

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

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

# 2023

Open to Public Inspection

## A For the 2023 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA Doing business as		<b>D</b> Employer identification number 24-6013117	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 WEST FOURTH STREET		<b>E</b> Telephone number 570-321-1500	
	City or town, state or province, country, and ZIP or foreign postal code WILLIAMSPORT, PA 17701-6102		<b>G</b> Gross receipts \$ 21,151,783.	
	<b>F</b> Name and address of principal officer: JENNIFER WILSON SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527				
<b>J</b> Website: WWW.FCFPARTNERSHIP.ORG				
<b>K</b> Form of organization: Corporation Trust Association <input checked="" type="checkbox"/> Other FOUND			<b>L</b> Year of formation: 1916	
<b>M</b> State of legal domicile: PA				

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	20	
	6	Total number of volunteers (estimate if necessary)	120	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	27,600,219.	3,544,521.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,631,615.	6,312,158.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,475,953.	1,403,647.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,707,787.	11,260,326.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,258,122.	5,452,083.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,125,879.	1,124,529.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	561,494.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,284,857.	1,307,909.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,668,858.	7,884,521.
19	Revenue less expenses. Subtract line 18 from line 12	30,038,929.	3,375,805.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	137,459,344.	153,895,402.
	21	Total liabilities (Part X, line 26)	7,507,890.	8,276,438.
22	Net assets or fund balances. Subtract line 21 from line 20	129,951,454.	145,618,964.	

## Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JENNIFER WILSON, PRESIDENT & CHIEF EXECUTIVE OFFICER		Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LISA A. RITTER			<input type="checkbox"/>	P00168809
Firm's name	MAHER DUESSEL, CPA'S			Firm's EIN 23-1622758	
	Firm's address 1800 LINGLESTOWN ROAD, SUITE 306 HARRISBURG, PA 17110			Phone no. 717-232-1230	

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

**Part III Statement of Program Service Accomplishments**

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

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 \$ 6,898,635. including grants of \$ 5,452,083. ) (Revenue \$ 58,383. )  
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 750 GRANTS AND SCHOLARSHIPS, EXCEEDING \$5.8  
MILLION WERE DISTRIBUTED IN 2023 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 6,898,635.

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	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		20
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	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
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 25 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>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... 24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

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

**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  
 JENNIFER WILSON - 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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN BLUTH CHAIR (THRU 4/30/23)	1.00			X				0.	0.	0.
(2) TED STROSSER CHAIR (EFFECTIVE 5/1/23)	1.00			X				0.	0.	0.
(3) TED STROSSER VICE-CHAIR (THRU 4/30/23)	1.00			X				0.	0.	0.
(4) DAVIE JANE GILMOUR VICE -CHAIR (EFFECTIVE 5/1/23)	1.00	X		X				0.	0.	0.
(5) KENDRA AUCKER SECRETARY/TREASURER	1.00			X				0.	0.	0.
(6) TAMMY WEBER DIRECTOR	1.00	X						0.	0.	0.
(7) JAY B. ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(8) LISE M. BARRICK DIRECTOR	1.00	X						0.	0.	0.
(9) MIKE BEITER DIRECTOR (THRU 4/30/23)	1.00	X						0.	0.	0.
(10) KAREN BLASCHAK DIRECTOR	1.00	X						0.	0.	0.
(11) CHRIS BAYLOR DIRECTOR	1.00	X						0.	0.	0.
(12) RON CIMINI DIRECTOR	1.00	X						0.	0.	0.
(13) DAVIE JANE GILMOUR DIRECTOR (THRU 4/30/23)	1.00	X						0.	0.	0.
(14) TERI MACBRIDE DIRECTOR	1.00	X						0.	0.	0.
(15) TRISHA MARTY DIRECTOR	1.00	X						0.	0.	0.
(16) MARY ANN JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(17) TODD ROSS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BOB WALKER DIRECTOR	1.00	X					0.	0.	0.	
(19) KAREN YOUNG DIRECTOR	1.00	X					0.	0.	0.	
(20) HARVEY EDWARDS DIRECTOR	1.00	X					0.	0.	0.	
(21) DOMINIC MOFFA DIRECTOR	1.00	X					0.	0.	0.	
(22) MARWIN REEVES DIRECTOR	1.00	X					0.	0.	0.	
(23) BRIANNA APFELBAUM-KULA DIRECTOR	1.00	X					0.	0.	0.	
(24) ANDY HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(25) EILEEN PETULA DIRECTOR	1.00	X					0.	0.	0.	
(26) JEANETTE KITCHEN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							.	0.		
<b>d Total (add lines 1b and 1c)</b> .....								0.		

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

	Yes	No
3 Did the organization list any <b>former</b> 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	389,034.

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 VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>					
	<b>b</b>	Membership dues	<b>1b</b>					
	<b>c</b>	Fundraising events	<b>1c</b>	42,225.				
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,502,296.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f			3,544,521.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		6,569,157.			6,569,157.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties		1,342,263.			1,342,263.	
	<b>6 a</b>	Gross rents	(i) Real					
			(ii) Personal					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss)						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				9,615,177.				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	9,872,176.				
	<b>c</b>	Gain or (loss)	<b>7c</b>	-256,999.				
<b>d</b>	Net gain or (loss)			-256,999.		-256,999.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 42,225. of contributions reported on line 1c). See Part IV, line 18		22,282.					
		<b>8a</b>						
<b>b</b>	Less: direct expenses	<b>8b</b>	19,281.					
<b>c</b>	Net income or (loss) from fundraising events			3,001.		3,001.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b>	Less: direct expenses	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities							
<b>10 a</b>	Gross sales of inventory, less returns and allowances							
		<b>10a</b>						
<b>b</b>	Less: cost of goods sold	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	ADMINISTRATIVE FEE INC	<b>Business Code</b>	561000	57,329.	57,329.		
	<b>b</b>	MISCELLANEOUS INCOME		561499	1,054.	1,054.		
	<b>c</b>							
	<b>d</b>	All other revenue						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			58,383.			
<b>12</b>	<b>Total revenue.</b> See instructions			11,260,326.	58,383.	0.	7,657,422.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,452,083.	5,452,083.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	363,002.	72,598.	145,202.	145,202.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	607,668.	275,979.	118,463.	213,226.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,796.	10,531.	4,160.	8,105.
<b>9</b> Other employee benefits	60,768.	21,274.	16,324.	23,170.
<b>10</b> Payroll taxes	70,295.	26,364.	18,365.	25,566.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	48,116.	48,116.		
<b>b</b> Legal	8,638.		8,638.	
<b>c</b> Accounting	23,083.		23,083.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	436,980.	436,980.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	59,543.	51,036.	8,507.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	117,110.	62,774.	38,438.	15,898.
<b>14</b> Information technology	97,540.	12,975.	6,116.	78,449.
<b>15</b> Royalties				
<b>16</b> Occupancy	20,803.	20,803.		
<b>17</b> Travel	2,404.	531.	450.	1,423.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	61,152.	61,152.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	157,496.	149,722.	5,831.	1,943.
<b>23</b> Insurance	29,848.	15,218.	12,313.	2,317.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS	114,311.	101,600.	4,846.	7,865.
<b>b</b> STAFF EDUCATION	51,115.	9,324.	8,696.	33,095.
<b>c</b> DONOR RELATIONS	27,523.	25,624.	812.	1,087.
<b>d</b> PUBLIC RELATIONS	25,078.	16,782.	4,148.	4,148.
<b>e</b> All other expenses	27,169.	27,169.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,884,521.	6,898,635.	424,392.	561,494.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,544,586.	<b>1</b>	785,025.
	<b>2</b> Savings and temporary cash investments .....	2,338,926.	<b>2</b>	3,673,508.
	<b>3</b> Pledges and grants receivable, net .....	19,339,503.	<b>3</b>	17,245,999.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	98,690.	<b>9</b>	98,876.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,835,620.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,232,012.		
	<b>11</b> Investments - publicly traded securities .....	103,961,517.	<b>11</b>	124,670,654.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,422,669.	<b>15</b>	4,817,732.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	137,459,344.	<b>16</b>	153,895,402.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	203,237.	<b>17</b>	209,317.
	<b>18</b> Grants payable .....	1,233,044.	<b>18</b>	1,261,356.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	5,012,240.	<b>21</b>	5,771,374.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,059,369.	<b>23</b>	1,034,391.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,507,890.	<b>26</b>	8,276,438.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	106,736,173.	<b>27</b>	124,152,901.
	<b>28</b> Net assets with donor restrictions .....	23,215,281.	<b>28</b>	21,466,063.
	<b>Organizations that do not follow FASB ASC 958, check here</b>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>32</b> Total net assets or fund balances .....	129,951,454.	<b>32</b>	145,618,964.	
<b>33</b> Total liabilities and net assets/fund balances .....	137,459,344.	<b>33</b>	153,895,402.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,260,326.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,884,521.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,375,805.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	129,951,454.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,675,550.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-383,845.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	145,618,964.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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 <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis Consolidated basis Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</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		



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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and % sign. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> 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	<b>Total annual distributions.</b> 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 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	<b>Employer identification number</b> 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	_____ _____ _____	\$ 170,700.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 119,979.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 156,876.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (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 <b>FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA</b>	<b>Employer identification number</b>  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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization 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 regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a 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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures, with dollar amounts for revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	91,975,000.	105,709,000.	94,841,000.	86,045,000.	72,429,000.
b Contributions	4,006,000.	11,484,000.	2,862,000.	679,000.	2,038,000.
c Net investment earnings, gains, and losses	16,352,000.	-20,846,000.	11,300,000.	11,678,000.	14,778,000.
d Grants or scholarships	3,332,000.	3,063,000.	985,000.	1,131,000.	1,167,000.
e Other expenditures for facilities and programs	862,000.	869,000.	1,779,000.	1,909,000.	1,483,000.
f Administrative expenses	440,000.	440,000.	530,000.	521,000.	550,000.
g End of year balance	107,699,000.	91,975,000.	105,709,000.	94,841,000.	86,045,000.

- 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?   | X   |    |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <span style="float: right;">3b</span> |     |    |
- 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		3,180,318.	876,985.	2,303,333.
c Leasehold improvements		9,490.	9,384.	106.
d Equipment		425,131.	345,643.	79,488.
e Other		59,721.		59,721.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,603,608.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	22,898,162.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 12,675,550.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 332,291.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	13,007,841.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	9,890,321.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 417,722.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 952,283.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,370,005.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	11,260,326.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	7,230,652.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	7,230,652.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 417,722.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 236,147.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	653,869.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	7,884,521.

**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 - \$4,698,196

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 - \$310,219

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 V, LINE 4:

THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA (FCFP) ENDOWMET

FUNDS WILL BE USED 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.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY

THIRD-PARTY 127,146.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY

FOUNDATION -11,995.

LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST 217,140.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 332,291.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENTS 113,534.

INVESTMENT GAINS/(LOSSES) - AGENCY ENDOWMENTS 573,547.

INTEREST - AGENCY ENDOWMENTS 265,202.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 952,283.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS ON AGENCY ENDOWMENTS 156,778.

FEES REPORTED ON AGENCY ENDOWMENTS 67,374.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT - HELD BY

FOUNDATION 11,995.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 236,147.





**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	64,507.		64,507.
	2	Less: Contributions	42,225.		42,225.
	3	Gross income (line 1 minus line 2)	22,282.		22,282.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	4,436.		4,436.
	6	Rent/facility costs			
	7	Food and beverages	12,032.		12,032.
	8	Entertainment			
	9	Other direct expenses	2,813.		2,813.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			19,281.
11	Net income summary. Subtract line 10 from line 3, column (d)			3,001.	

**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	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	10,000.	0.			TRANSFER FUNDS FROM STEPHEN C., JOHN W., AND JOHN C. LUNDY FUND TO CREATE THE JOHN C. LUNDY
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	6,000.	0.			TRANSFER FUNDS FROM STEPHEN C., JOHN W., AND JOHN C. LUNDY FUND TO THE JOHN C. LUNDY AND FAMILY
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY - 851 RAILROAD ST PO BOX 424 - BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	10,092.	0.			2023 RAISE THE REGION
AGAPELAND PRESCHOOL 145 DISCIPLE DR SELINGROVE, PA 17870	23-1700710	501(C)(3)	5,740.	0.			2023 RAISE THE REGION
AMERICAN RED CROSS PENNSYLVANIA RIVERS CHAPTER - 249 FARLEY CIR - LEWISBURG, PA 17837	53-0196605	501(C)(3)	11,474.	0.			BRINKMAN FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS IN MONTOUR COUNTY
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA ST WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	12,212.	0.			2023 RAISE THE REGION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **226.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **16.**

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

**Schedule I (Form 990) 2023**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA ST WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	42,626.	0.			SAVING GRACE FURNITURE UPGRADE
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA ST WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	6,979.	0.			GENERAL OPERATING SUPPORT
ANIMAL RESOURCE CENTER PO BOX 439 BLOOMSBURG, PA 17815	23-3069063	501(C)(3)	10,028.	0.			HEIMBACH FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
ANIMAL RESOURCE CENTER PO BOX 439 BLOOMSBURG, PA 17815	23-3069063	501(C)(3)	14,444.	0.			2023 RAISE THE REGION
ATHENS AREA SCHOOL DISTRICT ADMINISTRATION BLDG 100 CANAL ST ATHENS, PA 18810	23-1671235	SCHOOL DISTRICT	15,022.	0.			21ST CENTURY SKILLS THROUGH STEM AND COMPUTER SCIENCE FOR STUDENTS IN GRADES 6-8
BERWICK THEATER AND CENTER FOR COMMUNITY ARTS - 110 E FRONT ST - BERWICK, PA 18603	47-1959473	501(C)(3)	5,135.	0.			2023 RAISE THE REGION
BILLTOWN BLUES ASSOCIATION, INC. PO BOX 2 HUGHESVILLE, PA 17737	23-2726997	501(C)(3)	14,143.	0.			2023 RAISE THE REGION
BLOOMSBURG PUBLIC LIBRARY 225 MARKET ST BLOOMSBURG, PA 17815	24-0820972	501(C)(3)	6,522.	0.			2023 RAISE THE REGION
BLOOMSBURG THEATRE ENSEMBLE, INC. 226 CENTER ST BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	80,666.	0.			2023 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOROUGH OF LEWISBURG 55 S 5TH ST STE 1 LEWISBURG, PA 17837	24-6000616	501(C)(3)	19,511.	0.			DONEHOWER FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
BOY SCOUTS OF AMERICA COLUMBIA MONTOUR COUNCIL - 5 AUDUBON CT - BLOOMSBURG, PA 17815	24-0795392	501(C)(3)	15,770.	0.			2023 RAISE THE REGION
CAMERON COUNTY SCHOOL DISTRICT 601 WOODLAND AVE EMPORIUM, PA 15834	25-1157782	SCHOOL DISTRICT	8,000.	0.			ENHANCING STEM 2023 FOR STUDENTS IN GRADES 5-10
CAMP MOUNT LUTHER CORPORATION 355 MT LUTHER LN MIFFLINBURG, PA 17844	23-2624417	501(C)(3)	30,173.	0.			2023 RAISE THE REGION
CAMP SUSQUE, INC. 47 SUSQUE CAMP RD TROUT RUN, PA 17771-8487	24-6002452	501(C)(3)	130,616.	0.			2023 RAISE THE REGION
CAMP VICTORY 58 CAMP VICTORY RD MILLVILLE, PA 17846	23-2481065	501(C)(3)	16,985.	0.			2023 RAISE THE REGION
CAMPUS THEATRE, LTD. 413 MARKET ST LEWISBURG, PA 17837	01-0652065	501(C)(3)	7,044.	0.			2023 RAISE THE REGION
CATS IN BLOOM, INC. 102 W MAIN ST BLOOMSBURG, PA 17815	83-4568601	501(C)(3)	16,272.	0.			2023 RAISE THE REGION
CENTRAL OAK HEIGHTS ASSOCIATION 270 SELKIRK RD WILLIAMSPORT, PA 17701	23-2448588	501(C)(3)	6,915.	0.			2023 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PA FOOD BANK 3301 WAHOO DRIVE WILLIAMSPORT, PA 17701	23-2202250	501(C)(3)	82,533.	0.			2023 RAISE THE REGION
CHERISHED CATS RESCUE ALLIANCE, INC. - 230 MARKET ST STE 1 - LEWISBURG, PA 17837	81-5275031	501(C)(3)	15,228.	0.			2023 RAISE THE REGION
CHILD EVANGELISM FELLOWSHIP OF PA, INC. - 460 MARKET ST STE 214 - WILLIAMSPORT, PA 17701	25-1099965	501(C)(3)	5,100.	0.			2023 RAISE THE REGION
CHILD HUNGER OUTREACH PARTNERS 2 ELIZABETH ST TOWANDA, PA 18848	83-3319637	501(C)(3)	70,000.	0.			LYCOMING COUNTY IN SCHOOL PANTRY AND BACKPACK PROGRAM
CHRISTIAN COUNSELING SERVICES OF CENTRAL PA, INC. - 130 KING ST - NORTHUMBERLAND, PA 17857	23-2363022	501(C)(3)	6,437.	0.			2023 RAISE THE REGION
COLUMBIA COUNTY CHRISTIAN SCHOOL ASSOCIATION - 123 SCHOOLHOUSE RD - BLOOMSBURG, PA 17815	23-2993181	501(C)(3)	25,603.	0.			2023 RAISE THE REGION
COMMUNITY ACTION PROGRAM PO BOX 151 MUNCY, PA 17756	23-2324927	501(C)(3)	10,000.	0.			MUNCY SUMMER RECREATION PROGRAM
COMMUNITY THEATRE LEAGUE, INC. 100 W 3RD ST WILLIAMSPORT, PA 17701	23-2358507	501(C)(3)	9,500.	0.			CTL'S SUMMER THEATRE CAMPS - FIND YOUR SPOTLIGHT!
COMMUNITY THEATRE LEAGUE, INC. 100 W 3RD ST WILLIAMSPORT, PA 17701	23-2358507	501(C)(3)	16,629.	0.			2023 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANVILLE AREA COMMUNITY CENTER 1041 LIBERTY ST DANVILLE, PA 17821	24-0860310	501(C)(3)	9,942.	0.			2023 RAISE THE REGION
DANVILLE BUSINESS ALLIANCE 620 MILL ST PO BOX 441 DANVILLE, PA 17821	23-3076617	501(C)(3)	15,433.	0.			2023 RAISE THE REGION
DANVILLE CHILD DEVELOPMENT CENTER 986 WALL ST DANVILLE, PA 17821	23-1915333	501(C)(3)	7,678.	0.			2023 RAISE THE REGION
DEGENSTEIN COMMUNITY LIBRARY 40 S 5TH ST SUNBURY, PA 17801	24-0797025	501(C)(3)	5,834.	0.			2023 RAISE THE REGION
DIG FURNITURE BANK 14 ELM ST MILTON, PA 17847	85-1259732	501(C)(3)	22,500.	0.			DEI STRATEGIC IMPLEMENTATION FOR STAFF AND VOLUNTEERS
DUBOISTOWN FIRE DEPARTMENT 2661 EUCLID AVE SOUTH WILLIAMSPORT, PA 17702	23-2558710	501(C)(3)	16,515.	0.			TRENCH-STRUCTURAL COLLAPSE TRAILER AND RESCUE DRONE - DRONE ONLY
DWELL ORPHAN CARE 1157 MARKET ST WILLIAMSPORT, PA 17701	83-2470625	501(C)(3)	11,942.	0.			2023 RAISE THE REGION
EOS THERAPEUTIC RIDING CENTER, INC. - 288 DAHL RD - BLOOMSBURG, PA 17815	23-2692159	501(C)(3)	6,986.	0.			2023 RAISE THE REGION
EVANGELICAL COMMUNITY HOSPITAL 1 HOSPITAL DR LEWISBURG, PA 17837	24-0795411	501(C)(3)	50,000.	0.			FISCAL YEAR 2023 FINANCIAL ASSISTANCE/CHARITY CARE



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

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EXPECTATIONS WOMEN'S CENTER PO BOX 291 LEWISBURG, PA 17837	23-2635894	501(C)(3)	34,730.	0.			2023 RAISE THE REGION
EXPERIENCE MISSIONS C/O INTERLINK MINISTRIES, INC. 11234 HACKETT RD PO BOX 460 - APPLE CREEK, OH	34-1700949	501(C)(3)	35,449.	0.			2023 RAISE THE REGION
FAMILY PROMISE OF LYCOMING COUNTY, INC. - 635 HEPBURN ST - WILLIAMSPORT, PA 17701	26-3239003	501(C)(3)	6,274.	0.			2023 RAISE THE REGION
FAMILY PROMISE OF LYCOMING COUNTY, INC. - 635 HEPBURN ST - WILLIAMSPORT, PA 17701	26-3239003	501(C)(3)	100,000.	0.			PROMISING FUTURES COMMUNITY CENTER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - JANUARY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - FEBRUARY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - MARCH
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - APRIL
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - MAY

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FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - JUNE
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - JULY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - AUGUST
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - SEPTEMBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - OCTOBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - NOVEMBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	40,000.	0.			MONTHLY STIPEND - DECEMBER
FIRST CHURCH OF WILLIAMSPORT 604 MARKET ST WILLIAMSPORT, PA 17701	24-0829840	501(C)(3)	5,473.	0.			DAVIS FAMILY FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
FRIENDS OF THE COLUMBIA COUNTY TRAVELING LIBRARY, INC. - 702 SAWMILL RD STE 101 - BLOOMSBURG, PA 17815	23-2662846	501(C)(3)	21,912.	0.			2023 RAISE THE REGION

Schedule I (Form 990)

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GEISINGER HEALTH FOUNDATION 100 N ACADEMY AVE MC 25-76 DANVILLE, PA 17822	23-1995911	501(C)(3)	50,000.	0.			GEISINGER AT HOME
GEISINGER HEALTH FOUNDATION 100 N ACADEMY AVE MC 25-76 DANVILLE, PA 17822	23-1995911	501(C)(3)	11,474.	0.			BRINKMAN FUND - ANNUAL SUPPORT OF GEISINGER AT HOME'S HOSPICE SERVICES
GOOD SAMARITAN MISSION CENTER PO BOX 114 DANVILLE, PA 17821	20-0305960	501(C)(3)	5,872.	0.			2023 RAISE THE REGION
GREATER HOPE CARE CENTER 224 S BROAD ST JERSEY SHORE, PA 17740	81-4106949	501(C)(3)	6,671.	0.			2023 RAISE THE REGION
SUSQUEHANNA VALLEY UNITED WAY PO BOX 559 SUNBURY, PA 17801	23-1697631	501(C)(3)	22,500.	0.			COMMUNITY MAPPING PROJECT YR 2
SUSQUEHANNA VALLEY UNITED WAY PO BOX 559 SUNBURY, PA 17801	23-1697631	501(C)(3)	6,342.	0.			2023 RAISE THE REGION
GREATER SUSQUEHANNA VALLEY YMCA PO BOX 390 SUNBURY, PA 17801	24-0795634	501(C)(3)	7,421.	0.			2023 RAISE THE REGION
GREATER SUSQUEHANNA VALLEY YMCA PO BOX 390 SUNBURY, PA 17801	24-0795634	501(C)(3)	6,061.	0.			FINANCIAL ASSISTANCE FOR FAMILY MEMBERSHIPS
GREENWOOD FRIENDS SCHOOL 1509 STATE RTE 254 MILLVILLE, PA 17846	23-2078043	501(C)(3)	10,046.	0.			2023 RAISE THE REGION

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HAVEN MINISTRY, INC. 1043 S FRONT ST SUNBURY, PA 17801	23-2628202	501(C)(3)	16,959.	0.			2023 RAISE THE REGION
HAVEN TO HOME RESCUE, INC. PO BOX 851 BERWICK, PA 18603	37-1569875	501(C)(3)	8,929.	0.			2023 RAISE THE REGION
HOPE ENTERPRISES FOUNDATION, INC. 2401 REACH ROAD WILLIAMSPORT, PA 17701	23-1914215	501(C)(3)	13,332.	0.			2023 RAISE THE REGION
HOPE ENTERPRISES FOUNDATION, INC. 2401 REACH ROAD WILLIAMSPORT, PA 17701	23-1914215	501(C)(3)	7,740.	0.			CHILDREN'S DEVELOPMENT CENTER FUND - ANNUAL SUPPORT OF PROGRAMS OPERATIONS AND CAPITAL
HOPE ENTERPRISES FOUNDATION, INC. 2401 REACH ROAD WILLIAMSPORT, PA 17701	23-1914215	501(C)(3)	8,180.	0.			FISH FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
JAMES V. BROWN LIBRARY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	11,816.	0.			2023 RAISE THE REGION
JAMES V. BROWN LIBRARY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	8,715.	0.			EDWARD NEFF FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
JAMES V. BROWN LIBRARY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	8,408.	0.			PAUL NEFF FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
JERSEY SHORE AREA SCHOOL DISTRICT 175 A & P DRIVE JERSEY SHORE, PA 17740	24-6002552	SCHOOL DISTRICT	5,200.	0.			SCIENCE ALIVE FOR STUDENTS IN GRADES K-5

Schedule I (Form 990)

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K9 HERO HAVEN INC. 176 MAHANAY CREEK LN HERNDON, PA 17830	47-5227436	501(C)(3)	34,203.	0.			2023 RAISE THE REGION
LEADERSHIP SUSQUEHANNA VALLEY 2859 NORTH SUSQUEHANNA TRAIL SHAMOKIN DAM, PA 17876	23-2746819	501(C)(3)	6,965.	0.			2023 RAISE THE REGION
LEWISBURG CHILDREN'S MUSEUM 815 MARKET ST STE 14 LEWISBURG, PA 17837	81-1588789	501(C)(3)	11,744.	0.			2023 RAISE THE REGION
LEWISBURG NEIGHBORHOODS CORPORATION - 55 S 5TH ST FLOOR 2 PO BOX 298 - LEWISBURG, PA 17837	26-0416333	501(C)(3)	5,147.	0.			2023 RAISE THE REGION
LITTLE LEAGUE BASEBALL, INC. 539 U.S. HIGHWAY 15 P.O. BOX 3485 - WILLIAMSPORT, PA 17701	23-1688231	501(C)(3)	6,500.	0.			JOHN W. LUNDY CONFERENCE CENTER
LYCOMING ANIMAL PROTECTION SOCIETY, INC. - 630 WILDWOOD BOULEVARD - WILLIAMSPORT, PA 17701	23-2675714	501(C)(3)	8,879.	0.			2023 RAISE THE REGION
LYCOMING COLLEGE 700 COLLEGE PLACE BURSAR'S OFFICE - WILLIAMSPORT, PA 17701	24-0795965	501(C)(3)	5,995.	0.			RANDI MCKENNA/STUDENT ID# 0832413
LYCOMING COUNTY CHILDREN'S DEVELOPMENT CENTER - 1157 MARKET STREET - WILLIAMSPORT, PA 17701	83-1306093	501(C)(3)	15,858.	0.			2023 RAISE THE REGION
LYCOMING COUNTY HISTORICAL SOCIETY & THOMAS T. TABER MUSEUM - 858 WEST FOURTH STREET - WILLIAMSPORT, PA 17701	23-1640657	501(C)(3)	7,249.	0.			2023 RAISE THE REGION

Schedule I (Form 990)

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LYCOMING COUNTY SPCA 2805 REACH RD. WILLIAMSPORT, PA 17701	24-0857714	501(C)(3)	25,077.	0.			2023 RAISE THE REGION
LYCOMING COUNTY VETERANS TRANSITION CENTER, INC. - 515 LEGION RD - MUNCY, PA 17756	47-3123776	501(C)(3)	9,948.	0.			2023 RAISE THE REGION
LYCOMING-CLINTON JOINDER BOARD THE SHARWELL BUILDING 200 EAST ST - WILLIAMSPORT, PA 17701	23-2187674	501(C)(3)	5,952.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
MEADOWVIEW CHRISTIAN ACADEMY 216 TULIP RD PAXINOS, PA 17860	23-1907315	501(C)(3)	15,466.	0.			2023 RAISE THE REGION
MERCERSBURG ACADEMY 100 ACADEMY DRIVE MERCERSBURG, PA 17236	23-1365963	501(C)(3)	8,198.	0.			HOUGH FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
MERRILL W. LINN LAND AND WATERWAYS CONSERVANCY - EAST BUFFALO TOWNSHIP MUNICIPAL BUILDING 589 FAIRGROUND RD STE 2 -	23-2533918	501(C)(3)	8,544.	0.			2023 RAISE THE REGION
MIDDLE SUSQUEHANNA RIVERKEEPER ASSOCIATION, INC. - 112 MARKET STREET - SUNBURY, PA 17801	47-5000692	501(C)(3)	6,985.	0.			2023 RAISE THE REGION
MIDDLECREEK AREA COMMUNITY CENTER 67 ELM STREET BEAVER SPRINGS, PA 17812	23-2791200	501(C)(3)	79,973.	0.			2023 RAISE THE REGION
MONTGOMERY AREA SCHOOL DISTRICT 120 PENN STREET MONTGOMERY, PA 17752	24-6001106	SCHOOL DISTRICT	10,885.	0.			CAMERA AND EDITING STUDIO FOR HIGH SCHOOL STUDENTS

Schedule I (Form 990)

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MONTGOMERY AREA SCHOOL DISTRICT 120 PENN STREET MONTGOMERY, PA 17752	24-6001106	SCHOOL DISTRICT	9,115.	0.			AUDITORIUM EQUIPMENT FOR CURRENT CTE CURRICULUM FOR STUDENTS IN GRADES 7-12
MONTGOMERY HOUSE LIBRARY, INC. 20 CHURCH STREET PO BOX 5 MCEWENSVILLE, PA 17749	25-1181545	501(C)(3)	50,000.	0.			SUSTAIN LIBRARY OPERATIONS
MOSTLY MUTTS, INC. 284 LITTLE MOUNTAIN ROAD SUNBURY, PA 17801	34-2029750	501(C)(3)	11,292.	0.			2023 RAISE THE REGION
MOUNTAIN VIEW BIBLE CAMP 99 MOUNT VIEW LANE DANVILLE, PA 17821	23-7042759	501(C)(3)	9,394.	0.			2023 RAISE THE REGION
MUNCY BAPTIST CHURCH 11 WEST PENN STREET MUNCY, PA 17756	23-2324803	501(C)(3)	6,000.	0.			SUPPORT OF OPERATIONS
MUNCY BAPTIST CHURCH 11 WEST PENN STREET MUNCY, PA 17756	23-2324803	501(C)(3)	23,020.	0.			IMPROVE HANDICAP ACCESS BY INSTALLING A LIFT
MUNCY HISTORICAL SOCIETY & MUSEUM OF HISTORY - PO BOX 1, 220 PEPPER STREET - MUNCY, PA 17756	23-6297367	501(C)(3)	10,000.	0.			PUBLICATION OF 17756 KEEPING HISTORY ALIVE COFFEE TABLE BOOK
MUNCY HISTORICAL SOCIETY & MUSEUM OF HISTORY - PO BOX 1, 220 PEPPER STREET - MUNCY, PA 17756	23-6297367	501(C)(3)	8,000.	0.			SUPPORT OF OPERATIONS
MUNCY SCHOOL DISTRICT 200 W PENN ST MUNCY, PA 17756-1209	24-6001124	SCHOOL DISTRICT	6,224.	0.			ADVANCED FOOD PRESERVATION FOR 7-12 GRADE FAMILY AND CONSUMER SCIENCE STUDENTS

Schedule I (Form 990)

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MUNCY SCHOOL DISTRICT 200 W PENN ST MUNCY, PA 17756-1209	24-6001124	SCHOOL DISTRICT	5,479.	0.			DIRECT TO GARMENT PRINTING FOR STUDENTS IN GRADES 7-12
MUNCY SCHOOL DISTRICT 200 W PENN ST MUNCY, PA 17756-1209	24-6001124	SCHOOL DISTRICT	7,634.	0.			TOUR THROUGHOUT PHILADELPHIA TO PARTICIPATE IN REAL-WORLD LEARNING OPPORTUNITIES
NATIONAL GIVING ALLIANCE 1974 JACKS HOLLOW ROAD WILLIAMSPORT, PA 17702	23-6410755	501(C)(3)	10,304.	0.			2023 RAISE THE REGION
NORTH CENTRAL SIGHT SERVICES, INC. 2121 REACH RD WILLIAMSPORT, PA 17701	24-0814118	501(C)(3)	21,280.	0.			BUSINESS SERVICES EQUIPMENT UPGRADES
NORTHCENTRAL PENNSYLVANIA CONSERVANCY - PO BOX 2083 - WILLIAMSPORT, PA 17703	23-2606163	501(C)(3)	5,996.	0.			2023 RAISE THE REGION
NORTHUMBERLAND CHRISTIAN SCHOOL 351 FIFTH STREET NORTHUMBERLAND, PA 17857	24-6019828	501(C)(3)	121,468.	0.			2023 RAISE THE REGION
ORANGEVILLE PUBLIC LIBRARY, INC. PO BOX 268 ORANGEVILLE, PA 17859	23-3075659	501(C)(3)	5,231.	0.			2023 RAISE THE REGION
OUR LADY OF LOURDES REGIONAL SCHOOL - 2001 CLINTON AVE - COAL TOWNSHIP, PA 17866	23-1494791	501(C)(3)	45,329.	0.			2023 RAISE THE REGION
PARAGON RAGTIME ORCHESTRA, INC. PO BOX 247 LEWISBURG, PA 17837	23-2718251	501(C)(3)	10,182.	0.			2023 RAISE THE REGION

Schedule I (Form 990)



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PATRIOT K9 RESCUE, INC. 1034 STATE ROUTE 487 ELYSBURG, PA 17824	82-4626250	501(C)(3)	22,037.	0.			2023 RAISE THE REGION
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	36,683.	0.			SUPPORT OF PROGRAMS AND OPERATIONS OF THE COMMUNITY ARTS CENTER
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	6,500.	0.			LUNDY FUND - JOHN C. LUNDY SCHOLARSHIP FUND
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	11,500.	0.			NICOLAS CREMER/STUDENT ID# 777.033.557
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	7,578.	0.			ADDISON LAWTON/STUDENT ID# 777.046.023
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	26,229.	0.			DESIGNATED FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS FOR THE COMMUNITY ARTS CENTER
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	7,578.	0.			ADDISON LAWTON
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	7,578.	0.			ADDISON LAWTON
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	10,770.	0.			STARS ROOMS UPGRADE AT THE COMMUNITY ARTS CENTER

Schedule I (Form 990)

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PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE WILLIAMSPORT, PA 17701-5778	23-2564508	501(C)(3)	75,000.	0.			LYCOMING COUNTY PRISON-TO-COLLEGE PROGRAM
PENNSYLVANIA MASTER NATURALIST 197 MONTOUR ROAD ELYSBURG, PA 17824	46-0799543	501(C)(3)	6,672.	0.			2023 RAISE THE REGION
PENNSYLVANIA SPCA CENTRAL PA CENTER IN DANVILLE - 350 E ERIE AVE - PHILADELPHIA, PA 19130	23-1352269	501(C)(3)	9,815.	0.			2023 RAISE THE REGION
PENNSYLVANIA SPCA CENTRAL PA CENTER IN DANVILLE - 350 E ERIE AVE - PHILADELPHIA, PA 19130	23-1352269	501(C)(3)	10,028.	0.			HEIMBACH FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
PLUNKETTS CREEK TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 327 DUNWOODY RD - WILLIAMSPORT, PA 17701	23-7152260	501(C)(3)	7,000.	0.			REPLACEMENT OF FIRE FIGHTING EQUIPMENT AND SAFETY EQUIPMENT
PUBLIC LIBRARY FOR UNION COUNTY 255 REITZ BLVD LEWISBURG, PA 17837	23-2208061	501(C)(3)	5,986.	0.			2023 RAISE THE REGION
RIVER VALLEY NATURE SCHOOL PO BOX 145 LEWISBURG, PA 17837	24-0795698	501(C)(3)	6,098.	0.			2023 RAISE THE REGION
RIVER VALLEY REGIONAL YMCA 641 WALNUT ST WILLIAMSPORT, PA 17701	24-0795698	501(C)(3)	27,339.	0.			2023 RAISE THE REGION
RIVER VALLEY REGIONAL YMCA 641 WALNUT ST WILLIAMSPORT, PA 17701	24-0795698	501(C)(3)	23,020.	0.			EASTERN LYCOMING BRANCH YMCA AQUATICS UPDATE

Schedule I (Form 990)

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RIVER VALLEY REGIONAL YMCA 641 WALNUT ST WILLIAMSPORT, PA 17701	24-0795698	501(C)(3)	250,000.	0.			EASTERN LYCOMING BRANCH YMCA FACILITY EXPANSION
RIVERSTAGE COMMUNITY THEATRE 325 N 10TH ST SUITE 400 # 187 - LEWISBURG, PA 17837	20-1683244	501(C)(3)	7,291.	0.			2023 RAISE THE REGION
ROAD RADIO USA, INC. 601 S MAIN ST MUNCY, PA 17756	23-2767215	501(C)(3)	7,085.	0.			2023 RAISE THE REGION
RONALD MCDONALD HOUSE OF DANVILLE, INC. - 24 TREMBULAK WAY - DANVILLE, PA 17821	23-2155803	501(C)(3)	6,846.	0.			2023 RAISE THE REGION
SALT & LIGHT MEDIA MINISTRIES 101 ARMORY BLVD LEWISBURG, PA 17837	22-2584923	501(C)(3)	20,559.	0.			2023 RAISE THE REGION
SOJOURNER TRUTH MINISTRIES, INC. 501 HIGH ST WILLIAMSPORT, PA 17701	23-2125932	501(C)(3)	9,919.	0.			2023 RAISE THE REGION
SON LIGHT HOUSE 130 CARPENTER ST MUNCY, PA 17756	23-2224873	501(C)(3)	5,881.	0.			2023 RAISE THE REGION
SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT - 515 WEST CENTRAL AVENUE - SOUTH WILLIAMSPORT, PA 17702	24-6002560	SCHOOL DISTRICT	15,060.	0.			PROJECT LEAD THE WAY
ST. JOHN NEUMANN REGIONAL ACADEMY 901 PENN STREET WILLIAMSPORT, PA 17701	75-3244895	501(C)(3)	5,855.	0.			2023 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN NEUMANN REGIONAL ACADEMY 901 PENN STREET WILLIAMSPORT, PA 17701	75-3244895	501(C)(3)	10,057.	0.			ST. BONIFACE FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
ST. JOSEPH SCHOOL 1027 FERRY STREET DANVILLE, PA 17821	84-3613865	501(C)(3)	14,549.	0.			2023 RAISE THE REGION
STEP, INC. 2138 LINCOLN ST WILLIAMSPORT, PA 17701	23-1668784	501(C)(3)	119,283.	0.			STEP TRANSPORTATION FACILITY PROJECT
SUNCOM INDUSTRIES, INC. 128 WATER ST PO BOX 46 - NORTHUMBERLAND, PA 17857	23-6420578	501(C)(3)	7,827.	0.			2023 RAISE THE REGION
SUSQUEHANNA GREENWAY PARTNERSHIP 301 MARKET STREET UNIT # 649 LEWISBURG, PA 17837	20-5013029	501(C)(3)	5,295.	0.			2023 RAISE THE REGION
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	22,650.	0.			2023 RAISE THE REGION
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	20,457.	0.			RIDER FUND - ANNUAL SUPPORT OF REHABILITATION PROGRAMS FOR PATIENTS
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	5,914.	0.			KUZIO FAMILY ENDOWMENT SUPPORTING BREAST HEALTH SERVICES
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	8,000.	0.			FOR THE JOHN C. LUNDY ENDOWMENT FUND OF THE KATHRYN CANDOR LUNDY BREAST HEALTH CENTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	10,000.	0.			FOR THE JOHN C. LUNDY ENDOWMENT FUND OF THE KATHRYN CANDOR LUNDY BREAST HEALTH CENTER
SUSQUEHANNA VALLEY CHORALE PO BOX 172 LEWISBURG, PA 17837	23-7171719	501(C)(3)	20,595.	0.			2023 RAISE THE REGION
SUSQUEHANNA VALLEY COMMUNITY EDUCATION PROJECT, INC. - 15 SOUTH FIFTH STREET P.O. BOX 896 - SUNBURY, PA 17801	26-1665982	501(C)(3)	5,870.	0.			2023 RAISE THE REGION
SUSQUEHANNA VALLEY MEDIATION, INC. 713 BRIDGE STREET SUITE 3 SELINGSGROVE, PA 17870	27-3362701	501(C)(3)	5,552.	0.			2023 RAISE THE REGION
THE EXCHANGE 24 E MAIN ST BLOOMSBURG, PA 17815	27-0980463	501(C)(3)	7,755.	0.			2023 RAISE THE REGION
THE SALVATION ARMY OF WILLIAMSPORT 440 WEST NYACK ROAD WEST NYACK, NY 10994	13-5562351	501(C)(3)	6,979.	0.			POULTRY FOR HOLIDAY MEALS
THE WILLIAMSPORT HOME 1900 RAVINE RD WILLIAMSPORT, PA 17701	24-0795507	501(C)(3)	8,427.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
THINKBIG PEDIATRIC CANCER FUND, INC. - 530 MONTOUR BLVD STE B - BLOOMSBURG, PA 17815	47-1955469	501(C)(3)	24,048.	0.			2023 RAISE THE REGION
THOMAS BEAVER FREE LIBRARY 317 FERRY ST DANVILLE, PA 17821	24-0796861	501(C)(3)	5,115.	0.			ANNUAL SUPPORT OF THE PAT ACKERMAN GUYS & GIRLS READ 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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS BEAVER FREE LIBRARY 317 FERRY ST DANVILLE, PA 17821	24-0796861	501(C)(3)	7,791.	0.			2023 RAISE THE REGION
TRANSITIONAL HOUSING AND CARE CENTER, INC. - 21 GATE HOUSE DRIVE - DANVILLE, PA 17821	23-2824353	501(C)(3)	6,063.	0.			2023 RAISE THE REGION
TRANSITIONS OF PA PO BOX 170 LEWISBURG, PA 17837	23-2089699	501(C)(3)	6,054.	0.			2023 RAISE THE REGION
TRINITY EPISCOPAL CHURCH 844 W 4TH ST WILLIAMSPORT, PA 17701	24-0795692	501(C)(3)	8,198.	0.			HOUGH FUND - ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
TROY AREA SCHOOL DISTRICT 68 FENNER AVE TROY, PA 16947	23-1667986	SCHOOL DISTRICT	5,118.	0.			MANUFACTURING SCREEN AND DESIGN PRINTING FOR STUDENTS IN GRADES 3-6
TURBOTVILLE COMMUNITY HALL CORPORATION - 41 CHURCH ST PO BOX 313 - TURBOTVILLE, PA 17772	23-2863129	501(C)(3)	19,211.	0.			LOBBY DOOR AND RESTROOMS RENOVATION
UPTOWN MUSIC COLLECTIVE PO BOX 1224 WILLIAMSPORT, PA 17703	20-3851091	501(C)(3)	42,545.	0.			2023 RAISE THE REGION
WARRIOR RUN COMMUNITY EDUCATION FOUNDATION - 4800 SUSQUEHANNA TRAIL - TURBOTVILLE, PA 17772	81-1202605	501(C)(3)	10,145.	0.			2023 RAISE THE REGION
WEST BRANCH DRUG & ALCOHOL ABUSE COMMISSION, INC. - 213 W 4TH ST 2ND FLR - WILLIAMSPORT, PA 17701	23-6616299	501(C)(3)	15,391.	0.			2023 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	6,632.	0.			ENDOWMENT FUND - ENHANCE THE STUDENT EDUCATIONAL EXPERIENCE
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	8,200.	0.			ALABASTER ON THE HILL FOR STUDENTS IN GRADES 9-12
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	17,369.	0.			ESPORTS LEAGUE FOR STUDENTS IN GRADES 7-8
WILLIAMSPORT AREA SCHOOL DISTRICT EDUCATION FOUNDATION - 2780 W 4TH ST - WILLIAMSPORT, PA 17701	35-2230335	SCHOOL DISTRICT	5,208.	0.			2023 RAISE THE REGION
WILLIAMSPORT SYMPHONY ORCHESTRA 220 W 4TH ST, 3RD FLR WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	5,649.	0.			2023 RAISE THE REGION
WILLIAMSPORT SYMPHONY ORCHESTRA 220 W 4TH ST, 3RD FLR WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	18,772.	0.			WSO DESIGNATED FUND - ANNUAL SUPPORT OF CAMPAIGN OBJECTIVES
WILLIAMSPORT SYMPHONY ORCHESTRA 220 W 4TH ST, 3RD FLR WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	17,097.	0.			SUPPORT FOR CAMPAIGN OBJECTIVES
WILLIAMSPORT SYMPHONY ORCHESTRA 220 W 4TH ST, 3RD FLR WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	6,000.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
YWCA NORTHCENTRAL PA 815 WEST FOURTH ST. WILLIAMSPORT, PA 17701	24-0796439	501(C)(3)	6,841.	0.			SUPPORT OF PROGRAMS AND OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA NORTHCENTRAL PA 815 WEST FOURTH ST. WILLIAMSPORT, PA 17701	24-0796439	501(C)(3)	21,089.	0.			2023 RAISE THE REGION
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA - 400 E 2ND ST - BLOOMSBURG, PA 17815	23-2738930	501(C)(3)	7,500.	0.			EMMA PICK/STUDENT ID# P11550421
BOY SCOUTS OF AMERICA, SUSQUEHANNA COUNCIL - 815 NORTHWAY RD - WILLIAMSPORT, PA 17701	24-0795397	501(C)(3)	8,717.	0.			SUPPORT OF PROGRAMS, CAMPERSHIPS, AND/OR FACILITY MAINTENANCE
BOY SCOUTS OF AMERICA, SUSQUEHANNA COUNCIL - 815 NORTHWAY RD - WILLIAMSPORT, PA 17701	24-0795397	501(C)(3)	11,794.	0.			2023 RAISE THE REGION
COUNTY OF LYCOMING 48 W 3RD ST WILLIAMSPORT, PA 17701	24-6000733	501(C)(3)	250,000.	0.			LYCOMING COUNTY CORONER'S OFFICE BUILDING PURCHASE, RENOVATIONS AND BUILDOUT
EAST CAROLINA UNIVERSITY ECU CASHIER OFFICE G120 OLD CAFETERIA COMPLEX MAIL STOP 230 - GREENVILLE, NC	56-6000403	501(C)(3)	5,995.	0.			EMMA ECK/STUDENT ID# B01509671
LOCK HAVEN UNIVERSITY STUDENT FINANCIAL SERVICES 224A ULMER HALL - LOCK HAVEN, PA 17745	23-2442881	501(C)(3)	5,091.	0.			PETER BELLOMO/STUDENT ID# P11195743
MUNCY AREA VOLUNTEER FIRE COMPANY, INC. - 35 S MAIN ST - MUNCY, PA 17756	27-5024111	501(C)(3)	50,000.	0.			NEW FIRE STATION
NORTHEASTERN EDUCATIONAL TELEVISION ASSOCIATION - 100 WVIA WAY - PITTSBURGH, PA 15222	23-1663603	501(C)(3)	80,000.	0.			WVIA JOURNALIST DEDICATED TO WILLIAMSPORT AND LYCOMING COUNTY

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEASTERN EDUCATIONAL TELEVISION ASSOCIATION - 100 WVIA WAY - PITTSBURGH, PA 15222	23-1663603	501(C)(3)	6,407.	0.			2023 RAISE THE REGION
PENN STATE ALTOONA 3000 IVYSIDE PARK ALTOONA, PA 16601	24-6000376	501(C)(3)	7,800.	0.			KAYLYN NIERZWICKI/STUDENT ID# 940307536
PENN STATE UNIVERSITY OFFICE OF THE BURSAR ATTN: EXTERNAL AWARDS 109 SHIELDS BUILDING - UNIVERSITY	24-6000376	501(C)(3)	7,809.	0.			KARA MANN/STUDENT ID# 930692263
PENN STATE UNIVERSITY OFFICE OF THE BURSAR ATTN: EXTERNAL AWARDS 109 SHIELDS BUILDING - UNIVERSITY	24-6000376	501(C)(3)	5,995.	0.			ALLURA MUSTO/STUDENT ID# 966092617
SHARON LUTHERAN CHURCH 120 S MARKET ST SELINGROVE, PA 17870	23-6402022	501(C)(3)	10,000.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
WEST BRANCH ARTS CONSORTIUM 883 WAGMYR LN PO BOX 5 LOGANTON, PA 17747	47-5564783	501(C)(3)	18,000.	0.			ARTS LITERACY PROGRAMS AND PERFORMANCES WITH INTERNATIONAL DANCE, MUSIC AND THEATRE GROUPS
WEST BRANCH ARTS CONSORTIUM 883 WAGMYR LN PO BOX 5 LOGANTON, PA 17747	47-5564783	501(C)(3)	15,000.	0.			ARTS LITERACY PROGRAMS AND PERFORMANCES WITH INTERNATIONAL DANCE, MUSIC, AND THEATRE GROUPS
WEST BRANCH ARTS CONSORTIUM 883 WAGMYR LN PO BOX 5 LOGANTON, PA 17747	47-5564783	501(C)(3)	9,000.	0.			DEVELOPING MUSIC AND DANCE LITERACY IN CENTRAL PA SCHOOLS
MARYWOOD UNIVERSITY CASHIER'S OFFICE 2300 ADAMS AVENUE - SCRANTON, PA 18509	24-0795453	501(C)(3)	5,995.	0.			ABIGAIL ZARTMAN/STUDENT ID# 0219676

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACHER'S PET RESCUE 19 BLACKBERRY LN COUDERSPORT, PA 16915	26-2970828	501(C)(3)	15,743.	0.			CARING FOR POTTER COUNTY DOGS
POTTER COUNTY ANIMAL ASSISTANCE PROJECT - 208 W BEECH ST - COUDERSPORT, PA 16915	45-4903629	501(C)(3)	15,743.	0.			SPAY AND NEUTER PROGRAM FOR CATS AND DOGS
THE BLOOMSBURG UNIVERSITY FOUNDATION, INC. - 50 E MAIN ST 4TH FLR - BLOOMSBURG, PA 17815	23-7088491	501(C)(3)	25,000.	0.			NURSING SIMULATION CENTER
MANSFIELD AUXILIARY CORPORATION 1550 SOUTH MAIN STREET SUITE 4 MANSFIELD, PA 16933	26-4741176	501(C)(3)	5,899.	0.			2023 RAISE THE REGION
HAMILTON-GIBSON PRODUCTIONS, INC. 29 WATER ST WELLSBORO, PA 16901	25-1705457	501(C)(3)	6,972.	0.			2023 RAISE THE REGION
TIOGA COUNTY HOMELESS INITIATIVE 2580 CHARLESTON ROAD MANSFIELD, PA 16933	45-4523970	501(C)(3)	5,828.	0.			2023 RAISE THE REGION
LYCOMING COUNTY FAIR ASSOCIATION 1 E PARK ST PO BOX 116 HUGHESVILLE, PA 17737	24-0777607	501(C)(3)	30,000.	0.			LYCOMING COUNTY FAIR EQUINE AREA REVITALIZATION PROJECT
BLOSSBURG MEMORIAL LIBRARY 307 MAIN ST BLOSSBURG, PA 16912	24-0828959	501(C)(3)	6,157.	0.			2023 RAISE THE REGION
SHIKELLAMY BRAVES FOUNDATION 200 ISLAND BLVD. SUNBURY, PA 17801	87-3020612	501(C)(3)	5,481.	0.			2023 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FACTORY WORKS 1307 PARK AVE/BOX 12 WILLIAMSPORT, PA 17701	27-0083507	501(C)(3)	5,647.	0.			2023 RAISE THE REGION
BLOOMSBURG FOOD CUPBOARD 342 IRON ST BLOOMSBURG, PA 17815	86-3018888	501(C)(3)	6,237.	0.			2023 RAISE THE REGION
SHIKELLAMY TRACK & FIELD CROSS COUNTRY BOOSTERS CLUB - 136 BLOSSOM HILL RD - NORTHUMBERLAND, PA 17857	83-1762667	501(C)(3)	5,440.	0.			2023 RAISE THE REGION
THREE SPRINGS MINISTRIES, INC. 874 LINCK HILL ROAD MORRIS, PA 16938	25-1592506	501(C)(3)	9,141.	0.			2023 RAISE THE REGION
FERN HILL SCHOOL 541 BROADWAY ST MILTON, PA 17847	84-2644580	501(C)(3)	5,954.	0.			2023 RAISE THE REGION
UNIVERSITY OF CALIFORNIA LOS ANGELES - UC REGENTS BOX 957089, 1125 MURPHY HALL	95-6006143	501(C)(3)	5,995.	0.			NASON TRAN/STUDENT ID# 606279903
NORTHERN TIOGA SCHOOL DISTRICT 110 ELLISON RD ELKLAND, PA 16920	23-1667683	SCHOOL DISTRICT	16,000.	0.			VIRTUAL REALITY TECHNOLOGY FOR STUDENTS IN GRADES 7-12

**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:

FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFER FUNDS FROM STEPHEN C., JOHN

W., AND JOHN C. LUNDY FUND TO CREATE THE JOHN C. LUNDY AND FAMILY FUND

(FOR THE LYCOMING COUNTY UNITED WAY)

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFER FUNDS FROM STEPHEN C., JOHN

W., AND JOHN C. LUNDY FUND TO THE JOHN C. LUNDY AND FAMILY FUND (FOR THE

LYCOMING COUNTY UNITED WAY)

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFER FUNDS FROM STEPHEN C., JOHN

W., AND JOHN C. LUNDY FUND TO THE JOHN C. LUNDY AND FAMILY FUND (FOR THE

LYCOMING COUNTY UNITED WAY)

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

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF STIPEND FOR SPARK TANK PROJECT

- COMMUNITY CREATIVE LABS THAT WILL ENGAGE INDIVIDUALS TO TELL THEIR

STORIES THROUGH ARTS, WITH DIANA DEVAUGHN AND MELODIE CARTER-SHAW

NAME OF ORGANIZATION OR GOVERNMENT: HOPE ENTERPRISES FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN'S DEVELOPMENT CENTER FUND -

**Part IV** Supplemental Information

ANNUAL SUPPORT OF PROGRAMS OPERATIONS AND CAPITAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: MUNCY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TOUR THROUGHOUT PHILADELPHIA TO

PARTICIPATE IN REAL-WORLD LEARNING OPPORTUNITIES WITH STEAM, HISTORY,

PSYCHOLOGY AND ECONOMICS STANDARDS

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHEASTERN EDUCATIONAL TELEVISION ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF STIPEND FOR SPARK TANK PROJECT

- "SEE MY COLOR" SOCIAL MEDIA SERIES OF BIPOC SHARING PERSONAL

INFORMATION/EXPERIENCE RELATIVE TO THEIR RACE, ETHNICITY AND CULTURE,

WITH NATALIE GRIFFIN AND GIVONNA GRIFFIN

NAME OF ORGANIZATION OR GOVERNMENT: WEST BRANCH ARTS CONSORTIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: ARTS LITERACY PROGRAMS AND

PERFORMANCES WITH INTERNATIONAL DANCE, MUSIC AND THEATRE GROUPS FOR

JERSEY SHORE, LOYALSOCK, AND MUNCY SCHOOL DISTRICTS

NAME OF ORGANIZATION OR GOVERNMENT: WEST BRANCH ARTS CONSORTIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: ARTS LITERACY PROGRAMS AND

PERFORMANCES WITH INTERNATIONAL DANCE, MUSIC, AND THEATRE GROUPS FOR

MILTON, SELINGROVE, SHIKELLAMY, AND WARRIOR RUN SCHOOL DISTRICTS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER D. WILSON PRESIDENT & CEO	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

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

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

Schedule O (Form 990) 2023

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 127,146.

CONTRIBUTIONS TO AGENCY ENDOWMENTS -113,534.

NET INVESTMENT INCOME AND GAINS ON AGENCY ENDOWMENTS -265,202.

DISTRIBUTIONS ON AGENCY ENDOWMENTS 156,778.

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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FEES REPORTED ON AGENCY ENDOWMENTS	19,258.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	217,140.
AGENCY FUNDS - INVESTMENT MANAGEMENT FEES	48,116.
AGENCY FUNDS - GAINS (LOSSES) ON INVESTMENTS	-573,547.
TOTAL TO FORM 990, PART XI, LINE 9	-383,845.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number 24-6013117
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**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 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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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)				
(2)				
(3)				
(4)				
(5)				
(6)				





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

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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

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

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Taxpayer identification number (TIN)  24-6013117
	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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

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

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

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

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

The books are in the care of JENNIFER WILSON  
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, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 0.
<b>b</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.	<b>3b</b>	\$ 0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0.

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