Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 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 organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 201 WEST FOURTH STREET

Room/suite

City 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 $ 330,101,151.

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

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

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.FCFPARTNERSHIP.ORG

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other 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 ☐ 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 2025 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	282
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,896,708.	4,898,314.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,864,219.	5,306,426.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,054,582.	1,433,905.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,815,509.	11,638,645.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,105,382.	6,377,478.
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)	1,202,336.	1,393,265.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 794,075.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,363,746.	1,456,584.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,671,464.	9,227,327.
19	Revenue less expenses. Subtract line 18 from line 12	12,144,045.	2,411,318.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	167,551,351.	184,718,536.
21	Total liabilities (Part X, line 26)	8,526,275.	8,623,118.
22	Net assets or fund balances. Subtract line 21 from line 20	159,025,076.	176,095,418.

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 OF

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	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
HARRISBURG, PA 17110 — Phone no. 717-232-1230

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FCFP WORKS TO IMPROVE QUALITY OF LIFE IN NORTH CENTRAL PENNSYLVANIA THROUGH COMMUNITY LEADERSHIP, THE PROMOTION OF PHILANTHROPY, THE STRENGTHENING OF NONPROFIT IMPACT, AND THE PERPETUAL STEWARDSHIP OF CHARITABLE ASSETS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 7,907,250. including grants of $ 6,377,478.) (Revenue $ 62,827.)
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 $7.2 MILLION WERE DISTRIBUTED IN 2025 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 7,907,250.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? 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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I.* See instructions	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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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	13		
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? *If "No" to line 3b, provide an explanation on Schedule O*	**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? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	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.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b		

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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

JENNIFER WILSON - 570-321-1500

201 WEST FOURTH STREET, WILLIAMSPORT, PA 17701-6242

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVIE JANE GILMOUR	1.00									
CHAIR		X		X				0.	0.	0.
(2) DOMINIC MOFFA	1.00									
VICE-CHAIR		X		X				0.	0.	0.
(3) KENDRA AUCKER	1.00									
SECRETARY/TREASURER		X		X				0.	0.	0.
(4) KAREN BLASCHAK	1.00									
DIRECTOR		X						0.	0.	0.
(5) CHRIS BAYLOR	1.00									
DIRECTOR		X						0.	0.	0.
(6) RON CIMINI	1.00									
DIRECTOR		X						0.	0.	0.
(7) TED STROSSER	1.00									
DIRECTOR		X						0.	0.	0.
(8) MARY ANN JOHNSON	1.00									
DIRECTOR		X						0.	0.	0.
(9) TODD ROSS	1.00									
DIRECTOR		X						0.	0.	0.
(10) KAREN YOUNG	1.00									
DIRECTOR		X						0.	0.	0.
(11) HARVEY EDWARDS (DECEASED)	1.00									
DIRECTOR		X						0.	0.	0.
(12) JOHN BELANGER	1.00									
DIRECTOR		X						0.	0.	0.
(13) MARWIN REEVES, JR.	1.00									
DIRECTOR		X						0.	0.	0.
(14) ANDY HARRIS	1.00									
DIRECTOR		X						0.	0.	0.
(15) JEANETTE KITCHEN	1.00									
DIRECTOR		X						0.	0.	0.
(16) AL CLAPPS	1.00									
DIRECTOR		X						0.	0.	0.
(17) SABRA KARR	1.00									
DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRENT FISH	1.00									
DIRECTOR		X						0.	0.	0.
(19) NICOLE MIELE	1.00									
DIRECTOR		X						0.	0.	0.
(20) TERI MACBRIDE	1.00									
DIRECTOR (THRU		X						0.	0.	0.
(21) BOB WALKER	1.00									
DIRECTOR (THRU		X						0.	0.	0.
(22) BRIAN BLUTH	1.00									
DIRECTOR		X						0.	0.	0.
(23) HERMAN LOGUE	1.00									
DIRECTOR		X						0.	0.	0.
(24) LANCE MILLER	1.00									
DIRECTOR		X						0.	0.	0.
(25) BRENDA NICHOLS	1.00									
DIRECTOR		X						0.	0.	0.
(26) JENNIFER D. WILSON	45.00									
PRESIDENT & CEO		X		X				222,308.	0.	11,098.
1b Subtotal								222,308.	0.	11,098.
c Total from continuation sheets to Part VII, Section A								262,859.	0.	25,126.
d Total (add lines 1b and 1c)								485,167.	0.	36,224.

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 3

		Yes	No
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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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
CAMBRIDGE ASSOCIATES 2001 ROSS AVENUE #2300, DALLAS, TX 75201	INVESTMENT MANAGEMENT	338,436.
SEI INVESTMENTS COMPANY 1 FREEDOM VALLEY DRIVE, OAKS, PA 19456	INVESTMENT MANAGEMENT	118,966.

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

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEVEN SIMMS	45.00									
CFO AND ASST SECRETARY/TREASURER				X				137,000.	0.	8,405.
(28) JASON MCCAHAN	45.00									
DIRECTOR OF MAJOR & PLANNED GIFTS						X		125,859.	0.	16,721.
Total to Part VII, Section A, line 1c								262,859.		25,126.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	18,720.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,879,594.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f			4,898,314.		
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,969,201.			2,969,201.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,184,336.			1,184,336.
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	320,781,705.				
	b	Less: cost or other basis and sales expenses 7b	318,444,480.				
	c	Gain or (loss) 7c	2,337,225.				
	d	Net gain or (loss)		2,337,225.			2,337,225.
	8a	Gross income from fundraising events (not including $ 18,720. of contributions reported on line 1c). See Part IV, line 18 8a	42,360.				
	b	Less: direct expenses 8b	18,026.				
	c	Net income or (loss) from fundraising events		24,334.			24,334.
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	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				
	11a	MISCELLANEOUS INCOME	561499	167,476.	167,476.		
	b	ADMINISTRATIVE FEE INC	561000	57,759.	57,759.		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		225,235.			
	12	**Total revenue.** See instructions		11,638,645.	225,235.	0.	6,515,096.

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	6,377,478.	6,377,478.		
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	521,396.	89,739.	252,180.	179,477.
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	684,481.	259,961.	55,144.	369,376.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,091.	21,969.	15,105.	40,017.
9 Other employee benefits	24,483.	8,758.	3,214.	12,511.
10 Payroll taxes	85,814.	26,002.	20,704.	39,108.
11 Fees for services (nonemployees):				
a Management	48,563.	48,563.		
b Legal	22,001.		22,001.	
c Accounting	42,144.	6,250.	35,894.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	545,916.	545,916.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	70,503.	61,475.	9,028.	
12 Advertising and promotion				
13 Office expenses	137,808.	85,741.	38,060.	14,007.
14 Information technology	98,453.	11,182.	5,543.	81,728.
15 Royalties				
16 Occupancy	19,578.	19,578.		
17 Travel	11,152.	2,064.	2,952.	6,136.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	35,520.	35,520.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	165,134.	157,251.	5,912.	1,971.
23 Insurance	25,080.	11,070.	11,977.	2,033.
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	128,015.	78,179.	30,614.	19,222.
b STAFF EDUCATION	56,398.	28,271.	9,035.	19,092.
c PUBLIC RELATIONS	34,047.	19,741.	7,153.	7,153.
d CHANGE IN VALUE OF SPLI	11,905.	11,905.		
e All other expenses	4,367.	637.	1,486.	2,244.
25 **Total functional expenses.** Add lines 1 through 24e	9,227,327.	7,907,250.	526,002.	794,075.
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 ☐ 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		1,103,187.	1	1,937,368.
	2	Savings and temporary cash investments		2,936,407.	2	4,325,068.
	3	Pledges and grants receivable, net		15,122,103.	3	12,844,335.
	4	Accounts receivable, net			4	292.
	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		100,276.	9	101,078.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,405,873.			
	b	Less: accumulated depreciation	10b 1,548,446.	2,759,857.	10c	2,857,427.
	11	Investments - publicly traded securities		140,609,155.	11	157,187,067.
	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		4,920,366.	15	5,465,901.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		167,551,351.	16	184,718,536.
Liabilities	17	Accounts payable and accrued expenses		226,250.	17	239,235.
	18	Grants payable		932,217.	18	995,493.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		6,356,775.	21	6,915,165.
	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		1,011,033.	23	473,225.
	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		8,526,275.	26	8,623,118.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		137,597,849.	27	158,633,875.
	28	Net assets with donor restrictions		21,427,227.	28	17,461,543.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		159,025,076.	32	176,095,418.
	33	Total liabilities and net assets/fund balances		167,551,351.	33	184,718,536.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,638,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,227,327.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,411,318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	159,025,076.
5	Net unrealized gains (losses) on investments	5	14,884,425.
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	-225,401.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	176,095,418.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
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).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,561,867.	27,600,219.	3,544,521.	3,896,708.	4,894,314.	48,497,629.
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	8,561,867.	27,600,219.	3,544,521.	3,896,708.	4,894,314.	48,497,629.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,207,549.
6 **Public support.** Subtract line 5 from line 4.						43,290,080.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	8,561,867.	27,600,219.	3,544,521.	3,896,708.	4,894,314.	48,497,629.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,074,747.	11,878,278.	7,911,420.	14,312,976.	3,947,492.	41,124,913.
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						89,622,542.

12 Gross receipts from related activities, etc. (see instructions) 12 274,846.

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 2025 (line 6, column (f), divided by line 11, column (f)) 14 48.30 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 48.32 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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	Employer identification number
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	24-6013117

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[X] 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).

Name of organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Employer identification number
24-6013117

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		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 125,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 155,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 118,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 125,144.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Employer identification number
24-6013117

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(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 OF PENNSYLVANIA	24-6013117

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	35	
2	Aggregate value of contributions to (during year)	1,070,977.	
3	Aggregate value of grants from (during year)	190,312.	
4	Aggregate value at end of year	21,711,559.	

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? [X] Yes [ ] 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? [X] Yes [ ] No

Part II Conservation Easements.

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

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

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,733,000.	107,699,000.	91,975,000.	105,709,000.	94,841,000.
b Contributions			4,006,000.	11,484,000.	2,862,000.
c Net investment earnings, gains, and losses		15,034,000.	16,352,000.	-20,846,000.	11,300,000.
d Grants or scholarships			3,332,000.	3,063,000.	985,000.
e Other expenditures for facilities and programs			862,000.	869,000.	1,779,000.
f Administrative expenses			440,000.	440,000.	530,000.
g End of year balance	122,733,000.	122,733,000.	107,699,000.	91,975,000.	105,709,000.

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

a Board designated or quasi-endowment 100 %
b Permanent endowment _____ %
c Term endowment _____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		3,415,059.	1,131,574.	2,283,485.
c Leasehold improvements		342,509.	12,670.	329,839.
d Equipment		487,345.	404,202.	83,143.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,857,427.

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	25,403,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	14,884,425.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	335,529.		
e	Add lines 2a through 2d			2e	15,219,954.
3	Subtract line 2e from line 1			3	10,183,916.
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	521,134.		
b	Other (Describe in Part XIII.)	4b	933,595.		
c	Add lines 4a and 4b			4c	1,454,729.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	11,638,645.

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	8,333,528.
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	8,333,528.
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	521,134.		
b	Other (Describe in Part XIII.)	4b	372,665.		
c	Add lines 4a and 4b			4c	893,799.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,227,327.

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) ENDOWMET FUNDS WILL BE USED TO IMPROVE QUALITY OF LIFE IN NORTH CENTRAL PENNSYLVANIA THROUGH COMMUNITY LEADERSHIP, THE PROMOTION OF PHILANTHROPY, THE STRENGTHENING OF NONPROFIT IMPACT AND THE PERPETUAL STEWARDSHIP OF CHARITABLE ASSETS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY THIRD-PARTY	89,329.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - HELD BY FOUNDATION	-11,905.
LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST	258,105.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	335,529.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENTS	123,546.
INVESTMENT GAINS/(LOSSES) - AGENCY ENDOWMENTS	712,826.
INTEREST - AGENCY ENDOWMENTS	97,223.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	933,595.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS ON AGENCY ENDOWMENTS	287,415.
FEES REPORTED ON AGENCY ENDOWMENTS	73,345.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT - HELD BY FOUNDATION	11,905.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	372,665.

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? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total						

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

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

		(a) Event #1 CORKS AND FORKS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	61,080.			61,080.
	2 Less: Contributions	18,720.			18,720.
	3 Gross income (line 1 minus line 2)	42,360.			42,360.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,977.			2,977.
	6 Rent/facility costs				
	7 Food and beverages	12,407.			12,407.
	8 Entertainment				
	9 Other direct expenses	2,642.			2,642.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				18,026.
	11 Net income summary. Subtract line 10 from line 3, column (d)				24,334.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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.

Part IV **Supplemental Information** *(continued)*

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? ..... [X] 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
4 PAWS SAKE PA PO BOX 102 MILTON, PA 17847	84-2476090	501(C)(3)	13,112.	0.			2025 RAISE THE REGION
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY - 851 RAILROAD ST PO BOX 424 - BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	7,566.	0.			2025 RAISE THE REGION
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY - 851 RAILROAD ST PO BOX 424 - BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	25,000.	0.			"CODE BLUE" EXPANSION - PROVIDING HOUSING, TRANSPORTATION, AND SUPPORT FOR HOMELESS
AGAPELAND PRESCHOOL 145 DISCIPLE DR SELINSGROVE, PA 17870	23-1700710	501(C)(3)	7,240.	0.			2025 RAISE THE REGION
AMERICAN RED CROSS PENNSYLVANIA RIVERS CHAPTER - 249 FARLEY CIR - LEWISBURG, PA 17837	53-0196605	501(C)(3)	11,213.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS IN MONTOUR COUNTY
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA STREET WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	7,123.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 283.

3 Enter total number of other organizations listed in the line 1 table ..... 16.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

LHA 532101 04-01-25

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 STREET WILLIAMSPORT, PA 17701	23-1714132	501(C)(3)	11,557.	0.			2025 RAISE THE REGION
ANIMAL RESOURCE CENTER PO BOX 439 BLOOMSBURG, PA 17815	23-3069063	501(C)(3)	10,141.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
ANIMAL RESOURCE CENTER PO BOX 439 BLOOMSBURG, PA 17815	23-3069063	501(C)(3)	12,748.	0.			2025 RAISE THE REGION
ATHENS AREA SCHOOL DISTRICT ADMINISTRATION BLDG 100 CANAL ST ATHENS, PA 18810	23-1671235	SCHOOL DISTRICT	34,031.	0.			BRIDGES ACROSS BORDERS FOR 5TH GRADERS
BABSON COLLEGE CRUICKSHANK ALUMNI HALL 231 FOREST BABSON PARK, MA 02457	04-2103544	501(C)(3)	15,000.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
BEAVER MEMORIAL UNITED METHODIST CHURCH - 42 S 3RD ST - LEWISBURG, PA 17837	24-6002587	501(C)(3)	10,000.	0.			BEACON FREE SHOP 25/26 OPERATIONS - DISTRIBUTION OF PERSONAL HYGIENE AND LIMITED HOUSEHOLD ITEMS
BERWICK AREA UNITED WAY 107 S MARKET ST STE 6 BERWICK, PA 18603	24-0831490	501(C)(3)	5,500.	0.			CRADLE TO CAREER - SCHOOL NURSE'S PANTRY (CLOTHING, HYGIENE AND HEALTH ITEMS) AND RESTED & READY BED
BEYOND VIOLENCE, INC. 212 W 11TH ST BERWICK, PA 18603	23-2899786	501(C)(3)	7,750.	0.			YOUTH COUNSELING "BREAKING THE CYCLE" PROGRAM - EDUCATIONAL AND COUNSELING APPROACH TO
BLOOMSBURG FOOD CUPBOARD 331 CENTER ST BLOOMSBURG, PA 17815	86-3018888	501(C)(3)	5,901.	0.			2025 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMSBURG PUBLIC LIBRARY 225 MARKET ST BLOOMSBURG, PA 17815	24-0820972	501(C)(3)	15,050.	0.			2025 RAISE THE REGION
BLOOMSBURG THEATRE ENSEMBLE, INC. 226 CENTER ST BLOOMSBURG, PA 17815	23-2066731	501(C)(3)	91,616.	0.			2025 RAISE THE REGION
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA - 336 ARTS & ADMINISTRATION 400 E 2ND ST - BLOOMSBURG, PA 17815	23-2738930	501(C)(3)	7,277.	0.			CHELSIE NOLAN/STUDENT ID# P10089529
BLOSSBURG MEMORIAL LIBRARY 307 MAIN ST BLOSSBURG, PA 16912	24-0828959	501(C)(3)	14,647.	0.			2025 RAISE THE REGION
BOROUGH OF LEWISBURG 55 S 5TH ST STE 1 LEWISBURG, PA 17837	24-6000616	501(C)(3)	19,732.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
BOROUGH OF MONTGOMERY 35 S MAIN ST MONTGOMERY, PA 17752	24-6000628	501(C)(3)	50,000.	0.			MONTGOMERY PARK RESTROOM ADA ACCESS
BOROUGH OF SOUTH WILLIAMSPORT 545 E CENTRAL AVE SOUTH WILLIAMSPORT, PA 17702	24-6000659	501(C)(3)	9,999.	0.			ORG ENDOW-FUNDING TO RESPOND TO COMPELLING COMMUNITY NEEDS AND OPPORTUNITIES WITHIN THE
BOY SCOUTS OF AMERICA, COLUMBIA-MONTOUR COUNCIL - 5 AUDUBON CT - BLOOMSBURG, PA 17815	24-0795392	501(C)(3)	11,320.	0.			2025 RAISE THE REGION
BOY SCOUTS OF AMERICA, SUSQUEHANNA COUNCIL - 815 NORTHWAY RD - WILLIAMSPORT, PA 17701	24-0795397	501(C)(3)	8,403.	0.			2025 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMERON COUNTY SCHOOL DISTRICT 601 WOODLAND AVE EMPORIUM, PA 15834	25-1157782	SCHOOL DISTRICT	9,000.	0.			OUTDOOR CLASSROOM LEARNING STATIONS FOR 7-12TH GRADERS
CAMP MOUNT LUTHER CORPORATION 355 MT LUTHER LN MIFFLINBURG, PA 17844	23-2624417	501(C)(3)	31,425.	0.			2025 RAISE THE REGION
CAMP SUSQUE, INC. 47 SUSQUE CAMP RD TROUT RUN, PA 17771	24-6002452	501(C)(3)	89,911.	0.			2025 RAISE THE REGION
CAMP VICTORY 58 CAMP VICTORY RD MILLVILLE, PA 17846	23-2481065	501(C)(3)	21,865.	0.			2025 RAISE THE REGION
CAMPUS THEATRE, LTD. 413 MARKET ST LEWISBURG, PA 17837	01-0652065	501(C)(3)	7,130.	0.			2025 RAISE THE REGION
CATS IN BLOOM, INC. 102 W MAIN ST BLOOMSBURG, PA 17815	83-4568601	501(C)(3)	23,090.	0.			2025 RAISE THE REGION
CENTRAL OAK HEIGHTS ASSOCIATION 75 HERITAGE RD WEST MILTON, PA 17886	23-2448588	501(C)(3)	7,170.	0.			2025 RAISE THE REGION
CENTRAL PA FOOD BANK 3908 COREY RD HARRISBURG, PA 17109	23-2202250	501(C)(3)	49,780.	0.			2025 RAISE THE REGION
CHERISHED CATS RESCUE ALLIANCE, INC. - 230 MARKET ST STE 1 - LEWISBURG, PA 17837	81-5275031	501(C)(3)	26,785.	0.			2025 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD HUNGER OUTREACH PARTNERS 2 ELIZABETH ST TOWANDA, PA 18848	83-3319637	501(C)(3)	6,000.	0.			IN-SCHOOL PANTRY AND BACKPACK PROGRAMS FOR WARRIOR RUN SCHOOL DISTRICT
CHILD HUNGER OUTREACH PARTNERS 2 ELIZABETH ST TOWANDA, PA 18848	83-3319637	501(C)(3)	70,000.	0.			FOOD/TRANSPORTATION/PERSONNEL/OPERATING COSTS FOR IN-SCHOOL PANTRY AND BACKPACK PROGRAMS AT
CHRIST COMMUNITY WORSHIP CENTER, INC. - 436 W 4TH ST - WILLIAMSPORT, PA 17701	23-2515998	501(C)(3)	41,900.	0.			SEWER PIPE REPLACEMENT
CHRISTIAN COUNSELING SERVICES OF CENTRAL PA, INC. - 130 KING ST - NORTHUMBERLAND, PA 17857	23-2363022	501(C)(3)	17,137.	0.			2025 RAISE THE REGION
CITIZENS HOSE CO. OF JERSEY SHORE PO BOX 5086 JERSEY SHORE, PA 17740	23-1967558	501(C)(3)	43,588.	0.			NEW STRETCHER
CITY OF WILLIAMSPORT 100 W 3RD ST WILLIAMSPORT, PA 17701	24-6000719	501(C)(3)	10,000.	0.			2025 JUNETEENTH CELEBRATIONS IN WILLIAMSPORT
CITY OF WILLIAMSPORT 100 W 3RD ST WILLIAMSPORT, PA 17701	24-6000719	501(C)(3)	11,000.	0.			WILLIAMSPORT BUREAU OF FIRE PROTECTIVE GEAR REPLACEMENT
CITY OF WILLIAMSPORT 100 W 3RD ST WILLIAMSPORT, PA 17701	24-6000719	501(C)(3)	125,000.	0.			DOCUMENT DIGITIZATION PROJECT
CLINTON TOWNSHIP VOLUNTEER FIRE COMPANY - 2311 RT 54 HWY - MONTGOMERY, PA 17752	23-6285121	501(C)(4)	39,660.	0.			WATER RESCUE EQUIPMENT

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COLUMBIA COUNTY CHRISTIAN SCHOOL ASSOCIATION - 123 SCHOOLHOUSE RD - BLOOMSBURG, PA 17815	23-2993181	501(C)(3)	15,589.	0.			2025 RAISE THE REGION
COMMUNITY ACTION PROGRAM PO BOX 151 MUNCY, PA 17756	23-2324927	501(C)(3)	10,000.	0.			MUNCY SUMMER RECREATION PROGRAM
COMMUNITY THEATRE LEAGUE, INC. 100 W 3RD ST WILLIAMSPORT, PA 17701	23-2358507	501(C)(3)	8,399.	0.			2025 RAISE THE REGION
COMMUNITY ZONE 328 MARKET ST LEWISBURG, PA 17837	23-2816040	501(C)(3)	5,333.	0.			2025 RAISE THE REGION
DANVILLE AREA COMMUNITY CENTER 1041 LIBERTY ST DANVILLE, PA 17821	24-0860310	501(C)(3)	5,849.	0.			2025 RAISE THE REGION
DANVILLE CHILD DEVELOPMENT CENTER 986 WALL ST DANVILLE, PA 17821	23-1915333	501(C)(3)	6,642.	0.			2025 RAISE THE REGION
DEGENSTEIN COMMUNITY LIBRARY 40 S 5TH ST SUNBURY, PA 17801	24-0797025	501(C)(3)	5,870.	0.			2025 RAISE THE REGION
DIAKON CHILD FAMILY & COMMUNITY MINISTRIES - 435 W 4TH ST - WILLIAMSPORT, PA 17701	46-5390969	501(C)(3)	7,750.	0.			FAMILY BASED AND SCHOOL BASED CRISIS INTERVENTION SERVICES - SCREENING, ASSESSMENT AND
DIG FURNITURE BANK 14 ELM ST MILTON, PA 17847	85-1259732	501(C)(3)	11,599.	0.			2025 RAISE THE REGION

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DWELL - LYCOMING COUNTY 1157 MARKET ST WILLIAMSPORT, PA 17701	83-2470625	501(C)(3)	10,000.	0.			RESTORE HOPE AND DIGNITY - THE HOPE CHEST - ESSENTIAL ITEMS TO MEET THE IMMEDIATE NEEDS OF
DWELL - LYCOMING COUNTY 1157 MARKET ST WILLIAMSPORT, PA 17701	83-2470625	501(C)(3)	26,136.	0.			2025 RAISE THE REGION
EAST LYCOMING EDUCATION FOUNDATION 349 CEMETERY ST HUGHESVILLE, PA 17737	46-1158209	501(C)(3)	7,794.	0.			2025 RAISE THE REGION
EAT SHARE, INC. 412 LIBERTY ST WATSONTOWN, PA 17777	92-2480282	501(C)(3)	5,492.	0.			2025 RAISE THE REGION
EDINBORO UNIVERSITY ACCOUNTING OFFICE 235 MCNERNEY HALL EDINBORO, PA 16444	17-1783909	501(C)(3)	8,440.	0.			LUKE SEVERN/STUDENT ID# P11565721
EOS THERAPEUTIC RIDING CENTER, INC. - 288 DAHL RD - BLOOMSBURG, PA 17815	23-2692159	501(C)(3)	11,955.	0.			2025 RAISE THE REGION
EXCHANGE POOL 1373 WHITE HALL RD PO BOX 241 TURBOTVILLE, PA 17772	23-2017743	501(C)(3)	7,600.	0.			FILTER TANKS REPLACEMENT
EXPECTATIONS WOMEN'S CENTER PO BOX 291 LEWISBURG, PA 17837	23-2635894	501(C)(3)	28,333.	0.			2025 RAISE THE REGION
EXPERIENCE MISSIONS C/O INTERLINK MINISTRIES, INC. 11234 HACKETT RD PO BOX 460 - APPLE CREEK, OH	34-1700949	501(C)(3)	56,719.	0.			2025 RAISE THE REGION

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FACTORY WORKS 1307 PARK AVE BOX 12 WILLIAMSPORT, PA 17701	27-0083507	501(C)(3)	5,680.	0.			2025 RAISE THE REGION
FAIRLAWN COMMUNITY CHURCH 353 PLEASANT HILL RD COGAN STATION, PA 17728	23-7289049	501(C)(3)	15,759.	0.			2025 RAISE THE REGION
FAMILY PROMISE OF LYCOMING COUNTY, INC. - 635 HEPBURN ST - WILLIAMSPORT, PA 17701	26-3239003	501(C)(3)	12,393.	0.			2025 RAISE THE REGION
FERN HILL SCHOOL 541 BROADWAY ST CARRIAGE HOUSE MILTON, PA 17847	84-2644580	501(C)(3)	5,841.	0.			2025 RAISE THE REGION
FIERCE LOVE 4 GOOD, INC. 3 CHERRY TREE LN MIFFLINBURG, PA 17844-9542	92-2402565	501(C)(3)	25,000.	0.			ANGEL PACK PARTNERSHIP PROGRAM
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	7,388.	0.			2025 RAISE THE REGION
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - JANUARY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - FEBRUARY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - MARCH

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FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - APRIL
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - MAY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - JUNE
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - JULY
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - AUGUST
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - SEPTEMBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - OCTOBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - NOVEMBER
FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	42,399.	0.			MONTHLY STIPEND - DECEMBER

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FIRETREE PLACE 600 CAMPBELL ST WILLIAMSPORT, PA 17701	47-2631668	501(C)(3)	250,000.	0.			CHILDCARE BUILDING EXPANSION AND PLAYGROUND CONSTRUCTION
FIRST CHURCH OF WILLIAMSPORT 604 MARKET ST WILLIAMSPORT, PA 17701	24-0829840	501(C)(3)	5,557.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	7,565.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	10,770.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES AT RIDER PARK
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	11,844.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	12,330.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	46,181.	0.			ANNUAL SUPPORT OF THE ONGOING OPERATIONS OF THE FCFP PHILANTHROPY CENTER
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	70,299.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	84,624.	0.			2025 FCFP PHILANTHROPY CENTER DEBT SERVICES

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FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	88,379.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	121,996.	0.			ANNUAL SUPPORT OF THE MISSION AND ACTIVITIES AT RIDER PARK
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA - 201 W 4TH ST - WILLIAMSPORT, PA 17701-6101	24-6013117	501(C)(3)	125,000.	0.			SUPPORT OF THE MISSION AND ACTIVITIES OF THE PARTNERSHIP
FOUNDATION FOR FREE ENTERPRISE EDUCATION - 3076 W 12TH ST - ERIE, PA 16505	25-1394365	501(C)(3)	6,950.	0.			2026 FREE ENTERPRISE WEEK AND THE SPEAKER SERIES
FRIENDS & FERALS 1120 5TH AVE BERWICK, PA 17815	99-1688911	501(C)(3)	15,629.	0.			2025 RAISE THE REGION
FRIENDS OF THE COLUMBIA COUNTY TRAVELING LIBRARY, INC. - 702 SAWMILL RD STE 101 - BLOOMSBURG, PA 17815	23-2662846	501(C)(3)	12,871.	0.			2025 RAISE THE REGION
GEISINGER HEALTH FOUNDATION 100 N ACADEMY AVE MC 25-76 DANVILLE, PA 17822	23-1995911	501(C)(3)	11,213.	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 LIFE FLIGHT UPDATED EQUIPMENT
GEISINGER HEALTH FOUNDATION 100 N ACADEMY AVE MC 25-76 DANVILLE, PA 17822	23-1995911	501(C)(3)	50,000.	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)	14,847.	0.			2025 RAISE THE REGION
GREATER LYCOMING HABITAT FOR HUMANITY, INC. - 335 ROSE ST - WILLIAMSPORT, PA 17701	23-2586879	501(C)(3)	5,208.	0.			2025 RAISE THE REGION
GREATER SUSQUEHANNA VALLEY YMCA PO BOX 390 SUNBURY, PA 17801	24-0795634	501(C)(3)	74,096.	0.			2025 RAISE THE REGION
HAMILTON-GIBSON PRODUCTIONS, INC. 29 WATER ST WELLSBORO, PA 16901	25-1705457	501(C)(3)	11,221.	0.			2025 RAISE THE REGION
HARRISBURG UNIVERSITY OF SCIENCE AND TECHNOLOGY - OFFICE OF ADMISSIONS 326 MARKET ST - HARRISBURG, PA 17101	25-1900793	501(C)(3)	20,000.	0.			MYA LEBARRON/STUDENT ID# 323262
HAVEN MINISTRY, INC. 1043 S FRONT ST SUNBURY, PA 17801	23-2628202	501(C)(3)	20,727.	0.			2025 RAISE THE REGION
HAVEN TO HOME RESCUE, INC. PO BOX 851 BERWICK, PA 18603	37-1569875	501(C)(3)	9,446.	0.			2025 RAISE THE REGION
HEARTLAND YOUTH FOOTBALL LEAGUE 930 PLUM CREEK RD SUNBURY, PA 17801	82-5114617	501(C)(3)	10,000.	0.			FOOTBALL AND CHEER UNIFORMS AND SPIRIT PACK
HEIDIS FURRY FRIENDS RESCUE, INC. 1413 ELWOOD RD WILLIAMSPORT, PA 17701	92-3135835	501(C)(3)	11,191.	0.			2025 RAISE THE REGION

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HERR MEMORIAL LIBRARY 500 MARKET ST MIFFLINBURG, PA 17844	24-6024123	501(C)(3)	11,000.	0.			LOBBY REMODEL - WILL EXPAND CHILDREN'S SECTION AND INCREASE SECURITY WITH VISUAL ACCESS TO
HIS THOUSAND HILLS MINISTRY, INC. 458 PHIPPEN RD WELLSBORO, PA 16901	23-2130824	501(C)(3)	9,911.	0.			2025 RAISE THE REGION
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	16-0743040	501(C)(3)	14,000.	0.			CY DIXON/STUDENT ID# 10222158
HOPE ENTERPRISES FOUNDATION, INC. 2401 REACH RD WILLIAMSPORT, PA 17701	23-1914215	501(C)(3)	8,563.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
HOPE ENTERPRISES FOUNDATION, INC. 2401 REACH RD WILLIAMSPORT, PA 17701	23-1914215	501(C)(3)	16,839.	0.			2025 RAISE THE REGION
HUGHESVILLE AREA PUBLIC LIBRARY 146 S 5TH ST HUGHESVILLE, PA 17737	23-7078007	501(C)(3)	7,035.	0.			2025 RAISE THE REGION
INDIANA UNIVERSITY OF PENNSYLVANIA FINANCIAL AID OFFICE 200 CLARK HALL 1090 SOUTH DR - INDIANA, PA 15705	25-1470695	501(C)(3)	8,200.	0.			ADDISON GRESH/STUDENT ID# P11566767
JAMES V. BROWN LIBRARY 19 E 4TH ST WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	8,503.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
JAMES V. BROWN LIBRARY 19 E 4TH ST WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	8,813.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS

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JAMES V. BROWN LIBRARY 19 E 4TH ST WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	12,919.	0.			2025 RAISE THE REGION
JAMES V. BROWN LIBRARY 19 E 4TH ST WILLIAMSPORT, PA 17701	24-0799180	501(C)(3)	75,000.	0.			TECHNOLOGY CENTER FOR TELEHEALTH, EDUCATION AND EMPLOYMENT ACCESS
KIDSPEACE NATIONAL CENTERS, INC. 4085 INDEPENDENCE DR SCHNECKSVILLE, PA 18078	23-2654908	501(C)(3)	7,250.	0.			CLOTHING, HYGIENE, SAFETY/EMERGENCY SUPPLIES FOR FOSTER CHILDREN; FAMILY RETENTION ACTIVITY
KINGDOM KIDZ, INC. 11 E 3RD ST PO BOX 23 WATSONTOWN, PA 17777	26-3756792	501(C)(3)	6,468.	0.			2025 RAISE THE REGION
LEADERSHIP SUSQUEHANNA VALLEY 90 LAWTON LN MILTON, PA 17847	23-2746819	501(C)(3)	5,187.	0.			2025 RAISE THE REGION
LEWISBURG CHILDREN'S MUSEUM 815 MARKET ST STE 14 LEWISBURG, PA 17837	81-1588789	501(C)(3)	5,952.	0.			2025 RAISE THE REGION
LEWISBURG DOWNTOWN PARTNERSHIP, INC. - PO BOX 298 - LEWISBURG, PA 17837	23-3053027	501(C)(3)	5,897.	0.			2025 RAISE THE REGION
LEWISBURG NEIGHBORHOODS CORPORATION - 55 S 5TH ST FLOOR 2 PO BOX 298 - LEWISBURG, PA 17837	26-0416333	501(C)(3)	5,254.	0.			2025 RAISE THE REGION
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

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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)	5,048.	0.			SOPHIE WILLITS/STUDENT ID# P12423187
LOCK HAVEN UNIVERSITY STUDENT FINANCIAL SERVICES 401 N FAIRVIEW ST 224 A ULMER - LOCK HAVEN, PA 17	23-2442881	501(C)(3)	7,741.	0.			SOPHIE WILLITS/STUDENT ID# P12423187
LOCK HAVEN UNIVERSITY STUDENT FINANCIAL SERVICES 401 N FAIRVIEW ST 224 A ULMER - LOCK HAVEN, PA 17	23-2442881	501(C)(3)	14,000.	0.			TAYLOR SHANNON/STUDENT ID# P12420137
LOYALSOCK VALLEY ANTIQUE MACHINERY ASSOCIATION, INC. - PO BOX 391 - MONTOURSVILLE, PA 17754	23-2581798	501(C)(3)	6,675.	0.			2025 RAISE THE REGION
LOYALSOCK VOLUNTEER FIRE COMPANY #1 - 1023 BONAIR DRIVE - WILLIAMSPORT, PA 17701	24-6024509	501(C)(3)	10,700.	0.			RESCUE STRUTS FOR VEHICLE/STRUCTURE STABILIZATION
LYCOMING ANIMAL PROTECTION SOCIETY, INC. - 630 WILDWOOD BLVD - WILLIAMSPORT, PA 17701	23-2675714	501(C)(3)	7,123.	0.			VETERINARIAN EXPENSES
LYCOMING ANIMAL PROTECTION SOCIETY, INC. - 630 WILDWOOD BLVD - WILLIAMSPORT, PA 17701	23-2675714	501(C)(3)	8,517.	0.			2025 RAISE THE REGION
LYCOMING COLLEGE 700 COLLEGE PL BURSAR'S OFFICE WILLIAMSPORT, PA 17701	24-0795965	501(C)(3)	19,640.	0.			SAGE LORSON/STUDENT ID# 844663
LYCOMING COLLEGE 700 COLLEGE PL BURSAR'S OFFICE WILLIAMSPORT, PA 17701	24-0795965	501(C)(3)	19,640.	0.			TADD LUSK/STUDENT ID# 843520

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LYCOMING COLLEGE 700 COLLEGE PL BURSAR'S OFFICE WILLIAMSPORT, PA 17701	24-0795965	501(C)(3)	180,000.	0.			LIGHTING FOR THE BASEBALL FIELD AT BRANDON PARK
LYCOMING COUNTY 4-H DEVELOPMENT 542 COUNTY FARM RD STE 206 MONTOURSVILLE, PA 17754	24-6000376	501(C)(3)	25,000.	0.			ANIMAL SCIENCE EDUCATIONAL MATERIALS
LYCOMING COUNTY CHILDREN'S DEVELOPMENT CENTER - 1157 MARKET ST - WILLIAMSPORT, PA 17701	83-1306093	501(C)(3)	8,994.	0.			2025 RAISE THE REGION
LYCOMING COUNTY HISTORICAL SOCIETY & THOMAS T. TABER MUSEUM - 858 W 4TH ST - WILLIAMSPORT, PA 17701	23-1640657	501(C)(3)	7,847.	0.			2025 RAISE THE REGION
LYCOMING COUNTY HISTORICAL SOCIETY & THOMAS T. TABER MUSEUM - 858 W 4TH ST - WILLIAMSPORT, PA 17701	23-1640657	501(C)(3)	10,000.	0.			SUPPORT OF A FUTURE CAPITAL CAMPAIGN
LYCOMING COUNTY SPCA 2805 REACH RD WILLIAMSPORT, PA 17701	24-0857714	501(C)(3)	11,529.	0.			2025 RAISE THE REGION
LYCOMING COUNTY SPCA 2805 REACH RD WILLIAMSPORT, PA 17701	24-0857714	501(C)(3)	40,000.	0.			BUILDING RENOVATIONS-ROOF, HEAT/AIR CONDITIONING, SECURITY DOORS
MARANATHA MISSION HOME NETWORK, INC. - C/O VALLEY LEARNING COMMUNITY 1114 ELIZABETH ST - WILLIAMSPORT, PA 17701	16-1242929	501(C)(3)	22,472.	0.			2025 RAISE THE REGION
MEADOWVIEW CHRISTIAN ACADEMY 216 TULIP RD PAXINOS, PA 17860	23-1907315	501(C)(3)	8,489.	0.			2025 RAISE THE REGION

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

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MERCERSBURG ACADEMY 100 ACADEMY DR MERCERSBURG, PA 17236	23-1365963	501(C)(3)	8,290.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
MERRILL W. LINN LAND AND WATERWAYS CONSERVANCY - PO BOX 501 - LEWISBURG, PA 17837	23-2533918	501(C)(3)	5,470.	0.			2025 RAISE THE REGION
MESSIAH UNIVERSITY 1 UNIVERSITY AVE STE 3006 MECHANICSBURG, PA 17055	23-1352661	501(C)(3)	8,440.	0.			MEREK GOYETTE/STUDENT ID# 01325298
MIDDLE SUSQUEHANNA RIVERKEEPER ASSOCIATION, INC. - 112 MARKET ST - SUNBURY, PA 17801	47-5000692	501(C)(3)	8,441.	0.			2025 RAISE THE REGION
MIFFLINBURG AREA SCHOOL DISTRICT 178 MAPLE ST PO BOX 285 MIFFLINBURG, PA 17844	24-6001910	SCHOOL DISTRICT	6,850.	0.			DRONE COURSE FOR 9-12 GRADE TECHNOLOGY AND AGRICULTURE STUDENTS
MIFFLINBURG BUGGY MUSEUM ASSOCIATION, INC. - 598 GREEN ST - MIFFLINBURG, PA 17844	23-2077613	501(C)(3)	5,184.	0.			2025 RAISE THE REGION
MIFFLINBURG BUGGY MUSEUM ASSOCIATION, INC. - 598 GREEN ST - MIFFLINBURG, PA 17844	23-2077613	501(C)(3)	8,000.	0.			PRESERVING THE HEISS BUGGY SHOP FOR FUTURE GENERATIONS
MONTGOMERY AREA SCHOOL DISTRICT 120 PENN ST MONTGOMERY, PA 17752	24-6001106	SCHOOL DISTRICT	6,000.	0.			ESPORTS FOR 9-12TH GRADERS
MONTGOMERY HOUSE LIBRARY, INC. 20 CHURCH ST PO BOX 5 MCEWENSVILLE, PA 17749	25-1181545	501(C)(3)	5,975.	0.			2025 RAISE THE REGION

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MONTGOMERY HOUSE LIBRARY, INC. 20 CHURCH ST PO BOX 5 MCEWENSVILLE, PA 17749	25-1181545	501(C)(3)	50,000.	0.			SUSTAIN LIBRARY OPERATIONS
MOSTLY MUTTS, INC. 284 LITTLE MOUNTAIN RD SUNBURY, PA 17801	34-2029750	501(C)(3)	6,853.	0.			2025 RAISE THE REGION
MOUNTAIN VIEW BIBLE CAMP 99 MT VIEW LN DANVILLE, PA 17821	23-7042759	501(C)(3)	8,630.	0.			2025 RAISE THE REGION
MOUNTIE QUEST: QUALITY EXPERIENCES FOR STUDENTS - 515 W CENTRAL AVE - SOUTH WILLIAMSPORT, PA 17702	82-3388929	501(C)(3)	5,059.	0.			2025 RAISE THE REGION
MUNCY AREA POOL ASSOCIATION ATTN: TREASURER REAR 125 NEW ST PO MUNCY, PA 17756	23-7006677	501(C)(3)	10,000.	0.			SUPPORT OF PROGRAMS AND OPERATIONS AND THE HEATING SYSTEM
MUNCY AREA VOLUNTEER FIRE COMPANY, INC. - 932 E PENN ST - MUNCY, PA 17756	27-5024111	501(C)(3)	30,000.	0.			CRITICAL LIFE SAFETY RADIO COMMUNICATIONS UPDATE PROJECT
MUNCY BAPTIST CHURCH 11 W PENN ST MUNCY, PA 17756	23-2324803	501(C)(3)	6,000.	0.			SUPPORT OF OPERATIONS
MUNCY HISTORICAL SOCIETY & MUSEUM OF HISTORY - 40 N MAIN ST PO BOX 11 - MUNCY, PA 17756	23-6297367	501(C)(3)	10,000.	0.			SUPPORT OF OPERATIONS
MUNCY HISTORICAL SOCIETY & MUSEUM OF HISTORY - 40 N MAIN ST PO BOX 11 - MUNCY, PA 17756	23-6297367	501(C)(3)	10,000.	0.			AMERICA250 PROGRAMS AND ACTIVITIES

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MUNCY PUBLIC LIBRARY 108 S MAIN ST MUNCY, PA 17756	23-6412842	501(C)(3)	5,500.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
MUNCY SCHOOL DISTRICT 200 W PENN ST MUNCY, PA 17756	24-6001124	SCHOOL DISTRICT	5,175.	0.			NYC FIELD TRIP FOR 11TH GRADERS
MUNCY SCHOOL DISTRICT 200 W PENN ST MUNCY, PA 17756	24-6001124	SCHOOL DISTRICT	13,404.	0.			9TH GRADE NYC ADVENTURE FOR 9TH GRADE STUDENTS
NATIONAL GIVING ALLIANCE 1974 JACKS HOLLOW RD WILLIAMSPORT, PA 17702	23-6410755	501(C)(3)	14,336.	0.			2025 RAISE THE REGION
NEW YORK INSTITUTE OF TECHNOLOGY BURSAR'S OFFICE PO BOX 392 OLD WESTBURY, PA 11568	11-1788788	501(C)(3)	6,064.	0.			SOFIA LOPEZ/STUDENT ID# 1388147
NORTH CENTRAL SIGHT SERVICES, INC. 2121 REACH RD WILLIAMSPORT, PA 17701	24-0814118	501(C)(3)	21,000.	0.			SIP FOR SIGHT - BOTTLELESS WATER COOLERS
NORTHAMPTON COUNTY AREA COMMUNITY COLLEGE - 3835 GREEN POND RD - BETHLEHEM, PA 18020	23-6417444	501(C)(3)	5,137.	0.			ALEXIS BOYER/STUDENT ID# 1157518
NORTHAMPTON COUNTY AREA COMMUNITY COLLEGE - 3835 GREEN POND RD - BETHLEHEM, PA 18020	23-6417444	501(C)(3)	6,064.	0.			NEVAEH MONTOYA/STUDENT ID# 1158152
NORTHCENTRAL PENNSYLVANIA CONSERVANCY - PO BOX 2083 - WILLIAMSPORT, PA 17703	23-2606163	501(C)(3)	5,516.	0.			2025 RAISE THE REGION

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NORTHEASTERN PENNSYLVANIA EDUCATIONAL TELEVISION ASSOCIATION - 100 WVIA WY - PITTSTON, PA 18640	23-1663603	501(C)(3)	6,362.	0.			2025 RAISE THE REGION
NORTHEASTERN PENNSYLVANIA EDUCATIONAL TELEVISION ASSOCIATION - 100 WVIA WY - PITTSTON, PA 18640	23-1663603	501(C)(3)	200,000.	0.			LYCOMING @ WORK/CAREERS THAT WORK - WORKFORCE DEVELOPMENT INITIATIVE VIDEOS AND CURRICULA FOR
NORTHERN COLUMBIA COMMUNITY AND CULTURAL CENTER - 42 COMMUNITY DR PO BOX 305 - BENTON, PA 17814	23-3079237	501(C)(3)	8,084.	0.			2025 RAISE THE REGION
NORTHUMBERLAND CHRISTIAN SCHOOL 351 5TH ST NORTHUMBERLAND, PA 17857	24-6019828	501(C)(3)	91,315.	0.			2025 RAISE THE REGION
OLD LYCOMING TOWNSHIP VOLUNTEER FIRE COMPANY - 1600 DEWEY AVE - WILLIAMSPORT, PA 17701	23-6422912	501(C)(3)	200,000.	0.			ENHANCEMENT TO THE REGIONAL EMERGENCY SERVICES HUB
OUR LADY OF LOURDES REGIONAL SCHOOL - 2001 CLINTON AVE - COAL TOWNSHIP, PA 17866	23-1494791	501(C)(3)	26,912.	0.			2025 RAISE THE REGION
PARAGON RAGTIME ORCHESTRA, INC. PO BOX 247 LEWISBURG, PA 17837	23-2718251	501(C)(3)	12,018.	0.			2025 RAISE THE REGION
PENN STATE UNIVERSITY OFFICE OF THE BURSAR ATTN: EXTERNAL AWARDS 109 SHIELDS BUILDING - UNIVERSITY	24-6000376	501(C)(3)	5,375.	0.			ANNA SICK/STUDENT ID# 915803188
PENN STATE UNIVERSITY OFFICE OF THE BURSAR ATTN: EXTERNAL AWARDS 109 SHIELDS BUILDING - UNIVERSITY	24-6000376	501(C)(3)	6,064.	0.			LAILA SHRECK/STUDENT ID#

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PENN STATE UNIVERSITY OFFICE OF THE BURSAR ATTN: EXTERNAL AWARDS 109 SHIELDS BUILDING - UNIVERSITY	24-6000376	501(C)(3)	6,064.	0.			KARLEIGH MCKENNA/STUDENT ID# 958985037
PENN STATE UNIVERSITY OFFICE OF THE BURSAR ATTN: EXTERNAL AWARDS 109 SHIELDS BUILDING - UNIVERSITY	24-6000376	501(C)(3)	11,500.	0.			OLIVIA REGAN/STUDENT ID# 976762190
PENNSDALE FRIENDS MEETING PO BOX 166 MUNCY, PA 17756	23-2725225	501(C)(3)	10,000.	0.			ROOF REPLACEMENT
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	5,927.	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)	6,500.	0.			JOHN C. LUNDY SCHOLARSHIP FUND
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	8,440.	0.			SAMANTHA HAUKE/STUDENT ID# 777032976
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	26,556.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS FOR THE COMMUNITY ARTS CENTER
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	36,000.	0.			KAYLIE STINER/STUDENT ID# 777165201
PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	36,000.	0.			SADIE WHISPELL/STUDENT ID# 777101660

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PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE DEPT. 110 - FINANCIAL OPERATIONS - WILLIAMSPORT, PA 17701	23-2564508	501(C)(3)	37,380.	0.			ORG ENDOW-SUPPORT OF PROGRAMS AND OPERATIONS OF THE COMMUNITY ARTS CENTER
PENNSYLVANIA SPCA CENTRAL PA CENTER IN DANVILLE - 350 E ERIE AVE - PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	10,141.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
PENNSYLVANIA SPCA CENTRAL PA CENTER IN DANVILLE - 350 E ERIE AVE - PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	15,102.	0.			2025 RAISE THE REGION
PICTURE ROCKS VOLUNTEER FIRE COMPANY - 180 N MAIN ST PO BOX 367 - PICTURE ROCKS, PA 17762	23-6297978	501(C)(3)	18,500.	0.			THE PURCHASE OF A HURST BATTERY OPERATED VEHICLE RESCUE CUTTER, BATTERIES AND CHARGER
PLEASANT VIEW WESLEYAN CHURCH 994 E PENN ST MUNCY, PA 17756	23-1933596	501(C)(3)	15,000.	0.			FELLOWSHIP HALL EXPANSION - LIFT, HANDICAP RESTROOMS, NEW KITCHEN
PLUNKETTS CREEK TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 327 DUNWOODY RD - WILLIAMSPORT, PA 17701	23-7152260	501(C)(3)	5,722.	0.			2025 RAISE THE REGION
POTTER COUNTY ANIMAL ASSISTANCE PROJECT - 208 BEECH ST - COUDERSPORT, PA 16915	45-4903629	501(C)(3)	15,324.	0.			VETERINARIAN EXPENSES
PRESERVATION OF WILLIAMSPORT FOUNDATION, INC. - PO BOX 11 - WILLIAMSPORT, PA 17703	23-2603789	501(C)(3)	10,000.	0.			ROWLEY HOUSE MUSEUM
PUBLIC LIBRARY FOR UNION COUNTY 255 REITZ BLVD LEWISBURG, PA 17837	23-2208061	501(C)(3)	14,701.	0.			2025 RAISE THE REGION

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RALSTON VOLUNTEER FIRE COMPANY 10970 RT 14 RALSTON, PA 17763	23-2876165	501(C)(3)	35,000.	0.			DIGITAL RADIO UPDATE
READING MUHLENBERG CAREER AND TECHNOLOGY CENTER - 216 WARREN RD - READING, PA 19604	23-1660441	501(C)(3)	9,000.	0.			SUMMER INTERNSHIPS FOR 11TH GRADERS
REPASZ BAND, INC. 117 W HILLS DR WILLIAMSPORT, PA 17701	23-2867511	501(C)(3)	8,721.	0.			2025 RAISE THE REGION
RIVER VALLEY NATURE SCHOOL PO BOX 145 LEWISBURG, PA 17837	24-0795698	501(C)(3)	5,141.	0.			2025 RAISE THE REGION
RIVER VALLEY REGIONAL YMCA 641 WALNUT ST WILLIAMSPORT, PA 17701	24-0795698	501(C)(3)	6,837.	0.			SUPPORT OF PROGRAMS AND OPERATIONS FOR THE WILLIAMSPORT BRANCH
RIVER VALLEY REGIONAL YMCA 641 WALNUT ST WILLIAMSPORT, PA 17701	24-0795698	501(C)(3)	11,363.	0.			2025 RAISE THE REGION
RIVERSTAGE COMMUNITY THEATRE 325 N 10TH ST SUITE 400 # 187 LEWISBURG, PA 17837	20-1683244	501(C)(3)	5,906.	0.			2025 RAISE THE REGION
ROAD RADIO USA, INC. 601 S MAIN ST MUNCY, PA 17756	23-2767215	501(C)(3)	7,275.	0.			2025 RAISE THE REGION
RONALD MCDONALD HOUSE OF DANVILLE, INC. - 24 TREMBULAK WAY - DANVILLE, PA 17821	23-2155803	501(C)(3)	6,953.	0.			2025 RAISE THE REGION

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SALT & LIGHT MEDIA MINISTRIES, INC. - 101 ARMORY BLVD - LEWISBURG, PA 17837	22-2584923	501(C)(3)	22,672.	0.			2025 RAISE THE REGION
SECOND CHANCE ANIMAL SANCTUARIES, INC. - 725 GEE RD - TIOGA, PA 16946	25-1893503	501(C)(3)	11,485.	0.			2025 RAISE THE REGION
SHIPPENSBURG UNIVERSITY OM 101N 1871 OLD MAIN DR SHIPPENSBURG, PA 17257	23-2500361	501(C)(3)	6,064.	0.			COREY SHAY/STUDENT ID# P12400636
SISTERS OF SAINTS CYRIL AND METHODIUS - 1002 RAILROAD ST - DANVILLE, PA 17821	24-0795486	501(C)(3)	5,049.	0.			2025 RAISE THE REGION
SOJOURNER TRUTH MINISTRIES, INC. 501 HIGH ST WILLIAMSPORT, PA 17701	23-2125932	501(C)(3)	6,810.	0.			2025 RAISE THE REGION
SONLIGHT HOUSE 130 CARPENTER ST MUNCY, PA 17756	23-2224873	501(C)(3)	9,933.	0.			2025 RAISE THE REGION
SONLIGHT HOUSE 130 CARPENTER ST MUNCY, PA 17756	23-2224873	501(C)(3)	19,835.	0.			WALK-IN FREEZER/COOLER UNIT
SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT - 515 W CENTRAL AVE - SOUTH WILLIAMSPORT, PA 17702	24-6002560	SCHOOL DISTRICT	6,420.	0.			PROJECT LEAD THE WAY FOR STUDENTS K-6
SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT - 515 W CENTRAL AVE - SOUTH WILLIAMSPORT, PA 17702	24-6002560	SCHOOL DISTRICT	6,693.	0.			MAKERSPACE MASTERS FOR K-6 ART AND STEM STUDENTS

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SPRINGBROOK CHRISTIAN ACADEMY 12880 US 6 WELLSBORO, PA 16901	99-1069286	501(C)(3)	8,334.	0.			2025 RAISE THE REGION
ST. ANDREW EVANGELICAL LUTHERAN CHURCH - 201 S MAIN ST - MUNCY, PA 17756	24-6002457	501(C)(3)	15,000.	0.			BUILDING ADDITION FOR NEW EXTERIOR ACCESS ROUTE AND INTERIOR ELEVATOR INSTALLATION
ST. FRANCIS UNIVERSITY OFFICE OF FINANCIAL AID PO BOX 600 LORETTO, PA 15940	25-1024358	501(C)(3)	8,265.	0.			LILIANA FORTIN/STUDENT ID# 397944
ST. JOHN NEUMANN REGIONAL ACADEMY 901 PENN ST WILLIAMSPORT, PA 17701	75-3244895	501(C)(3)	10,170.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
ST. JOHN NEUMANN REGIONAL ACADEMY 901 PENN ST WILLIAMSPORT, PA 17701	75-3244895	501(C)(3)	12,541.	0.			2025 RAISE THE REGION
ST. JOSEPH SCHOOL 1027 FERRY ST DANVILLE, PA 17821	84-3613865	501(C)(3)	12,749.	0.			2025 RAISE THE REGION
STEP, INC. 2138 LINCOLN ST WILLIAMSPORT, PA 17701	23-1668784	501(C)(3)	6,505.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
STEP, INC. 2138 LINCOLN ST WILLIAMSPORT, PA 17701	23-1668784	501(C)(3)	6,909.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
STEP, INC. 2138 LINCOLN ST WILLIAMSPORT, PA 17701	23-1668784	501(C)(3)	109,400.	0.			SUPPORT OF PROGRAMS AND OPERATIONS

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SULLIVAN COUNTY RECREATIONAL ASSOCIATION - PO BOX 307 - LAPORTE, PA 18626	56-2594901	501(C)(3)	7,500.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
SUNCOM INDUSTRIES, INC. 128 WATER ST NORTHUMBERLAND, PA 17857	23-6420578	501(C)(3)	6,095.	0.			2025 RAISE THE REGION
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	5,655.	0.			KUZIO FAMILY ENDOWMENT SUPPORTING BREAST HEALTH SERVICES
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	7,846.	0.			ANNUAL SUPPORT OF PEDIATRIC REHABILITATION SERVICES
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	23-2743470	501(C)(3)	8,385.	0.			2025 RAISE THE REGION
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)	45,072.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC - 335 MARKET ST STE 1 - SUNBURY, PA 17801	27-1099832	501(C)(3)	25,000.	0.			FACILITY REMODEL AND EXPANSION DUE TO CLOSURE OF 4 DENTAL OFFICES
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVE SELINSGROVE, PA 17870	23-1353385	501(C)(3)	7,666.	0.			CARSON PAULHAMUS/STUDENT ID# 487441

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SUSQUEHANNA VALLEY CHORALE PO BOX 172 LEWISBURG, PA 17837	23-7171719	501(C)(3)	24,600.	0.			2025 RAISE THE REGION
SUSQUEHANNA VALLEY COMMUNITY EDUCATION PROJECT, INC. - 15 S 5TH ST PO BOX 896 - SUNBURY, PA 17801	26-1665982	501(C)(3)	8,479.	0.			2025 RAISE THE REGION
SUSQUEHANNA VALLEY MEDIATION, INC. 713 BRIDGE ST STE 3 SELINSGROVE, PA 17870	27-3362701	501(C)(3)	7,502.	0.			2025 RAISE THE REGION
SUSQUEHANNA VALLEY UNITED WAY PO BOX 559 SUNBURY, PA 17801	23-1697631	501(C)(3)	6,687.	0.			2025 RAISE THE REGION
TEACHER'S PET RESCUE 19 BLACKBERRY LN COUDERSPORT, PA 16915	26-2970828	501(C)(3)	15,324.	0.			VETERINARIAN EXPENSES
THE EXCHANGE 24 E MAIN ST BLOOMSBURG, PA 17815	27-0980463	501(C)(3)	5,994.	0.			2025 RAISE THE REGION
THE GREEN FREE LIBRARY 134 MAIN ST WELLSBORO, PA 16901	24-0798643	501(C)(3)	5,396.	0.			2025 RAISE THE REGION
THE NEW LOVE CENTER 229 S BROAD ST PO BOX 504 JERSEY SHORE, PA 17740	81-4639031	501(C)(3)	15,000.	0.			FOOD BACKPACK PROGRAM FOR JERSEY SHORE AREA SCHOOL DISTRICT
THE SALVATION ARMY OF WILLIAMSPORT 457 MARKET ST WILLIAMSPORT, PA 17701	13-5562351	501(C)(3)	6,506.	0.			2025 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY OF WILLIAMSPORT 457 MARKET ST WILLIAMSPORT, PA 17701	13-5562351	501(C)(3)	7,123.	0.			FOOD PANTRY
THE WILLIAMSPORT HOME 1900 RAVINE RD WILLIAMSPORT, PA 17701	24-0795507	501(C)(3)	5,489.	0.			2025 RAISE THE REGION
THINKBIG PEDIATRIC CANCER FUND, INC. - 530 MONTOUR BLVD STE B - BLOOMSBURG, PA 17815	47-1955469	501(C)(3)	11,970.	0.			2025 RAISE THE REGION
THOMAS BEAVER FREE LIBRARY 317 FERRY ST DANVILLE, PA 17821	24-0796861	501(C)(3)	5,340.	0.			ANNUAL SUPPORT OF THE PAT ACKERMAN GUYS & GIRLS READ PROGRAM
THOMAS BEAVER FREE LIBRARY 317 FERRY ST DANVILLE, PA 17821	24-0796861	501(C)(3)	7,291.	0.			2025 RAISE THE REGION
THREE SPRINGS MINISTRIES, INC. 874 LINCK HILL RD MORRIS, PA 16938	25-1592506	501(C)(3)	14,273.	0.			2025 RAISE THE REGION
TIOGA COUNTY PARTNERSHIP FOR COMMUNITY HEALTH - 33 PEARL ST - WELLSBORO, PA 16901	25-1872477	501(C)(3)	7,108.	0.			2025 RAISE THE REGION
TRANSITIONAL HOUSING AND CARE CENTER, INC. - 21 GATE HOUSE DR - DANVILLE, PA 17821	23-2824353	501(C)(3)	5,914.	0.			2025 RAISE THE REGION
TRANSITIONS OF PA PO BOX 170 LEWISBURG, PA 17837	23-2089699	501(C)(3)	13,004.	0.			2025 RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY EPISCOPAL CHURCH 844 W 4TH ST WILLIAMSPORT, PA 17701	24-0795692	501(C)(3)	8,290.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
TROY AREA SCHOOL DISTRICT 68 FENNER AVE TROY, PA 16947	23-1667986	SCHOOL DISTRICT	6,757.	0.			VERNIER SCIENCE LAB FOR 7-12 SCIENCE STUDENTS
TROY AREA SCHOOL DISTRICT 68 FENNER AVE TROY, PA 16947	23-1667986	SCHOOL DISTRICT	12,046.	0.			DIGITAL MANUFACTURING FOR 3-6 GRADERS
TROY AREA SCHOOL DISTRICT 68 FENNER AVE TROY, PA 16947	23-1667986	SCHOOL DISTRICT	13,350.	0.			MOVEMENT IN EDUCATION FOR K-2 GRADERS
TURBOTVILLE COMMUNITY HALL CORPORATION - 41 CHURCH ST PO BOX 313 - TURBOTVILLE, PA 17772	23-2863129	501(C)(3)	14,700.	0.			REPAIR WINDOWS /RESTORATION OF ANTIQUE FRONT DOORS
UNITED WAY OF NORTH CENTRAL PENNSYLVANIA - 1 W 3RD ST STE 208 - WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	6,648.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
UNITED WAY OF NORTH CENTRAL PENNSYLVANIA - 1 W 3RD ST STE 208 - WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	9,064.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
UNITED WAY OF NORTH CENTRAL PENNSYLVANIA - 1 W 3RD ST STE 208 - WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	10,845.	0.			ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
UNITED WAY OF NORTH CENTRAL PENNSYLVANIA - 1 W 3RD ST STE 208 - WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	18,808.	0.			SUPPORT OF PROGRAMS AND OPERATIONS

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
UNITED WAY OF NORTH CENTRAL PENNSYLVANIA - 1 W 3RD ST STE 208 - WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	36,852.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
UNITED WAY OF NORTH CENTRAL PENNSYLVANIA - 1 W 3RD ST STE 208 - WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	36,982.	0.			2025 RAISE THE REGION
UNIVERSITY OF PITTSBURGH STUDENT PAYMENT CENTER, G-9 THACKERAY HALL, 139 UNIVERSITY PLACE - PITTSBURG	25-0965591	501(C)(3)	10,000.	0.			NAOMI ZEIGLER/STUDENT ID# 4828424
UNIVERSITY OF PITTSBURGH STUDENT PAYMENT CENTER, G-9 THACKERAY HALL, 139 UNIVERSITY PLACE - PITTSBURG	25-0965591	501(C)(3)	14,634.	0.			BELLA ROSE ORWIG/STUDENT ID# 4839163
UPTOWN MUSIC COLLECTIVE PO BOX 1224 WILLIAMSPORT, PA 17703	20-3851091	501(C)(3)	23,900.	0.			2025 RAISE THE REGION
UPTOWN MUSIC COLLECTIVE PO BOX 1224 WILLIAMSPORT, PA 17703	20-3851091	501(C)(3)	35,000.	0.			REPLACEMENT OF SOON-TO-BE OUTDATED COMPUTER TECHNOLOGY FOR STAFF AND INSTRUCTORS
VINEYARD COMMUNITY ACTIVITY CENTER 99 SHERMAN ST PO BOX 291 MUNCY, PA 17756	20-2336653	501(C)(3)	31,500.	0.			SIDING FOR BLOCK WALL AND FRONT DOOR REPLACEMENT
WATERVILLE VOLUNTEER FIRE COMPANY PO BOX 124 WATERVILLE, PA 17776-0124	81-4673333	501(C)(3)	81,000.	0.			HYDRAULIC EXTRICATION EQUIPMENT
WELLSPAN EVANGELICAL COMMUNITY HOSPITAL - 1 HOSPITAL DR - LEWISBURG, PA 17837	24-0795411	501(C)(3)	50,000.	0.			2025 PATIENT CARE EFFICIENCY AND SUPPORT PROJECT

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
WEST BRANCH DRUG & ALCOHOL ABUSE COMMISSION, INC. - 213 W 4TH ST 2ND FLR - WILLIAMSPORT, PA 17701	23-6616299	501(C)(3)	9,985.	0.			2025 RAISE THE REGION
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	6,707.	0.			ENHANCE THE STUDENT EDUCATIONAL EXPERIENCE
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	7,900.	0.			COLLABORATIVE CORNER/EDUCATORS RISING FOR 10-12TH GRADERS
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	15,150.	0.			CREATIVE BUILDING PROJECT FOR 4-6 GIFTED AND ENRICHMENT STUDENTS
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 W 4TH ST WILLIAMSPORT, PA 17701	24-0859746	SCHOOL DISTRICT	30,234.	0.			WELDING AUGMENTED REALITY SIMULATOR FOR HIGH SCHOOL CTE STUDENTS
WILLIAMSPORT AREA SCHOOL DISTRICT EDUCATION FOUNDATION - 2780 W 4TH ST - WILLIAMSPORT, PA 17701	35-2230335	SCHOOL DISTRICT	6,990.	0.			2025 RAISE THE REGION
WILLIAMSPORT CIVIC CHORUS PO BOX 752 WILLIAMSPORT, PA 17703	23-2722506	501(C)(3)	5,255.	0.			2025 RAISE THE REGION
WILLIAMSPORT LYCOMING ARTS COUNCIL 46 W 4TH ST WILLIAMSPORT, PA 17701	23-2014255	501(C)(3)	100,000.	0.			GERMAN CHRISTMAS MARKET HUT PROJECT
WILLIAMSPORT MILLIONAIRES YOUTH FOOTBALL AND CHEER ASSOCIATION - 321 PINE ST - WILLIAMSPORT, PA 17701	82-5114617	501(C)(3)	6,000.	0.			GUARDIAN CAPS FOR FOOTBALL HELMETS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSPORT SYMPHONY ORCHESTRA 220 W 4TH ST 3RD FLR WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	6,000.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
WILLIAMSPORT SYMPHONY ORCHESTRA 220 W 4TH ST 3RD FLR WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	17,332.	0.			ORG ENDOW-SUPPORT FOR CAMPAIGN OBJECTIVES
WILLIAMSPORT SYMPHONY ORCHESTRA 220 W 4TH ST 3RD FLR WILLIAMSPORT, PA 17701	23-7318530	501(C)(3)	18,984.	0.			ANNUAL SUPPORT OF CAMPAIGN OBJECTIVES
WILLING HAND HOSE COMPANY #1 821 BROAD ST MONTOURSVILLE, PA 17754-0367	23-2484137	501(C)(3)	6,000.	0.			AUTOMATED EXTERNAL DEFIBRILLATOR (AED) REPLACEMENTS
YWCA NORTHCENTRAL PA 815 W 4TH ST WILLIAMSPORT, PA 17756	24-0796439	501(C)(3)	7,253.	0.			SUPPORT OF PROGRAMS AND OPERATIONS
YWCA NORTHCENTRAL PA 815 W 4TH ST WILLIAMSPORT, PA 17756	24-0796439	501(C)(3)	8,725.	0.			2025 RAISE THE REGION

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

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

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

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

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT:
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY
(H) PURPOSE OF GRANT OR ASSISTANCE: "CODE BLUE" EXPANSION - PROVIDING HOUSING, TRANSPORTATION, AND SUPPORT FOR HOMELESS INDIVIDUALS DURING EXTREME WEATHER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:
BEAVER MEMORIAL UNITED METHODIST CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: BEACON FREE SHOP 25/26 OPERATIONS -
DISTRIBUTION OF PERSONAL HYGIENE AND LIMITED HOUSEHOLD ITEMS TO COMMUNITY
MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT: BERWICK AREA UNITED WAY
(H) PURPOSE OF GRANT OR ASSISTANCE: CRADLE TO CAREER - SCHOOL NURSE'S
PANTRY (CLOTHING, HYGIENE AND HEALTH ITEMS) AND RESTED & READY BED
PROGRAM (MATTRESSES AND FRAMES)

NAME OF ORGANIZATION OR GOVERNMENT: BEYOND VIOLENCE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH COUNSELING "BREAKING THE
CYCLE" PROGRAM - EDUCATIONAL AND COUNSELING APPROACH TO BREAK THE CYCLE
OF DOMESTIC VIOLENCE FOR STUDENTS IN GRADES 7-9

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: CHILD HUNGER OUTREACH PARTNERS
(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD/TRANSPORTATION/PERSONNEL/OPERATI
NG COSTS FOR IN-SCHOOL PANTRY AND BACKPACK PROGRAMS AT CURTIN
INTERMEDIATE SCHOOL, WILLIAMSPORT AREA MIDDLE SCHOOL, WILLIAMSPORT AREA
HIGH SCHOOL, MUNCY HIGH SCHOOL, SOUTH ACADEMY IU 17

NAME OF ORGANIZATION OR GOVERNMENT:
DIAKON CHILD FAMILY & COMMUNITY MINISTRIES
(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY BASED AND SCHOOL BASED CRISIS
INTERVENTION SERVICES - SCREENING, ASSESSMENT AND INTERVENTION FOR BIRTH
TO 18 YEARS OLD

NAME OF ORGANIZATION OR GOVERNMENT: DWELL - LYCOMING COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORE HOPE AND DIGNITY - THE HOPE
CHEST - ESSENTIAL ITEMS TO MEET THE IMMEDIATE NEEDS OF CHILDREN MOVING
INTO FOSTER CARE

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: HERR MEMORIAL LIBRARY
(H) PURPOSE OF GRANT OR ASSISTANCE: LOBBY REMODEL - WILL EXPAND
CHILDREN'S SECTION AND INCREASE SECURITY WITH VISUAL ACCESS TO ENTRANCES

NAME OF ORGANIZATION OR GOVERNMENT:
NORTHEASTERN PENNSYLVANIA EDUCATIONAL TELEVISION ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: LYCOMING @ WORK/CAREERS THAT WORK -
WORKFORCE DEVELOPMENT INITIATIVE VIDEOS AND CURRICULA FOR GRADES 4-12
THAT FOSTER EARLY AWARENESS AND EDUCATION OF MANUFACTURING CAREERS

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

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☒ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☒ Health or social club dues or initiation fees		
	☐ 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 **1b**		X
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? **2**	X	
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.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER D. WILSON	(i)	222,308.	0.	0.	9,543.	1,555.	233,406.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINE 1B:

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

SCHEDULE O (Form 990)
(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

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	89,329.
CONTRIBUTIONS TO AGENCY ENDOWMENTS	-123,546.

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number 24-6013117

NET INVESTMENT INCOME AND GAINS ON AGENCY ENDOWMENTS	-712,826.
DISTRIBUTIONS ON AGENCY ENDOWMENTS	287,415.
FEES REPORTED ON AGENCY ENDOWMENTS	48,563.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	258,105.
AGENCY FUNDS - INVESTMENT MANAGEMENT FEES	24,782.
AGENCY FUNDS - GAINS (LOSSES) ON INVESTMENTS	
AGENCY FUNDS - INTEREST	-97,223.
TOTAL TO FORM 990, PART XI, LINE 9	-225,401.

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

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	(g) Section 512(b)(13) controlled entity? 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

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		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 VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

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

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
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