

Form **990**Department of the Treasury
Internal Revenue Service**** PUBLIC DISCLOSURE COPY ******Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2024Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationFIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
201 WEST FOURTH STREETCity or town, state or province, country, and ZIP or foreign postal code
WILLIAMSPORT, PA 17701-6102**F** Name and address of principal officer: JENNIFER WILSON
SAME AS C ABOVE**D** Employer identification number

24-6013117

E Telephone number
570-321-1500**G** Gross receipts \$ 40,128,871.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.FCFPARTNERSHIP.ORG**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **FOUND** **L** Year of formation: 1916 **M** 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 <input type="checkbox"/> 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)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	18
	6	Total number of volunteers (estimate if necessary)	6	202
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,544,521.	3,896,708.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,312,158.	14,864,219.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,403,647.	1,054,582.
	12		11,260,326.	19,815,509.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,452,083.	5,105,382.
	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)	1,124,529.	1,202,336.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	561,075.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,307,909.	1,363,746.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,884,521.	7,671,464.
	19	Revenue less expenses. Subtract line 18 from line 12	3,375,805.	12,144,045.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	153,895,402.	167,551,351.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,276,438.	8,526,275.
22		145,618,964.	159,025,076.	

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	Preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LISA A. RITTER					P00168809
Firm's name		MAHER DUESSEL, CPA'S		Firm's EIN		23-1622758
Firm's address		1800 LINGLESTOWN ROAD, SUITE 306		Phone no.		717-232-1230
		HARRISBURG, PA 17110				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)

Part III	Statement of Program Service Accomplishments
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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 6,640,080. including grants of \$ 5,105,382.) (Revenue \$ 58,084.)

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 600 GRANTS AND SCHOLARSHIPS, EXCEEDING \$4.9
MILLION WERE DISTRIBUTED IN 2024 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	6,640,080.
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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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	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>	5	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>	6 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>	7	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>	8	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>	9 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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e	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>	11f	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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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. See instructions</i>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. 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

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

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?														X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13														X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?														X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done														X	
13 Did the organization have a written whistleblower policy?														X	
14 Did the organization have a written document retention and destruction policy?														X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official														X	
b Other officers or key employees of the organization														X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															X
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 ContractorsCheck 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) TED STROSSER CHAIR	1.00	X		X				0.	0.	0.
(2) DAVIE JANE GILMOUR VICE-CHAIR	1.00	X		X				0.	0.	0.
(3) KENDRA AUCKER SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(4) KAREN BLASCHAK DIRECTOR	1.00	X						0.	0.	0.
(5) CHRIS BAYLOR DIRECTOR	1.00	X						0.	0.	0.
(6) RON CIMINI DIRECTOR	1.00	X						0.	0.	0.
(7) TERI MACBRIDE DIRECTOR	1.00	X						0.	0.	0.
(8) TRISHA MARTY DIRECTOR (THRU 4/30/24)	1.00	X						0.	0.	0.
(9) MARY ANN JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(10) TODD ROSS DIRECTOR	1.00	X						0.	0.	0.
(11) BOB WALKER DIRECTOR	1.00	X						0.	0.	0.
(12) KAREN YOUNG DIRECTOR	1.00	X						0.	0.	0.
(13) HARVEY EDWARDS DIRECTOR	1.00	X						0.	0.	0.
(14) DOMINIC MOFFA DIRECTOR	1.00	X						0.	0.	0.
(15) MARWIN REEVES DIRECTOR	1.00	X						0.	0.	0.
(17) ANDY HARRIS DIRECTOR	1.00	X						0.	0.	0.
(19) JEANETTE KITCHEN 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			
(20) AL CLAPPS DIRECTOR	1.00	X						0.	0.	0.
(21) SABRA KARR DIRECTOR	1.00	X						0.	0.	0.
(22) BRENT FISH DIRECTOR	1.00	X						0.	0.	0.
(23) NICOLE MIELE DIRECTOR	1.00	X						0.	0.	0.
(24) TAMMY WEBER DIRECTOR (THRU 4/30/24)	1.00	X						0.	0.	0.
(25) JAY ALEXANDER DIRECTOR (THRU 4/30/24)	1.00	X						0.	0.	0.
(26) LISE BARRICK DIRECTOR (THRU 4/30/24)	1.00	X						0.	0.	0.
(27) BRIAN BLUTH DIRECTOR	1.00	X						0.	0.	0.
(28) HERMAN LOGUE DIRECTOR (EFFECTIVE 5/1/24)	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	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

2

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIKORA BROTHERS PAVING, INC., 110 NEVEL HOLLOW ROAD, HUNLOCK CREEK, PA 18621-4104	CONSTRUCTION SERVICES	450,684.
SEI INVESTMENTS COMPANY 1 FREEDOM VALLEY DRIVE, OAKS, PA 19456	INVESTMENT MANAGEMENT	401,783.

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

2

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

(A)

Name and title

(B)
Average
hours
per
week
(list any
hours for
related
organizations
below
line)

(C)
Position
(check all that apply)

Individual trustee or director
Institutional trustee
Officer
Key employee
Highest compensated employee
Former

(D)
Reportable
compensation
from
the
organization
(W-2/1099-MISC)

(E)
Reportable
compensation
from related
organizations
(W-2/1099-MISC)

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

(29) LANCE MILLER
DIRECTOR (EFFECTIVE 5/1/24)

1.00

X

(30) BRENDA NICHOLS
DIRECTOR (EFFECTIVE 5/1/24)

1.00

X

(31) JENNIFER D. WILSON
PRESIDENT & CEO

45.00

X

(32) STEVEN SIMMS
CFO

45.00

X

Total to Part VII, Section A, line 1c

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	38,325.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,858,383.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,688,551.			13,688,551.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			1,000,969.			1,000,969.
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 38,325. of contributions reported on line 1c). See Part IV, line 18	8a	16,011.				
	b Less: direct expenses	8b	20,482.				
	c Net income or (loss) from fundraising events			-4,471.			-4,471.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a ADMINISTRATIVE FEE INC		561000	57,771.	57,771.		
	b MISCELLANEOUS INCOME		561499	313.	313.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			58,084.			
12 Total revenue. See instructions				19,815,509.	58,084.	0.	15,860,717.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,105,382.	5,105,382.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	400,027.	63,325.	210,053.	126,649.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	637,046.	274,419.	95,882.	266,745.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,211.	11,347.	3,919.	11,945.
9 Other employee benefits	61,402.	19,903.	17,549.	23,950.
10 Payroll taxes	76,650.	25,954.	21,701.	28,995.
11 Fees for services (nonemployees):				
a Management	48,678.	48,678.		
b Legal	13,984.		13,984.	
c Accounting	77,076.	54,000.	23,076.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	457,656.	457,656.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	60,965.	52,211.	8,754.	
12 Advertising and promotion				
13 Office expenses	165,013.	121,047.	32,691.	11,275.
14 Information technology	91,052.	13,714.	7,655.	69,683.
15 Royalties				
16 Occupancy	15,976.	15,976.		
17 Travel	9,536.	5,305.	2,136.	2,095.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	61,544.	61,544.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,211.	148,403.	5,106.	1,702.
23 Insurance	27,343.	14,266.	11,248.	1,829.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	103,198.	92,768.	2,834.	7,596.
b STAFF EDUCATION	30,426.	12,112.	10,953.	7,361.
c PUBLIC RELATIONS	24,920.	22,420.	1,250.	1,250.
d CHANGE IN VALUE OF SPLI	11,953.	11,953.		
e All other expenses	9,215.	7,697.	1,518.	
25 Total functional expenses. Add lines 1 through 24e	7,671,464.	6,640,080.	470,309.	561,075.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	785,025.	1	1,103,187.
	2 Savings and temporary cash investments	3,673,508.	2	2,936,407.
	3 Pledges and grants receivable, net	17,245,999.	3	15,122,103.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	98,876.	9	100,276.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,147,080.		
	b Less: accumulated depreciation	10b 1,387,223.		
		2,603,608.	10c	2,759,857.
	11 Investments - publicly traded securities	124,670,654.	11	140,609,155.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,817,732.	15	4,920,366.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	153,895,402.	16	167,551,351.	
Liabilities	17 Accounts payable and accrued expenses	209,317.	17	226,250.
	18 Grants payable	1,261,356.	18	932,217.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,771,374.	21	6,356,775.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,034,391.	23	1,011,033.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,276,438.	26	8,526,275.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	124,152,901.	27	137,597,849.
	28 Net assets with donor restrictions	21,466,063.	28	21,427,227.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	145,618,964.	32	159,025,076.	
33 Total liabilities and net assets/fund balances	153,895,402.	33	167,551,351.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,815,509.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,671,464.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,144,045.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	145,618,964.
5	Net unrealized gains (losses) on investments	5	1,600,627.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-338,560.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	159,025,076.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number	24-6013117
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,159,991.	8,561,867.	27,600,219.	3,544,521.	3,896,708.	49,763,306.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,159,991.	8,561,867.	27,600,219.	3,544,521.	3,896,708.	49,763,306.
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)						6,718,528.
6 Public support. Subtract line 5 from line 4.						43,044,778.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6,159,991.	8,561,867.	27,600,219.	3,544,521.	3,896,708.	49,763,306.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,132,857.	3,074,747.	11,878,278.	7,911,420.	14,312,976.	39,310,278.
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						89,073,584.
12 Gross receipts from related activities, etc. (see instructions)					12	206,186.

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	48.32 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	52.58 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

Name of the organization

FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Employer identification number

24-6013117

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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) (Rev. 12-2024)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 198,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 71,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

24-6013117

Part II

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

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	34	
2 Aggregate value of contributions to (during year)	114,296.	
3 Aggregate value of grants from (during year)	135,078.	
4 Aggregate value at end of year	18,742,991.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	107,699,000.	91,975,000.	105,709,000.	94,841,000.	86,045,000.
b Contributions		4,006,000.	11,484,000.	2,862,000.	679,000.
c Net investment earnings, gains, and losses	15,034,000.	16,352,000.	-20,846,000.	11,300,000.	11,678,000.
d Grants or scholarships		3,332,000.	3,063,000.	985,000.	1,131,000.
e Other expenditures for facilities and programs		862,000.	869,000.	1,779,000.	1,909,000.
f Administrative expenses		440,000.	440,000.	530,000.	521,000.
g End of year balance	122,733,000.	107,699,000.	91,975,000.	105,709,000.	94,841,000.

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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.	1,004,197.	2,176,121.
c Leasehold improvements		9,490.	9,490.	0.
d Equipment		444,315.	373,536.	70,779.
e Other		351,997.		351,997.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,759,857.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,115,417.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,600,627.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	195,111.
e	Add lines 2a through 2d	2e	1,795,738.
3	Subtract line 2e from line 1	3	18,319,679.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	438,000.
b	Other (Describe in Part XIII.)	4b	1,057,830.
c	Add lines 4a and 4b	4c	1,495,830.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,815,509.

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

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

1	Total expenses and losses per audited financial statements	1	6,709,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,709,305.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	438,000.
b	Other (Describe in Part XIII.)	4b	524,159.
c	Add lines 4a and 4b	4c	962,159.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,671,464.

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

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

Part XIII Supplemental Information (continued)

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 V, LINE 4:

THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA (FCFP) ENDOWMENT 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	-11,953.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY FOUNDATION	102,697.
LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST	104,367.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	195,111.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENTS	365,117.
INVESTMENT GAINS/(LOSSES) - AGENCY ENDOWMENTS	127,026.
INTEREST - AGENCY ENDOWMENTS	565,687.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,057,830.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS ON AGENCY ENDOWMENTS	443,872.
FEES REPORTED ON AGENCY ENDOWMENTS	68,334.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT - HELD BY FOUNDATION	11,953.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	524,159.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		CORKS AND FORKS (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	54,336.			54,336.
	2 Less: Contributions	38,325.			38,325.
	3 Gross income (line 1 minus line 2)	16,011.			16,011.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,804.			4,804.
	6 Rent/facility costs				
	7 Food and beverages	1,284.			1,284.
	8 Entertainment				
	9 Other direct expenses	14,394.			14,394.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,482.
11 Net income summary. Subtract line 10 from line 3, column (d)				-4,471.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal grey lines running across the width of the page, typical of notebook or composition paper. The lines are uniform in thickness and spacing, providing a guide for handwriting. There are no margins, text, or other markings present on the page.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Employer identification number
24-6013117

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	15,000.	0.			TRANSFER FUNDS FROM ALEXANDER YOUTH FUND TO CREATE/FUND THE BLAISE ALEXANDER FAMILY FUND FOR
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	11,639.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	63,385.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	86,234.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	12,117.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	7,434.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **236.**

3 Enter total number of other organizations listed in the line 1 table **20.**

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

FIRST COMMUNITY FOUNDATION PARTNERSHIP

Schedule I (Form 990)

OF PENNSYLVANIA

24-6013117

Page 1

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
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	10,586.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES AT RIDER PARK
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	119,900.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES AT RIDER PARK
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	44,774.	0.			ANNUAL SUPPORT OF THE ONGOING OPERATIONS OF THE FCFP PHILANTHROPY CENTER
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	125,000.	0.			SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701	24-6013117	501(C)(3)	32,468.	0.			TRANSFER FUNDS FROM WILLIAM G. RITTER FUND TO CREATE THE RITTER FAMILY SCHOLARSHIP FUND
4 PAWS SAKE PA PO BOX 102 MILTON, PA 17847	84-2476090	501(C)(3)	7,375.	0.			2024 RAISE THE REGION
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY - 851 RAILROAD ST PO BOX 424 - BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	14,257.	0.			2024 RAISE THE REGION
AGAPELAND PRESCHOOL 145 DISCIPLE DR SELINGROVE, PA 17870	23-1700710	501(C)(3)	6,550.	0.			2024 RAISE THE REGION
AMERICAN RED CROSS PENNSYLVANIA RIVERS CHAPTER - 249 FARLEY CIR - LEWISBURG, PA 17837	53-0196605	501(C)(3)	11,178.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS IN MONTOUR 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
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA ST WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	11,229.	0.			2024 RAISE THE REGION
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA ST WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	10,998.	0.			FRESH START: BUILDING CAREER PATHWAYS TO ECONOMIC MOBILITY
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA ST WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	6,987.	0.			GENERAL OPERATING SUPPORT
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA ST WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	15,000.	0.			FRESH START MEN'S WORK REHAB PROGRAM
ANIMAL RESOURCE CENTER PO BOX 439 BLOOMSBURG, PA 17815	23-3069063	501(C)(3)	9,966.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
ANIMAL RESOURCE CENTER PO BOX 439 BLOOMSBURG, PA 17815	23-3069063	501(C)(3)	14,511.	0.			2024 RAISE THE REGION
ATHENS AREA SCHOOL DISTRICT ADMINISTRATION BLDG 100 CANAL ST ATHENS, PA 18810	23-1671235	SCHOOL DISTRICT	14,344.	0.			HANDS ON LEARNING FOR ALL ABILITIES IN GRADES 9-12
BILLTOWN BLUES ASSOCIATION, INC. PO BOX 2 HUGHESVILLE, PA 17737	23-2726997	501(C)(3)	13,779.	0.			2024 RAISE THE REGION
BLOOMSBURG PUBLIC LIBRARY 225 MARKET ST BLOOMSBURG, PA 17815	24-0820972	501(C)(3)	12,891.	0.			2024 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
BLOOMSBURG THEATRE ENSEMBLE, INC. 226 CENTER ST BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	85,597.	0.			2024 RAISE THE REGION
BOROUGH OF LEWISBURG 55 S 5TH ST STE 1 LEWISBURG, PA 17837	24-6000616	501(C)(3)	19,392.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
BOROUGH OF SOUTH WILLIAMSPORT 329-331 W SOUTHERN AVE SOUTH WILLIAMSPORT, PA 17702	24-6000659	501(C)(3)	56,690.	0.			ORG ENDOW-FUNDING TO RESPOND TO COMPELLING COMMUNITY NEEDS AND OPPORTUNITIES WITHIN THE
SCOUTING AMERICA, COLUMBIA-MONTGOMERY COUNCIL - 5 AUDUBON CT - BLOOMSBURG, PA 17815	24-0795392	501(C)(3)	16,468.	0.			2024 RAISE THE REGION
CAMERON COUNTY SCHOOL DISTRICT 601 WOODLAND AVE EMPORIUM, PA 15834	25-1157782	SCHOOL DISTRICT	8,000.	0.			OUTDOOR LEARNING LAB FOR 7TH-9TH GRADERS
CAMP KOALA 94 CHESTNUT ST MIFFLINBURG, PA 17844	26-3851753	501(C)(3)	10,000.	0.			EIGHT 6-WEEK GRIEF SUPPORT GROUPS FOR CHILDREN IN SCHOOLS/COMMUNITY
CAMP KOALA 94 CHESTNUT ST MIFFLINBURG, PA 17844	26-3851753	501(C)(3)	10,000.	0.			SIX MONTHLY GRIEF SUPPORT CAMPS FOR CHILDREN AND YOUTH IN LYCOMING, NORTHUMBERLAND, AND UNION
CAMP MOUNT LUTHER CORPORATION 355 MT LUTHER LN MIFFLINBURG, PA 17844	23-2624417	501(C)(3)	35,405.	0.			2024 RAISE THE REGION
CAMP SUSQUE, INC. 47 SUSQUE CAMP RD TROUT RUN, PA 17771	24-6002452	501(C)(3)	124,812.	0.			2024 RAISE THE REGION

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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
CAMP VICTORY 58 CAMP VICTORY RD MILLVILLE, PA 17846	23-2481065	501(C)(3)	18,373.	0.			2024 RAISE THE REGION
CAMPS FOR SPIFFY-KYDS, INC. 196 ROSE LN PORT TREVORTON, PA 17864	23-2807759	501(C)(3)	6,423.	0.			2024 RAISE THE REGION
CAMPUS THEATRE, LTD. 413 MARKET ST LEWISBURG, PA 17837	01-0652065	501(C)(3)	8,971.	0.			2024 RAISE THE REGION
CATS IN BLOOM, INC. 102 W MAIN ST BLOOMSBURG, PA 17815	83-4568601	501(C)(3)	19,970.	0.			2024 RAISE THE REGION
CENTRAL OAK HEIGHTS ASSOCIATION 270 SELKIRK RD WILLIAMSPORT, PA 17701	23-2448588	501(C)(3)	6,923.	0.			2024 RAISE THE REGION
CENTRAL PA FOOD BANK 3908 COREY RD HARRISBURG, PA 17109	23-2202250	501(C)(3)	58,000.	0.			2024 RAISE THE REGION
CHERISHED CATS RESCUE ALLIANCE, INC. - 230 MARKET ST STE 1 - LEWISBURG, PA 17837	81-5275031	501(C)(3)	22,630.	0.			2024 RAISE THE REGION
CHILD HUNGER OUTREACH PARTNERS 2 ELIZABETH ST TOWANDA, PA 18848	83-3319637	501(C)(3)	15,000.	0.			LYCOMING COUNTY IN-SCHOOL PANTRY AND BACKPACK PROGRAMS
CHRISTIAN COUNSELING SERVICES OF CENTRAL PA, INC. - 130 KING ST - NORTHUMBERLAND, PA 17857	23-2363022	501(C)(3)	16,560.	0.			2024 RAISE THE REGION

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COLUMBIA COUNTY CHRISTIAN SCHOOL ASSOCIATION - 123 SCHOOLHOUSE RD - BLOOMSBURG, PA 17815	23-2993181	501(C)(3)	34,420.	0.			2024 RAISE THE REGION
COMMUNITY ACTION PROGRAM PO BOX 151 MUNCY, PA 17756	23-2324927	501(C)(3)	10,000.	0.			SUMMER RECREATION PROGRAM
COMMUNITY THEATRE LEAGUE, INC. 100 W 3RD ST WILLIAMSPORT, PA 17701	23-2358507	501(C)(3)	12,615.	0.			2024 RAISE THE REGION
COMMUNITY ZONE 328 MARKET ST LEWISBURG, PA 17837	23-2816040	501(C)(3)	5,172.	0.			2024 RAISE THE REGION
COUDERSPORT AREA SCHOOL DISTRICT 698 DWIGHT ST COUDERSPORT, PA 16915	24-6000867	SCHOOL DISTRICT	6,279.	0.			LASER DESIGN FOR 6TH AND 7TH GRADE STEM STUDENTS
DANVILLE AREA COMMUNITY CENTER 1041 LIBERTY ST DANVILLE, PA 17821-1827	24-0860310	501(C)(3)	25,000.	0.			RENOVATIONS FOR CHILD CARE SPACE, 24 CHILDREN AGES 3-5
DANVILLE CHILD DEVELOPMENT CENTER 986 WALL ST DANVILLE, PA 17821	23-1915333	501(C)(3)	5,461.	0.			2024 RAISE THE REGION
DEGENSTEIN COMMUNITY LIBRARY 40 S 5TH ST SUNBURY, PA 17801	24-0797025	501(C)(3)	7,901.	0.			2024 RAISE THE REGION
DIG FURNITURE BANK 14 ELM ST MILTON, PA 17847	85-1259732	501(C)(3)	7,570.	0.			2024 RAISE THE REGION

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DONALD L. HEITER COMMUNITY CENTER, INC. - 100 N 5TH ST - LEWISBURG, PA 17837	23-2756465	501(C)(3)	5,195.	0.			2024 RAISE THE REGION
DWELL ORPHAN CARE 1157 MARKET ST WILLIAMSPORT, PA 17701	83-2470625	501(C)(3)	15,639.	0.			2024 RAISE THE REGION
EAST LYCOMING SCHOOL DISTRICT 349 CEMETERY ST HUGHESVILLE, PA 17737	23-1667965	SCHOOL DISTRICT	10,400.	0.			EQUIPMENT EXPANSION FOR THE STUDENT OPERATED CAF AT THE JR/SR HIGH SCHOOL
EOS THERAPEUTIC RIDING CENTER, INC. - 288 DAHL RD - BLOOMSBURG, PA 17815	23-2692159	501(C)(3)	6,835.	0.			2024 RAISE THE REGION
WELLSPAN EVANGELICAL COMMUNITY HOSPITAL - 1 HOSPITAL DRIVE - LEWISBURG, PA 17837-9350	24-0795411	501(C)(3)	40,000.	0.			2024-2025 SAFE TO CARE INITIATIVE
EXPECTATIONS WOMEN'S CENTER PO BOX 291 LEWISBURG, PA 17837	23-2635894	501(C)(3)	28,808.	0.			2024 RAISE THE REGION
EXPERIENCE MISSIONS C/O INTERLINK MINISTRIES, INC. 11234 HACKETT RD PO BOX 460 - APPLE CREEK, OH	34-1700949	501(C)(3)	40,568.	0.			2024 RAISE THE REGION
FAIRLAWN COMMUNITY CHURCH 353 PLEASANT HILL RD COGAN STATION, PA 17728	23-7289049	501(C)(3)	6,009.	0.			2024 RAISE THE REGION
FAMILY PROMISE OF LYCOMING COUNTY, INC. - 635 HEPBURN ST - WILLIAMSPORT, PA 17701	26-3239003	501(C)(3)	8,315.	0.			2024 RAISE THE REGION

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

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FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	9,309.	0.			2024 RAISE THE REGION
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - JANUARY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - FEBRUARY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - MARCH
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - APRIL
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - MAY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - JUNE
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - JULY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - AUGUST

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

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FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - SEPTEMBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - OCTOBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - NOVEMBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	41,188.	0.			MONTHLY STIPEND - DECEMBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	45,000.	0.			FIRETREE PLACE EXPANSION PROJECT
FIRST CHURCH OF WILLIAMSPORT 604 MARKET ST WILLIAMSPORT, PA 17701	24-0829840	501(C)(3)	5,453.	0.			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)	13,440.	0.			2024 RAISE THE REGION
GEISINGER HEALTH FOUNDATION 100 N ACADEMY AVE MC 25-76 DANVILLE, PA 17822	23-1995911	501(C)(3)	11,178.	0.			ANNUAL SUPPORT OF GEISINGER AT HOME'S HOSPICE SERVICES
GEISINGER HEALTH FOUNDATION 100 N ACADEMY AVE MC 25-76 DANVILLE, PA 17822	23-1995911	501(C)(3)	40,000.	0.			GEISINGER AT HOME

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GREATER HOPE CARE CENTER 224 S BROAD ST JERSEY SHORE, PA 17740	81-4106949	501(C)(3)	11,593.	0.			2024 RAISE THE REGION
GREATER LYCOMING HABITAT FOR HUMANITY, INC. - 335 ROSE ST - WILLIAMSPORT, PA 17701	23-2586879	501(C)(3)	7,344.	0.			2024 RAISE THE REGION
SUSQUEHANNA VALLEY UNITED WAY PO BOX 559 SUNBURY, PA 17801	23-1697631	501(C)(3)	7,500.	0.			BEHAVIORAL/MENTAL HEALTH PREVENTION AND INTERVENTION TRAINING FOR AREA NON-PROFITS AND
SUSQUEHANNA VALLEY UNITED WAY PO BOX 559 SUNBURY, PA 17801	23-1697631	501(C)(3)	5,291.	0.			2024 RAISE THE REGION
GREATER SUSQUEHANNA VALLEY YMCA PO BOX 390 SUNBURY, PA 17801	24-0795634	501(C)(3)	9,270.	0.			2024 RAISE THE REGION
HAVEN MINISTRY, INC. 1043 S FRONT ST SUNBURY, PA 17801	23-2628202	501(C)(3)	19,115.	0.			2024 RAISE THE REGION
HAVEN TO HOME RESCUE, INC. PO BOX 851 BERWICK, PA 18603	37-1569875	501(C)(3)	9,564.	0.			2024 RAISE THE REGION
HOPE ENTERPRISES FOUNDATION, INC. 2401 REACH RD WILLIAMSPORT, PA 17701	23-1914215	501(C)(3)	17,156.	0.			2024 RAISE THE REGION
HOPE ENTERPRISES FOUNDATION, INC. 2401 REACH RD WILLIAMSPORT, PA 17701	23-1914215	501(C)(3)	8,358.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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HUGHESVILLE AREA PUBLIC LIBRARY 146 S 5TH ST HUGHESVILLE, PA 17737	23-7078007	501(C)(3)	5,901.	0.			2024 RAISE THE REGION
JAMES V. BROWN LIBRARY 19 E 4TH ST WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	8,661.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
JAMES V. BROWN LIBRARY 19 E 4TH ST WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	8,356.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
JAMES V. BROWN LIBRARY 19 E 4TH ST WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	10,444.	0.			2024 RAISE THE REGION
JAMES V. BROWN LIBRARY 19 E 4TH ST WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	12,450.	0.			BILINGUAL STORYWALK AT YOUNG'S WOODS PARK
LEADERSHIP SUSQUEHANNA VALLEY 2859 N SUSQUEHANNA TRL SHAMOKIN DAM, PA 17876	23-2746819	501(C)(3)	6,856.	0.			2024 RAISE THE REGION
LEWISBURG AREA SCHOOL DISTRICT 1951 WASHINGTON AVE LEWISBURG, PA 17837	23-1656529	SCHOOL DISTRICT	15,575.	0.			CREATING INNOVATIVE LEARNING SPACES FOR STUDENTS IN GRADES 9-12.
LEWISBURG CHILDREN'S MUSEUM 815 MARKET ST STE 14 LEWISBURG, PA 17837	81-1588789	501(C)(3)	6,017.	0.			2024 RAISE THE REGION
LEWISBURG NEIGHBORHOODS CORPORATION - 55 S 5TH ST FLOOR 2 PO BOX 298 - LEWISBURG, PA 17837	26-0416333	501(C)(3)	5,110.	0.			2024 RAISE THE REGION

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LITTLE LEAGUE BASEBALL, INC. 539 U.S. HIGHWAY 15 PO BOX 3485 - WILLIAMSPORT, PA 17701	23-1688231	501(C)(3)	6,500.	0.			JOHN W. LUNDY CONFERENCE CENTER
LOYALSOCK TOWNSHIP SCHOOL DISTRICT 1605 FOUR MILE DR WILLIAMSPORT, PA 17701	24-6001067	SCHOOL DISTRICT	12,213.	0.			LASER CUTTER - AUTOMATED MANUFACTURING FOR STUDENTS IN 9-12 TECHNOLOGY EDUCATION
LYCOMING ANIMAL PROTECTION SOCIETY, INC. - 630 WILDWOOD BLVD - WILLIAMSPORT, PA 17701	23-2675714	501(C)(3)	6,987.	0.			VETERINARIAN EXPENSES
LYCOMING ANIMAL PROTECTION SOCIETY, INC. - 630 WILDWOOD BLVD - WILLIAMSPORT, PA 17701	23-2675714	501(C)(3)	9,283.	0.			2024 RAISE THE REGION
LYCOMING ANIMAL PROTECTION SOCIETY, INC. - 630 WILDWOOD BLVD - WILLIAMSPORT, PA 17701	23-2675714	501(C)(3)	6,979.	0.			VETERINARY EXPENSES
LYCOMING COUNTY CHILDREN'S DEVELOPMENT CENTER - 1157 MARKET ST - WILLIAMSPORT, PA 17701	83-1306093	501(C)(3)	10,899.	0.			2024 RAISE THE REGION
LYCOMING COUNTY HISTORICAL SOCIETY & THOMAS T. TABER MUSEUM - 858 W 4TH ST - WILLIAMSPORT, PA 17701	23-1640657	501(C)(3)	7,257.	0.			2024 RAISE THE REGION
LYCOMING COUNTY LIBRARY SYSTEM 19 E 4TH ST WILLIAMSPORT, PA 17701	23-2863316	501(C)(3)	11,025.	0.			STORYWALK IN TROUT RUN PARK
LYCOMING COUNTY SPCA 2805 REACH RD WILLIAMSPORT, PA 17701	24-0857714	501(C)(3)	20,433.	0.			2024 RAISE THE REGION

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LYCOMING COUNTY UNITED WAY, INC. 1 W 3RD ST STE 208 WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	33,082.	0.			2024 RAISE THE REGION
LYCOMING COUNTY UNITED WAY, INC. 1 W 3RD ST STE 208 WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	18,469.	0.			LUWORG-SUPPORT OF PROGRAMS AND OPERATIONS
LYCOMING COUNTY UNITED WAY, INC. 1 W 3RD ST STE 208 WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	34,743.	0.			LUWCENORG-SUPPORT OF PROGRAMS AND OPERATIONS
LYCOMING COUNTY UNITED WAY, INC. 1 W 3RD ST STE 208 WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	10,293.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
LYCOMING COUNTY UNITED WAY, INC. 1 W 3RD ST STE 208 WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	8,879.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
LYCOMING COUNTY UNITED WAY, INC. 1 W 3RD ST STE 208 WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	6,533.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
LYCOMING-CLINTON JOINDER BOARD 33 W 3RD ST 4TH FLOOR WILLIAMSPORT, PA 17701	23-2187674	501(C)(3)	15,000.	0.			STIGMA, A BARRIER TO TREATMENT AND CREATING MENTAL HEALTH AWARENESS
MEADOWVIEW CHRISTIAN ACADEMY 216 TULIP RD PAXINOS, PA 17860	23-1907315	501(C)(3)	14,636.	0.			2024 RAISE THE REGION
MERCERSBURG ACADEMY 100 ACADEMY DRIVE MERCERSBURG, PA 17236	23-1365963	501(C)(3)	8,147.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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MERRILL W. LINN LAND AND WATERWAYS CONSERVANCY - PO BOX 501 - LEWISBURG, PA 17837	23-2533918	501(C)(3)	8,292.	0.			2024 RAISE THE REGION
MIDDLE SUSQUEHANNA RIVERKEEPER ASSOCIATION, INC. - 112 MARKET ST - SUNBURY, PA 17801	47-5000692	501(C)(3)	7,341.	0.			2024 RAISE THE REGION
MIDDLECREEK AREA COMMUNITY YMCA 67 ELM ST BEAVER SPRINGS, PA 17812	23-2791200	501(C)(3)	69,249.	0.			2024 RAISE THE REGION
MONTGOMERY AREA SCHOOL DISTRICT 120 PENN ST MONTGOMERY, PA 17752	24-6001106	SCHOOL DISTRICT	20,000.	0.			E-SPORTS START-UP FOR STUDENTS IN JR./SR. HIGH SCHOOL
MONTGOMERY HOUSE LIBRARY, INC. 20 CHURCH ST PO BOX 5 MCEWENSVILLE, PA 17749	25-1181545	501(C)(3)	50,000.	0.			SUSTAIN LIBRARY OPERATIONS
MONTOURSVILLE AREA SCHOOL DISTRICT 50 N ARCH ST MONTOURSVILLE, PA 17754	23-1667972	SCHOOL DISTRICT	9,033.	0.			METAL FABRICATION FOR STUDENTS IN GRADES 9-12
MOSTLY MUTTS, INC. 284 LITTLE MOUNTAIN RD SUNBURY, PA 17801	34-2029750	501(C)(3)	10,578.	0.			2024 RAISE THE REGION
MUNCY AREA POOL ASSOCIATION ATTN: TREASURER REAR 125 NEW STREET PO BOX 101 - MUNCY, PA 17756	23-7006677	501(C)(3)	50,000.	0.			CONCRETE WORK, HEAT SYSTEM & LANE LINES
MUNCY SCHOOL DISTRICT 200 W PENN ST MUNCY, PA 17756-1209	24-6001124	SCHOOL DISTRICT	9,300.	0.			PRODUCTION CNC ROUTING IN MANUFACTURING 4.0 FOR STUDENTS IN GRADES 7-12 TECHNOLOGY EDUCATION

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MUNCY SCHOOL DISTRICT 200 W PENN ST MUNCY, PA 17756-1209	24-6001124	SCHOOL DISTRICT	15,200.	0.			DIGITAL WHITEBOARDING FOR STUDENTS IN GRADES 10-12
MUNCY SCHOOL DISTRICT 200 W PENN ST MUNCY, PA 17756-1209	24-6001124	SCHOOL DISTRICT	8,923.	0.			3D PRINTING USING PRINT FARM & AI TECHNOLOGY FOR TECH ED. STUDENTS IN GRADES 7-12
NATIONAL GIVING ALLIANCE 1974 JACKS HOLLOW RD WILLIAMSPORT, PA 17702	23-6410755	501(C)(3)	11,221.	0.			2024 RAISE THE REGION
NORTHCENTRAL PENNSYLVANIA CONSERVANCY - PO BOX 2083 - WILLIAMSPORT, PA 17703	23-2606163	501(C)(3)	5,674.	0.			2024 RAISE THE REGION
NORTHERN COLUMBIA COMMUNITY AND CULTURAL CENTER - 42 COMMUNITY DR PO BOX 305 - BENTON, PA 17814	23-3079237	501(C)(3)	12,637.	0.			2024 RAISE THE REGION
NORTHUMBERLAND CHRISTIAN SCHOOL 351 5TH ST NORTHUMBERLAND, PA 17857	24-6019828	501(C)(3)	116,278.	0.			2024 RAISE THE REGION
OUR LADY OF LOURDES REGIONAL SCHOOL - 2001 CLINTON AVE - COAL TOWNSHIP, PA 17866	23-1494791	501(C)(3)	39,716.	0.			2024 RAISE THE REGION
PARAGON RAGTIME ORCHESTRA, INC. PO BOX 247 LEWISBURG, PA 17837	23-2718251	501(C)(3)	16,385.	0.			2024 RAISE THE REGION
PATRIOT K9 RESCUE, INC. 1034 STATE ROUTE 487 ELYSBURG, PA 17824	82-4626250	501(C)(3)	28,039.	0.			2024 RAISE THE REGION

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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
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	6,500.	0.			LUNDY FUND - JOHN C. LUNDY SCHOLARSHIP FUND
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	15,000.	0.			DECORATIVE ARTS RESTORATION FOR THE COMMUNITY ARTS CENTER
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	16,375.	0.			JACKSON SWINEHART/STUDENT ID# 777130271
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	36,651.	0.			ORG ENDOW-SUPPORT OF PROGRAMS AND OPERATIONS OF THE COMMUNITY ARTS CENTER
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	5,523.	0.			ANNUAL CARE OF THE AMERICAN FLAG AT THE COLLEGE ENTRANCE
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	26,087.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS FOR THE COMMUNITY ARTS CENTER
PENNSYLVANIA COLLEGE OF TECHNOLOGY FOUNDATION, INC. - 1 COLLEGE AVE DIF 65 - WILLIAMSPORT, PA 17701	23-2186644	501(C)(3)	25,000.	0.			SPARK TANK GRANT - LUNCH AND LEARNS - INFORMAL SESSIONS WHERE PEOPLE GATHER OVER A MEAL TO
PENNSYLVANIA MASTER NATURALIST 197 MONTGOMERY RD ELYSBURG, PA 17824	46-0799543	501(C)(3)	6,816.	0.			2024 RAISE THE REGION
PENNSYLVANIA SPCA CENTRAL PA CENTER IN DANVILLE - 350 E ERIE AVE - PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	11,975.	0.			2024 RAISE THE REGION

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PENNSYLVANIA SPCA CENTRAL PA CENTER IN DANVILLE - 350 E ERIE AVE - PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	9,966.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
PRESBYTERIAN SENIOR LIVING 1 TRINITY DR E STE 201 DILLSBURG, PA 17019	23-1381404	501(C)(3)	6,050.	0.			UPGRADED LAUNDRY CAPACITY FOR PRESBYTERIAN HOME AT WILLIAMSPORT
PUBLIC LIBRARY FOR UNION COUNTY 255 REITZ BLVD LEWISBURG, PA 17837	23-2208061	501(C)(3)	10,546.	0.			2024 RAISE THE REGION
RIVER VALLEY NATURE SCHOOL PO BOX 145 LEWISBURG, PA 17837	24-0795698	501(C)(3)	6,061.	0.			2024 RAISE THE REGION
RIVER VALLEY REGIONAL YMCA 641 WALNUT ST WILLIAMSPORT, PA 17701	24-0795698	501(C)(3)	27,869.	0.			2024 RAISE THE REGION
ROAD RADIO USA, INC. 601 S MAIN ST MUNCY, PA 17756	23-2767215	501(C)(3)	8,666.	0.			2024 RAISE THE REGION
RONALD MCDONALD HOUSE OF DANVILLE, INC. - 24 TREMBULAK WAY - DANVILLE, PA 17821	23-2155803	501(C)(3)	7,387.	0.			2024 RAISE THE REGION
SALT & LIGHT MEDIA MINISTRIES 101 ARMORY BLVD LEWISBURG, PA 17837	22-2584923	501(C)(3)	19,473.	0.			2024 RAISE THE REGION
SOJOURNER TRUTH MINISTRIES, INC. 501 HIGH ST WILLIAMSPORT, PA 17701	23-2125932	501(C)(3)	7,818.	0.			2024 RAISE THE REGION

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SON LIGHT HOUSE 130 CARPENTER ST MUNCY, PA 17756	23-2224873	501(C)(3)	6,607.	0.			2024 RAISE THE REGION
ST. JOHN NEUMANN REGIONAL ACADEMY 901 PENN STREET WILLIAMSPORT, PA 17701	75-3244895	501(C)(3)	6,971.	0.			2024 RAISE THE REGION
ST. JOHN NEUMANN REGIONAL ACADEMY 901 PENN STREET WILLIAMSPORT, PA 17701	75-3244895	501(C)(3)	9,995.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
ST. JOSEPH SCHOOL 1027 FERRY ST DANVILLE, PA 17821	84-3613865	501(C)(3)	18,752.	0.			2024 RAISE THE REGION
STEP, INC. 2138 LINCOLN ST WILLIAMSPORT, PA 17701	23-1668784	501(C)(3)	11,648.	0.			OUTREACH AND RECRUITMENT OF CEO REPLACEMENT
STEP, INC. 2138 LINCOLN ST WILLIAMSPORT, PA 17701	23-1668784	501(C)(3)	20,000.	0.			SUPPORT OF THE "MY MUNCY" PROJECT
SULLIVAN COUNTY SCHOOL DISTRICT 777 SOUTH ST PO BOX 240 LAPORTE, PA 18626	23-1667984	SCHOOL DISTRICT	31,034.	0.			CNC LASER ENGRAVER - STEAM FOR 7TH-12TH GRADERS
SUNCOM INDUSTRIES, INC. 128 WATER ST PO BOX 46 - NORTHUMBERLAND, PA 17857	23-6420578	501(C)(3)	6,629.	0.			2024 RAISE THE REGION
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	14,020.	0.			2024 RAISE THE REGION

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SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	31,407.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
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 HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	5,655.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	7,694.	0.			ANNUAL SUPPORT OF PEDIATRIC REHABILITATION SERVICES
SUSQUEHANNA VALLEY CASA - VOICES FOR CHILDREN - PO BOX 885 - SUNBURY, PA 17801	45-4034465	501(C)(3)	5,800.	0.			VOLUNTEER AND COMMUNITY ENGAGEMENT PORTAL
SUSQUEHANNA VALLEY CHORALE PO BOX 172 LEWISBURG, PA 17837	23-7171719	501(C)(3)	19,077.	0.			2024 RAISE THE REGION
SUSQUEHANNA VALLEY MEDIATION, INC. 713 BRIDGE ST, STE 3 SELINGSGROVE, PA 17870	27-3362701	501(C)(3)	6,165.	0.			2024 RAISE THE REGION
THE BLOOMSBURG SALVATION ARMY SERVICE CENTER - 345 MARKET ST - BLOOMSBURG, PA 17815	13-5562351	501(C)(3)	10,000.	0.			EMERGENCY FINANCIAL ASSISTANCE - RENT AND UTILITY ASSISTANCE
THE EXCHANGE 24 E MAIN ST BLOOMSBURG, PA 17815	27-0980463	501(C)(3)	7,303.	0.			2024 RAISE THE REGION

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THE GREEN DRAGON FOUNDATION 115 FARLEY CIR STE 306 LEWISBURG, PA 17837	80-0179894	501(C)(3)	6,481.	0.			2024 RAISE THE REGION
THE SALVATION ARMY OF WILLIAMSPORT 457 MARKET ST PO BOX 1296 - WILLIAMSPORT, PA 17701	13-5562351	501(C)(3)	6,987.	0.			FOOD PANTRY
THE WILLIAMSPORT HOME 1900 RAVINE RD WILLIAMSPORT, PA 17701	24-0795507	501(C)(3)	231,876.	0.			CAPITAL IMPROVEMENTS - FINAL DISTRIBUTION FROM CLOSED FUND
THE WILLIAMSPORT HOME 1900 RAVINE RD WILLIAMSPORT, PA 17701	24-0795507	501(C)(3)	8,346.	0.			ORG ENDOW-SUPPORT OF PROGRAMS AND OPERATIONS
THINKBIG PEDIATRIC CANCER FUND, INC. - 530 MONTOUR BLVD STE B - BLOOMSBURG, PA 17815	47-1955469	501(C)(3)	25,799.	0.			2024 RAISE THE REGION
THOMAS BEAVER FREE LIBRARY 317 FERRY STREET DANVILLE, PA 17821	24-0796861	501(C)(3)	8,176.	0.			2024 RAISE THE REGION
THOMAS BEAVER FREE LIBRARY 317 FERRY STREET DANVILLE, PA 17821	24-0796861	501(C)(3)	5,190.	0.			ANNUAL SUPPORT OF THE PAT ACKERMAN GUYS & GIRLS READ PROGRAM
TRANSITIONAL HOUSING AND CARE CENTER, INC. - 21 GATE HOUSE DR - DANVILLE, PA 17821	23-2824353	501(C)(3)	5,369.	0.			2024 RAISE THE REGION
TRANSITIONS OF PA PO BOX 170 LEWISBURG, PA 17837	23-2089699	501(C)(3)	10,344.	0.			2024 RAISE THE REGION

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TRANSITIONS OF PA PO BOX 170 LEWISBURG, PA 17837	23-2089699	501(C)(3)	15,000.	0.			THERAPY FOR SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT
TRINITY EPISCOPAL CHURCH 844 W 4TH ST WILLIAMSPORT, PA 17701	24-0795692	501(C)(3)	8,147.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
TROY AREA SCHOOL DISTRICT 68 FENNER AVE TROY, PA 16947	23-1667986	SCHOOL DISTRICT	13,608.	0.			IMPROVING READING MASTERY FOR K-3 GRADERS
TURBOTVILLE COMMUNITY HALL CORPORATION - 41 CHURCH ST PO BOX 313 - TURBOTVILLE, PA 17772	23-2863129	501(C)(3)	30,151.	0.			ROOF REPLACEMENT
UNITED CHURCHES OF LYCOMING COUNTY 202 E 3RD ST WILLIAMSPORT, PA 17701	23-2278754	501(C)(3)	5,163.	0.			2024 RAISE THE REGION
UPTOWN MUSIC COLLECTIVE PO BOX 1224 WILLIAMSPORT, PA 17703	20-3851091	501(C)(3)	38,179.	0.			2024 RAISE THE REGION
WELLSBORO AREA SCHOOL DISTRICT 227 NICHOLS ST WELLSBORO, PA 16901	24-6001315	SCHOOL DISTRICT	33,600.	0.			WAHS BUILDING CAREERS IN SECONDARY
WEST BRANCH DRUG & ALCOHOL ABUSE COMMISSION, INC. - 213 W 4TH ST 2ND FLR - WILLIAMSPORT, PA 17701	23-6616299	501(C)(3)	11,191.	0.			2024 RAISE THE REGION
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	6,591.	0.			ENHANCE THE STUDENT EDUCATIONAL EXPERIENCE

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WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	6,500.	0.			CREATIVE REGULATION FOR VISUAL ARTS STUDENTS GRADES 9-12
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	33,000.	0.			WAHS ESPORTS ARENA FOR STUDENTS IN GRADES 9-12
WILLIAMSPORT AREA SCHOOL DISTRICT EDUCATION FOUNDATION - 2780 WEST FOURTH ST. - WILLIAMSPORT, PA 17701	35-2230335	SCHOOL DISTRICT	7,280.	0.			2024 RAISE THE REGION
WILLIAMSPORT INDEPENDENT MEDIA, INC. - 1307 PARK AVE BOX 1 - WILLIAMSPORT, PA 17701	20-2673968	501(C)(3)	15,000.	0.			WXPI COMMUNITY RADIO 97.1 RADIO ANTENNA AT THE PAJAMA FACTORY
WILLIAMSPORT LYCOMING ARTS COUNCIL 46 W.4TH ST WILLIAMSPORT, PA 17701	23-2014255	501(C)(3)	25,000.	0.			SUSQUEHANNA RIVER SCHOOL OF THE ARTS
WILLIAMSPORT SYMPHONY ORCHESTRA 220 WEST 4TH STREET WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	6,000.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
WILLIAMSPORT SYMPHONY ORCHESTRA 220 WEST 4TH STREET WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	5,761.	0.			2024 RAISE THE REGION
WILLIAMSPORT SYMPHONY ORCHESTRA 220 WEST 4TH STREET WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	16,989.	0.			ORG ENDOW-SUPPORT FOR CAMPAIGN OBJECTIVES
WILLIAMSPORT SYMPHONY ORCHESTRA 220 WEST 4TH STREET WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	18,657.	0.			ANNUAL SUPPORT OF CAMPAIGN OBJECTIVES

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YWCA NORTHCENTRAL PA 815 W 4TH ST WILLIAMSPORT, PA 17756	24-0796439	501(C)(3)	6,938.	0.			ORG ENDOW-SUPPORT OF PROGRAMS AND OPERATIONS
YWCA NORTHCENTRAL PA 815 W 4TH ST WILLIAMSPORT, PA 17756	24-0796439	501(C)(3)	23,614.	0.			2024 RAISE THE REGION
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA - 336 ARTS & ADMINISTRATION 400 E 2ND ST - BLOOMSBURG, PA	23-2738930	501(C)(3)	5,037.	0.			HAYLIE HEVERLY/STUDENT ID# P11549382
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA - 336 ARTS & ADMINISTRATION 400 E 2ND ST - BLOOMSBURG, PA	23-2738930	501(C)(3)	9,481.	0.			ADALYN BOWER/STUDENT ID# P11553923
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA - 336 ARTS & ADMINISTRATION 400 E 2ND ST - BLOOMSBURG, PA	23-2738930	501(C)(3)	7,092.	0.			MIRANDA STONER/STUDENT ID#P11553150
SCOUTING AMERICA, SUSQUEHANNA COUNCIL - 815 NORTHWAY RD - WILLIAMSPORT, PA 17701	24-0795397	501(C)(3)	6,292.	0.			2024 RAISE THE REGION
COUNTY OF LYCOMING 48 W 3RD ST WILLIAMSPORT, PA 17701	24-6000733	501(C)(3)	15,000.	0.			PROTECTIVE EQUIPMENT FOR THE LYCOMING COUNTY NARCOTICS ENFORCEMENT UNIT
GROVE CITY COLLEGE FINANCIAL AID OFFICE 100 CAMPUS DRIVE - GROVE CITY, PA 16127	25-1065148	501(C)(3)	5,961.	0.			BENJAMIN FOSTER/STUDENT ID#273551
LOCK HAVEN UNIVERSITY STUDENT FINANCIAL SERVICES 401 N FAIRVIEW ST 224 A ULMER - LOCK HAVEN, PA 17	23-2442881	501(C)(3)	8,000.	0.			PATRICK ZALONIS/STUDENT ID#11555733

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LOCK HAVEN UNIVERSITY STUDENT FINANCIAL SERVICES 401 N FAIRVIEW ST 224 A ULMER - LOCK HAVEN, PA 17	23-2442881	501(C)(3)	10,000.	0.			KAYLA LEFEVER/STUDENT ID# 11553712
LOCK HAVEN UNIVERSITY STUDENT FINANCIAL SERVICES 401 N FAIRVIEW ST 224 A ULMER - LOCK HAVEN, PA 17	23-2442881	501(C)(3)	5,961.	0.			EMMA CLINE/STUDENT ID#P11548716
MUNCY CREEK TOWNSHIP 575 RT 442 MUNCY, PA 17756	24-6001499	501(C)(3)	40,287.	0.			MUNCY CREEK TOWNSHIP KEISS MEMORIAL PARK PICKLEBALL COURT PROJECT
OLD LYCOMING TOWNSHIP VOLUNTEER FIRE COMPANY - 1600 DEWEY AVE - WILLIAMSPORT, PA 17701	23-6422912	501(C)(3)	14,945.	0.			AUTOMATIC EXTERNAL DEFIBRILLATOR EQUIPMENT UPDATES AND STOP THE BLEED KITS
PENN STATE UNIVERSITY OFFICE OF THE BURSAR ATTN: EXTERNAL AWARDS 109 SHIELDS BUILDING - UNIVERSITY	24-6000376	501(C)(3)	7,842.	0.			NOAH HEPLER/STUDENT ID#948872091
PENN STATE UNIVERSITY OFFICE OF THE BURSAR ATTN: EXTERNAL AWARDS 109 SHIELDS BUILDING - UNIVERSITY	24-6000376	501(C)(3)	5,961.	0.			JILLIAN IRION/STUDENT ID#923663236
REGIONAL ENGAGEMENT CENTER PO BOX 93 SELINGSGROVE, PA 17870	81-2492499	501(C)(3)	20,000.	0.			YEAR-ROUND AFTER SCHOOL DROP-IN PROGRAM
THE NEW LOVE CENTER 229 S BROAD ST PO BOX 504 - JERSEY SHORE, PA 17740	81-4639031	501(C)(3)	15,000.	0.			FOOD WAREHOUSE PROJECT
WEST BRANCH ARTS CONSORTIUM 883 WAGMYR LN PO BOX 5 LOGANTON, PA 17747	47-5564783	501(C)(3)	15,000.	0.			PERFORMING ARTS LITERACY PROJECT - JERSEY SHORE, LOYALSOCK TOWNSHIP, MUNCY SCHOOL DISTRICTS

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YORK COLLEGE OF PENNSYLVANIA FINANCIAL AID MILLER ADMINISTRATION BLDG, RM 138 441 COUNTRY CLUB RD - YORK, MASSACHUSETTS INSTITUTE OF TECHNOLOGY - STUDENT FINANCIAL SERVICES 77 MASSACHUSETTS AVENUE	23-1352698	501(C)(3)	5,961.	0.			ZACH MCGARVEY/STUDENT ID#903298794
TEACHER'S PET RESCUE 19 BLACKBERRY LN COUDERSPORT, PA 16915	26-2970828	501(C)(3)	14,900.	0.			CARTER ROGERS/STUDENT ID# 932689372
POTTER COUNTY ANIMAL ASSISTANCE PROJECT - 208 BEECH ST - COUDERSPORT, PA 16915	45-4903629	501(C)(3)	14,900.	0.			CARING FOR POTTER COUNTY DOGS
POTTER COUNTY ANIMAL ASSISTANCE PROJECT - 208 BEECH ST - COUDERSPORT, PA 16915	45-4903629	501(C)(3)	14,900.	0.			SPAY AND NEUTER OF CATS, DOGS, AND EMERGENCY MEDICAL
HAMILTON-GIBSON PRODUCTIONS, INC. 29 WATER ST WELLSBORO, PA 16901	25-1705457	501(C)(3)	15,977.	0.			2024 RAISE THE REGION
SECOND CHANCE ANIMAL SANCTUARIES, INC. - 725 GEE RD - TIOGA, PA 16946	25-1893503	501(C)(3)	7,947.	0.			2024 RAISE THE REGION
HEARTLAND YOUTH FOOTBALL LEAGUE 930 PLUM CREEK RD SUNBURY, PA 17801	82-5114617	501(C)(3)	8,000.	0.			FOOTBALL AND CHEER UNIFORMS
BLOSSBURG MEMORIAL LIBRARY 307 MAIN ST BLOSSBURG, PA 16912	24-0828959	501(C)(3)	8,915.	0.			2024 RAISE THE REGION
THE GREEN FREE LIBRARY 134 MAIN ST WELLSBORO, PA 16901	24-0798643	501(C)(3)	5,489.	0.			2024 RAISE THE REGION

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HARRY C. MATHIAS, SR. CHARITABLE FOUNDATION, INC. - 473 GEARHART RD - WATSONTOWN, PA 17777	85-0859724	501(C)(3)	5,411.	0.			2024 RAISE THE REGION
FACTORY WORKS 1307 PARK AVE BOX 12 WILLIAMSPORT, PA 17701	27-0083507	501(C)(3)	6,437.	0.			2024 RAISE THE REGION
BLOOMSBURG FOOD CUPBOARD 342 IRON ST BLOOMSBURG, PA 17815	86-3018888	501(C)(3)	5,773.	0.			2024 RAISE THE REGION
GIRLS ON THE RUN MID STATE PA 123 N ENOLA DR STE 1A ENOLA, PA 17025	27-5095044	501(C)(3)	10,405.	0.			SUPPORTING GIRLS' SOCIAL, MENTAL AND PHYSICAL HEALTH
GIRLS ON THE RUN MID STATE PA 123 N ENOLA DR STE 1A ENOLA, PA 17025	27-5095044	501(C)(3)	10,000.	0.			SUPPORTING GIRLS' SOCIAL, MENTAL AND PHYSICAL HEALTH - SCHOLARSHIPS FOR PARTICIPANTS
MARANATHA MISSION HOME NETWORK, INC. - C/O VALLEY LEARNING COMMUNITY 1114 ELIZABETH ST - WILLIAMSPORT,	16-1242929	501(C)(3)	17,490.	0.			2024 RAISE THE REGION
THREE SPRINGS MINISTRIES, INC. 874 LINCK HILL RD MORRIS, PA 16938	25-1592506	501(C)(3)	25,512.	0.			2024 RAISE THE REGION
UNITY COLLABORATIVE NON-PROFIT CORPORATION - 890 MEMORIAL AVE - WILLIAMSPORT, PA 17701	92-0520538	501(C)(3)	14,475.	0.			TEEN MOTHERS MILK PROJECT
MESSIAH UNIVERSITY 1 UNIVERSITY AVE STE 3006 MECHANICSBURG, PA 17055	23-1352661	501(C)(3)	14,325.	0.			KATELYN GOOD/STUDENT ID# 01321908

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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
MESSIAH UNIVERSITY 1 UNIVERSITY AVE STE 3006 MECHANICSBURG, PA 17055	23-1352661	501(C)(3)	20,000.	0.			LILLIAN WERTZ/STUDENT ID#01320836
LAIRDSVILLE COMMUNITY VOLUNTEER FIRE COMPANY - PO BOX 34 - LAIRDSVILLE, PA 17742	27-0071186	501(C)(3)	9,275.	0.			CORDLESS RESCUE TOOLS
NORTHERN TIOGA SCHOOL DISTRICT 110 ELLISON RD ELKLAND, PA 16920	23-1667683	SCHOOL DISTRICT	8,000.	0.			GREEN ROOM FOR STUDENTS IN GRADES 9-12
NORTHERN TIOGA SCHOOL DISTRICT 110 ELLISON RD ELKLAND, PA 16920	23-1667683	SCHOOL DISTRICT	8,000.	0.			FOSTERING TECHNICAL CAREERS FOR STUDENTS IN HIGH SCHOOL TECH ED STUDENTS
HIS THOUSAND HILLS INC 458 PHIPPEN RD WELLSBORO, PA 16901	23-2130824	501(C)(3)	5,297.	0.			2024 RAISE THE REGION
WEST BRANCH CHORALE 27 TEMPLE HILL RD HUGHESVILLE, PA 17737	81-3515336	501(C)(3)	5,795.	0.			2024 RAISE THE REGION
SAMARITAN HOUSE OF WELLSBORO 3 MORGAN TERRACE WELLSBORO, PA 16901	23-1637186	501(C)(3)	5,429.	0.			2024 RAISE THE REGION
BOROUGH OF MONTGOMERY 35 S MAIN ST MONTGOMERY, PA 17752	24-6000628	501(C)(3)	14,875.	0.			MONTGOMERY BOROUGH PARK & PLAY
PENN STATE BEHREND 4701 COLLEGE DR ERIE, PA 16563	24-6000376	501(C)(3)	11,000.	0.			BRENDAN KURIGA/STUDENT ID# 925862079

Schedule I (Form 990)

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 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 ALEXANDER YOUTH FUND TO CREATE/FUND THE BLAISE ALEXANDER FAMILY FUND FOR THE UNITED WAY

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

AGAPE LOVE FROM ABOVE TO OUR COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN IN NEED PROGRAM - FEMININE
HYGIENE PRODUCT DISTRIBUTION IN COLUMBIA, LYCOMING, AND NORTHUMBERLAND
COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: BOROUGH OF SOUTH WILLIAMSPORT
(H) PURPOSE OF GRANT OR ASSISTANCE: ORG ENDOW-FUNDING TO RESPOND TO
COMPELLING COMMUNITY NEEDS AND OPPORTUNITIES WITHIN THE BOROUGH, ABOVE
AND BEYOND NORMAL, TAX-SUPPORTED OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: CAMP KOALA
(H) PURPOSE OF GRANT OR ASSISTANCE: SIX MONTHLY GRIEF SUPPORT CAMPS FOR
CHILDREN AND YOUTH IN LYCOMING, NORTHUMBERLAND, AND UNION COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: SUSQUEHANNA VALLEY UNITED WAY
(H) PURPOSE OF GRANT OR ASSISTANCE: BEHAVIORAL/MENTAL HEALTH PREVENTION
AND INTERVENTION TRAINING FOR AREA NON-PROFITS AND BUSINESSES IN
COLUMBIA, NORTHUMBERLAND AND UNION COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:
PENNSYLVANIA COLLEGE OF TECHNOLOGY FOUNDATION, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: SPARK TANK GRANT - LUNCH AND LEARNS
- INFORMAL SESSIONS WHERE PEOPLE GATHER OVER A MEAL TO LEARN ABOUT A
SPECIFIC TOPIC

NAME OF ORGANIZATION OR GOVERNMENT:
WELLSPRING COMMUNITY SUPPORT SERVICES, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: WELLNESS RECOVERY ACTION PLAN (WRAP)
FACILITATOR TRAINING FOR EMPLOYEES AND CLIENTS IN TIOGA COUNTY

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

**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

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

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

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

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.

[illegible]

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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
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 102,697.
CONTRIBUTIONS TO AGENCY ENDOWMENTS -365,117.

Name of the organization	FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	Employer identification number	24-6013117
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NET INVESTMENT INCOME AND GAINS ON AGENCY ENDOWMENTS			
DISTRIBUTIONS ON AGENCY ENDOWMENTS		443,872.	
FEES REPORTED ON AGENCY ENDOWMENTS		48,678.	
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS		104,367.	
AGENCY FUNDS - INVESTMENT MANAGEMENT FEES		19,656.	
AGENCY FUNDS - GAINS (LOSSES) ON INVESTMENTS		-127,026.	
AGENCY FUNDS - INTEREST		-565,687.	
TOTAL TO FORM 990, PART XI, LINE 9		-338,560.	

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**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

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	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	Form 990-T (governmental entities)	15

• 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 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** 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

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

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

Form **8868** (Rev. 1-2025)