
REGIONAL ENGAGEMENT CENTER 429 NORTH EIGHT STREET SELINGROVE, PA 17870	81-2492499	501C3	7,250.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
REPASZ BAND, INC. 117 WEST HILLS DRIVE WILLIAMSPORT, PA 17701	23-2867511	501C3	6,536.	0.			MUSICAL SUPPORT SERVICES AND SUPPLIES, AND OPERATING EXPENSES
RIVER VALLEY NATURE SCHOOL P.O. BOX 145 LEWISBURG, PA 17837	26-0602204	501C3	7,114.	0.			2020 RAISE THE REGION
RIVER VALLEY REGIONAL YMCA 641 WALNUT STREET WILLIAMSPORT, PA 17701	24-0795698	501C3	81,080.	0.			2020 RAISE THE REGION
RIVERSTAGE COMMUNITY THEATRE 325 NORTH TENTH STREET, SUITE 400 LEWISBURG, PA 17837	20-1683244	501C3	5,423.	0.			2020 RAISE THE REGION
ROAD RADIO USA, INC. 601 SOUTH MAIN STREET MUNCY, PA 17756	23-2767215	501C3	7,143.	0.			2020 RAISE THE REGION
RONALD MCDONALD HOUSE OF DANVILLE, INC. - P.O. BOX 300 - DANVILLE, PA 17821	23-2155803	501C3	10,717.	0.			2020 RAISE THE REGION

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SALT & LIGHT MEDIA MINISTRIES WGRC RADIO - 101 ARMORY BOULEVARD - LEWISBURG, PA 17837	22-2584923	501C3	7,513.	0.			2020 RAISE THE REGION
SAYRE SCHOOL DISTRICT 333 WEST LOCKHART STREET SAYRE, PA 18840	23-1671518		5,784.	0.			HYDROPONICS LAB AND DRONE TECHNOLOGY FOR STEM PROGRAMS FOR STUDENTS IN GRADES 7-12
SHAMOKIN AREA SCHOOL DISTRICT 2000 WEST STATE STREET COAL TOWNSHIP, PA 17866	23-1654594		250,034.	0.			SYNTHETIC TURF SYSTEM FOR THE KEMP MEMORIAL STADIUM
SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DRIVE SHIPPENSBURG, PA 17257	23-2500361		13,091.	0.			KORTNIE CHAMBERLAIN - MONTOURSVILLE AREA SCHOOL DISTRICT
SLIPPERY ROCK UNIVERSITY 103 OLD MAIN ADMINISTRATION BUILDING SLIPPERY ROCK, PA 16057	25-1513539		5,710.	0.			SCHOLARSHIPS
SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT - 515 WEST CENTRAL AVENUE - SOUTH WILLIAMSPORT, PA 17702	24-6002560		11,478.	0.			FLIPPED LEARNING INSTRUCTION MODEL FOR GRADES K-12
ST. JOHN NEUMANN REGIONAL ACADEMY 901 PENN STREET WILLIAMSPORT, PA 17701	75-3244895	501C3	18,347.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
ST. JOSEPH SCHOOL 1027 FERRY STREET DANVILLE, PA 17821	84-3613865	501C3	7,295.	0.			2020 RAISE THE REGION
STEP, INC. 2138 LINCOLN STREET WILLIAMSPORT, PA 17701	23-1668784	501C3	35,618.	0.			COVID-19 EMERGENCY RESPONSE NEEDS - SUPPORTIVE HOUSING PROGRAM

Schedule I (Form 990)

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

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SUMMIT EARLY LEARNING 14 SOUTH 11TH STREET MIFFLINBURG, PA 17844	23-1706558	501C3	32,084.	0.			PERSONNEL AND OPERATING EXPENSES
SUN P.E.T.S., INC. P.O. BOX 64 LEWISBURG, PA 17837	27-1814860	501C3	5,401.	0.			GENERAL OPERATING SUPPORT
SUNCOM INDUSTRIES, INC. 128 WATER STREET NORTHUMBERLAND, PA 17857	23-6420578	501C3	7,188.	0.			2020 RAISE THE REGION
SUSQUEHANNA GREENWAY PARTNERSHIP 301 MARKET STREET UNIT 649 LEWISBURG, PA 17837	20-5013029	501C3	7,324.	0.			2020 RAISE THE REGION
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BOULEVARD, SUITE 1 WILLIAMSPORT, PA 17701	23-2743470	501C3	24,238.	0.			2020 RAISE THE REGION
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC - 335 MARKET STREET, SUITE 1 - SUNBURY, PA 17801	27-1099832	501C3	5,346.	0.			PERSONAL PROTECTIVE EQUIPMENT
SUSQUEHANNA VALLEY CASA - VOICES FOR CHILDREN - 601 1/2 PENNSYLVANIA AVENUE - SUNBURY, PA 17801	45-4034465	501C3	16,336.	0.			OPERATING EXPENSES AND NEW VOLUNTEER RECRUITING EFFORTS THROUGH RADIO, TELEVISION AND PRINT
SUSQUEHANNA VALLEY CHORALE P.O. BOX 172 LEWISBURG, PA 17837	23-7171719	501C3	22,119.	0.			2020 RAISE THE REGION
SUSQUEHANNA VALLEY COMMUNITY EDUCATION PROJECT, INC. - 15 SOUTH FIFTH STREET - SUNBURY, PA 17801	26-1665982	501C3	19,436.	0.			2020 RAISE THE REGION

Schedule I (Form 990)

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

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THE EXCHANGE 24 EAST MAIN STREET BLOOMSBURG, PA 17815	27-0980463	501C3	8,455.	0.			2020 RAISE THE REGION
THE LAWRENCEVILLE SCHOOL P.O. BOX 6125 LAWRENCEVILLE, NJ 08648	21-0634503	501C3	15,000.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
THE NEW LOVE CENTER 229 SOUTH BROAD STREET JERSEY SHORE, PA 17740	81-4639031	501C3	10,000.	0.			EXPANDED BACKPACK PROGRAM FOR ALL FREE AND REDUCED MEAL STUDENTS IN THE JERSEY SHORE AREA SCHOOL
THE SALVATION ARMY OF WILLIAMSPORT 457 MARKET STREET WILLIAMSPORT, PA 17703	13-5562351	501C3	28,719.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
THE WILLIAMSPORT HOME 1900 RAVINE ROAD WILLIAMSPORT, PA 17701	24-0795507	501C3	13,732.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
THINKBIG PEDIATRIC CANCER FUND, INC. - 520 MONTOUR BOULEVARD, SUITE B - BLOOMSBURG, PA 17815	47-1955469	501C3	12,843.	0.			2020 RAISE THE REGION
THOMAS BEAVER FREE LIBRARY 317 FERRY STREET DANVILLE, PA 17821	24-0796861	501C3	8,819.	0.			ANNUAL SUPPORT OF THE PAT ACKERMAN "GUYS & GIRLS READ" PROGRAM
THRIVE INTERNATIONAL PROGRAMS, INC. - 420 ELMIRA STREET - WILLIAMSPORT, PA 17701	46-5290854	501C3	7,241.	0.			COVID-19 EMERGENCY RESPONSE NEEDS
TRANSITIONAL HOUSING AND CARE CENTER, INC. - 21 GATE HOUSE DRIVE - DANVILLE, PA 17821	23-2824353	501C3	18,036.	0.			COVID-19 EMERGENCY RESPONSE NEEDS

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TRANSITIONS OF PA P.O. BOX 170 LEWISBURG, PA 17837	23-2089699	501C3	5,914.	0.			2020 RAISE THE REGION
TRINITY EPISCOPAL CHURCH 844 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0795692	501C3	12,534.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
TURBOTVILLE COMMUNITY HALL CORPORATION - P.O. BOX 313 - TURBOTVILLE, PA 17772	23-2863129	501C3	8,395.	0.			RENOVATIONS TO THE HISTORIC COMMUNITY CENTER BUILDING - REPOINTING CHIMNEYS
UNION-SNYDER COMMUNITY ACTION AGENCY - 713 BRIDGE STREET, SUITE 10 - SELINSGROVE, PA 17870	23-2112682	501C3	15,950.	0.			COVID-19 EMERGENCY RESPONSE NEEDS - HOMELESSNESS PREVENTION PROGRAM
UNIVERSITY OF PITTSBURGH 39 UNIVERSITY PLACE PITTSBURGH, PA 15260	25-0965591	501C3	21,001.	0.			SCHOLARSHIPS
UPTOWN MUSIC COLLECTIVE 144 WEST THIRD STREET, SUITE 201 WILLIAMSPORT, PA 17701	20-3851091	501C3	39,233.	0.			2020 RAISE THE REGION
WARRIOR RUN SCHOOL DISTRICT 4800 SUSQUEHANNA TRAIL TURBOTVILLE, PA 17772	23-1669490		20,000.	0.			CONSTRUCTION OF A GREENHOUSE FOR AGRICULTURE, FOOD AND NUTRITION
WAY'S GARDEN COMMISSION OF THE CITY OF WILLIAMSPORT - 1550 WEST THIRD STREET - WILLIAMSPORT, PA 17701	24-6000719		9,223.	0.			BALANCE FOR BENCHES AND TREES
WEST BRANCH DRUG & ALCOHOL ABUSE COMMISSION, INC. - 213 WEST FOURTH STREET, 2ND FLOOR - WILLIAMSPORT, PA 17701	23-6616299	501C3	5,526.	0.			2020 RAISE THE REGION

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WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES-BARRE, PA 18766	24-0795506	501C3	13,204.	0.			SCHOLARSHIPS
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0859746		28,854.	0.			IMMERSIVE VIRTUAL CLASSROOM WITH A 360 PROJECTION SYSTEM FOR STUDENTS IN GRADES 4-6
WILLIAMSPORT SYMPHONY ORCHESTRA 220 WEST FOURTH STREET, 3RD FLOOR WILLIAMSPORT, PA 17701	23-7318530	501C3	54,922.	0.			SUPPORT FOR CAMPAIGN OBJECTIVES
YOUR LOVING CHOICES, INC. 904 MARKET STREET BLOOMSBURG, PA 17815	23-2700113	501C3	6,621.	0.			2020 RAISE THE REGION
YWCA NORTHCENTRAL PA 815 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0796439	501C3	47,314.	0.			2020 RAISE THE REGION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART 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

Part IV Supplemental Information

HOW TO IMPROVE THE PROJECT/PROGRAM, IF APPLICABLE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AIDS RESOURCE ALLIANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HIV SELF-TESTING INITIATIVE FOR

AT-RISK INDIVIDUALS RESIDING IN LYCOMING AND/OR UNION COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: ATHENS AREA SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: 21ST CENTURY INNOVATIONS LEARNING

LAB FOR REAL-WORLD INSTRUCTION IN STEM FOR STUDENTS IN GRADES 9-12

NAME OF ORGANIZATION OR GOVERNMENT: CARING COMMUNITIES FOR AIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: PERSONAL PROTECTIVE EQUIPMENT AND

CLEANING PRODUCTS AND SUPPLIES FOR CLINICS IN COLUMBIA AND MONTOUR

COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: CHILD HUNGER OUTREACH PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF FOOD FOR DISTRIBUTION

AND PERSONNEL COSTS FOR A PART-TIME "POP-UP" MANAGER

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY THEATRE LEAGUE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RENT, PERSONNEL, TICKETING SOFTWARE,

SANITIZATION AND SAFETY MATERIALS, AND SIGNAGE FOR VOLUNTEERS, STAFF, AND

THE GENERAL PUBLIC

NAME OF ORGANIZATION OR GOVERNMENT:

DONALD L. HEITER COMMUNITY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BEFORE/AFTER SCHOOL PROGRAM OR

Part IV Supplemental Information

MICRO-SCHOOL TO BE DETERMINED IN CONJUNCTION WITH THE SCHOOL DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY PROMISE OF LYCOMING COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RENT AND UTILITY PAYMENTS FOR ASSET
LIMITED, INCOME CONSTRAINED, AND EMPLOYED FAMILIES AND BECOMING INTERNET
ACCESSIBLE FROM THE PARKING LOT

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER LYCOMING HABITAT FOR HUMANITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYMENTS FOR AT-RISK MORTGAGEES AND
SUPPORT FOR THE HOME-BUILD PROJECT ON DIAMOND STREET IN WILLIAMSPORT

NAME OF ORGANIZATION OR GOVERNMENT: HUGHESVILLE AREA PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: CLEANING PRODUCTS AND SUPPLIES,
PERSONAL PROTECTIVE EQUIPMENT, SUPPLIES FOR "TAKE AND MAKE" ACTIVITIES,
EDUCATIONAL STEM KITS FOR AT-HOME USE, HOTSPOTS FOR LOCAL FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF NEPA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: "JA INSPIRE VIRTUAL", A VIRTUAL
CAREER FAIR, TO BE MADE AVAILABLE TO 8TH AND 9TH GRADE STUDENTS IN
LYCOMING AND SULLIVAN COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: KINGDOM KIDZ, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OUTFITTING OF A NEW CREATIVE ARTS
CENTER FOR QUALITY FAMILY PROGRAMMING USING PUPPETRY AND OTHER CREATIVE
ARTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SUSQUEHANNA VALLEY CASA - VOICES FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING EXPENSES AND NEW VOLUNTEER

RECRUITING EFFORTS THROUGH RADIO, TELEVISION AND PRINT ADVERTISING

NAME OF ORGANIZATION OR GOVERNMENT: THE NEW LOVE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDED BACKPACK PROGRAM FOR ALL

FREE AND REDUCED MEAL STUDENTS IN THE JERSEY SHORE AREA SCHOOL DISTRICT

ELEMENTARY AND MIDDLE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: WARRIOR RUN SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSTRUCTION OF A GREENHOUSE FOR

AGRICULTURE, FOOD AND NUTRITION CURRICULUM CONSTRUCTION OF A GREENHOUSE

FOR AGRICULTURE, FOOD AND NUTRITION CURRICULUM AND SAFETY EQUIPMENT AND

REMOTE TECHNOLOGY NEEDS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
24-6013117

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

4 During the year, did any person listed 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.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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)	194,189.	0.	0.	9,506.	2,830.	206,525.	5,065.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	1	1,079.	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	X	1	317,226.	HISTORIC COST
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (LAND IMPROVEM)	X	1	2,027.	DEPRECIATED COST
26 Other ()				
27 Other ()				
28 Other ()				

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

- 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? **30a**
- 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? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

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.

Multiple horizontal lines for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number	24-6013117
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FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

FOUNDATION

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

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.

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.

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.

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

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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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.

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.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 110,823.

CONTRIBUTIONS TO AGENCY ENDOWMENTS -44,121.

NET INVESTMENT INCOME AND GAINS ON AGENCY ENDOWMENTS -514,259.

DISTRIBUTIONS ON AGENCY ENDOWMENTS 80,275.

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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FEES REPORTED ON AGENCY ENDOWMENTS	31,309.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	269,995.
CONTRIBUTIONS TO SPLIT-INTEREST AGREEMENTS	166,250.
AGENCY ENDOWMENTS INVESTMENT MANAGEMENT FEES	14,780.
TOTAL TO FORM 990, PART XI, LINE 9	115,052.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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
FCFPA PROPERTIES, INC. - 20-3734185 201 WEST FOURTH STREET WILLIAMSPORT, PA 17701	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)		FIRST COMMUNITY FOUNDATION PARTNERSHIP OF		X

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.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FCFPA PROPERTIES, INC.	S	317,226.	HISTORIC COST
(2) FCFPA PROPERTIES, INC.	S	2,027.	DEPRECIATED COST
(3)			
(4)			
(5)			
(6)			

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FCFPA PROPERTIES, INC.

DIRECT CONTROLLING ENTITY: FIRST COMMUNITY FOUNDATION PARTNERSHIP OF

PENNSYLVANIA

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Taxpayer identification number (TIN) 24-6013117
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 WEST FOURTH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILLIAMSPORT, PA 17701-6102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JONATHAN NICHOLS

- The books are in the care of ▶ **201 WEST FOURTH STREET - WILLIAMSPORT, PA 17701-6242**
Telephone No. ▶ **570-321-1500** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2020 or
▶ tax year beginning _____, and ending _____.

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

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

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