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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
330 PINE STREET 400

City or town, state or country, and ZIP + 4
WILLIAMSPORT, PA 17701-6102

D Employer identification number
24-6013117

E Telephone number
570-321-1500

G Gross receipts $ 15,494,386.

F Name and address of principal officer: SUZANNE LEE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.FCFPA.ORG

K Form of organization [ ] Corporation [ ] Trust [ ] Association [X] Other ▶ FOUND

L Year of formation 1916 **M** State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA CONNECTS THE GENEROSITY OF DONORS WITH

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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	49
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,886,571.	1,044,028.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,358,009.	-1,762,964.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,893.	37,482.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,275,473.	-681,454.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,370,719.	1,600,053.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	577,168.	541,829.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 119,753.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	454,422.	516,611.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,402,309.	2,658,493.
19	Revenue less expenses. Subtract line 18 from line 12	1,873,164.	-3,339,947.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	48,195,393.	58,717,660.
21	Total liabilities (Part X, line 26)	3,895,288.	3,988,118.
22	Net assets or fund balances. Subtract line 21 from line 20	44,300,105.	54,729,542.

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SCANNED OCT 19 2010

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 9/21/10

▶ SUZANNE Y. LEE PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 9-21-10	Check if self-employed ▶ [ ]	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MAHER DUESSEL, CPA'S 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110		EIN ▶	
		Phone no ▶ 717-232-1230	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

916

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA MAXIMIZES THE POWER OF PEOPLE AND THEIR DONATED ASSETS TO BUILD VIBRANT COMMUNITIES WITHIN CENTRAL AND NORTH CENTRAL PENNSYLVANIA NOW AND IN THE FUTURE

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 1,907,994. including grants of $ 1,600,053.) (Revenue $)
THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA IS A REGIONAL FOUNDATION THAT DISTRIBUTES GRANTS, SCHOLARSHIPS AND PROGRAM SERVICES PRIMARILY TO THE COUNTIES OF LYCOMING, MONTOUR AND UNION. THE FOUNDATION AND ITS PARTNERS ASSIST LOCAL CITIZENS TO IMPROVE THE REGIONS QUALITY OF LIFE THROUGH A VOLUNTEER POOLING OF THEIR FINANCIAL RESOURCES, TIME AND TALENT. PRINCIPAL AREAS OF BENEFIT ARE ARTS AND CULTURE, CIVIC PROJECTS, ECONOMIC DEVELOPMENT, EDUCATION, HEALTH AND HUMAN SERVICES, SCHOLARSHIPS AND YOUTH AND RECREATION. GRANTS WERE MADE TO 208 NONPROFIT ORGANIZATIONS AND 115 STUDENTS RECEIVED SCHOLARSHIPS.

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

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

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

4e **Total program service expenses** ▶ $ 1,907,994.

932002
02-04-10

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?	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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
•	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.*			
•	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*			
•	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*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
•	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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	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*	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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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 25*	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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash 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, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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 in Schedule O for Part VI, lines 11 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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	18		
b	Enter the number of Forms W-2G included in 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	X	
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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		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?		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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the 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			

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 in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	10		
b	Enter the number of voting members that are independent	1b	9		
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 or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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 in Schedule O*	9			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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 in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

JACK WILLOUGHBY - 570-321-1500

330 PINE STREET - SUITE 400, WILLIAMSPORT, PA 17701-6242

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
BARBARA B HUDOCK CHAIR	1.00	X		X				0.	0.	0.
WILLIAM J METZGER, SR VICE CHAIR	1.00	X		X				0.	0.	0.
R JACK MCKERNAN SECTRETARY/TREASURER	1.00	X		X				0.	0.	0.
O FRED MILLER DIRECTOR	1.00	X						0.	0.	0.
ROBERT E MORE DIRECTOR	1.00	X						0.	0.	0.
MARSHALL WELCH, III DIRECTOR	1.00	X						0.	0.	0.
MICHAEL DANILOFF DIRECTOR	1.00	X						0.	0.	0.
ROBERT J FLECK DIRECTOR	1.00	X						0.	0.	0.
DAVIE JANE GILMOUR DIRECTOR	1.00	X						0.	0.	0.
SUZANNE LEE PRESIDENT & CEO	45.00	X		X				140,694.	0.	11,401.
SHERYL A HOFF CFO	45.00	X		X				82,586.	0.	7,270.
DAWN LINN VP OF DEVELOPMENT	44.00	X		X				73,781.	0.	4,398.

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

(A) Name and title	(B) Average hours per week	(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			
1b Total ▶								297,061.	0.	23,069.

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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.

(A) Name and business address	(B) Description of services	(C) Compensation
MASON INVESTMENT ADVISORY SERVICES, INC, 11130 SUNRISE VALLEY DRIVE, SUITE 200,	INVESTMENT ADVISORY SERVICES	100,243.

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	2,360.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,041,668.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		1,044,028.			
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)		1,267,164.			1267164.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	13142469				
	b Less: cost or other basis and sales expenses	16172597				
	c Gain or (loss)	-3030128				
	d Net gain or (loss)			-3030128.			-3030128.
	8a Gross income from fundraising events (not including $ 2,360. of contributions reported on line 1c). See Part IV, line 18	a	1,715.			
	b Less: direct expenses	b	3,243.			
	c Net income or (loss) from fundraising events			-1,528.			-1,528.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a ADMINISTRATIVE FEE INC	541860	35,603.	35,603.		
	b MISCELLANEOUS INCOME	900099	3,407.	3,407.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		39,010.			
	12 **Total revenue.** See instructions		-681,454.	39,010.	0.	-1764492.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,600,053.	1,600,053.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	320,469.	16,793.	223,378.	80,298.
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	150,628.	36,768.	110,552.	3,308.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,475.	1,437.	1,958.	80.
9 Other employee benefits	29,999.	7,848.	21,442.	709.
10 Payroll taxes	37,258.	4,458.	26,544.	6,256.
11 Fees for services (non-employees):				
a Management	20,719.	20,719.		
b Legal	10,329.		8,679.	1,650.
c Accounting	17,956.		17,956.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	192,322.	192,322.		
g Other	92,541.		92,541.	
12 Advertising and promotion				
13 Office expenses	29,647.	2,217.	24,444.	2,986.
14 Information technology	13,225.	1,643.	9,369.	2,213.
15 Royalties				
16 Occupancy	28,123.	3,319.	20,333.	4,471.
17 Travel	3,368.	346.	1,725.	1,297.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,619.	1,195.	6,815.	1,609.
23 Insurance	9,477.	1,977.	7,500.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PUBLIC RELATIONS	40,893.	873.	40,020.	
b DONOR RELATIONS	14,876.			14,876.
c MISCELLANEOUS	9,499.	8,373.	1,126.	
d LOSS ON DISPOSAL OF EQU	137.	137.		
e CHANGE IN VALUE - SPLIT	-4,354.	-4,354.		
f All other expenses	28,234.	11,870.	16,364.	
25 Total functional expenses. Add lines 1 through 24f	2,658,493.	1,907,994.	630,746.	119,753.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	623,962.	1	197,980.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	38,350.	3	10,350.
	4	Accounts receivable, net	16,792.	4	7,101.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	21,099.	7	9,400.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,898.	9	16,444.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 271,054.			
	b	Less: accumulated depreciation — 10b: 100,017.	173,361.	10c	171,037.
	11	Investments - publicly traded securities	41,722,901.	11	53,871,101.
	12	Investments - other securities. See Part IV, line 11	2,124,463.	12	244,861.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,453,567.	15	4,189,386.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	48,195,393.	16	58,717,660.
Liabilities	17	Accounts payable and accrued expenses	52,242.	17	30,454.
	18	Grants payable	1,610,492.	18	997,287.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	2,232,554.	25	2,960,377.
	26	**Total liabilities.** Add lines 17 through 25	3,895,288.	26	3,988,118.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	41,366,678.	27	51,028,280.
	28	Temporarily restricted net assets	679,747.	28	947,789.
	29	Permanently restricted net assets	2,253,680.	29	2,753,473.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	44,300,105.	33	54,729,542.
	34	Total liabilities and net assets/fund balances	48,195,393.	34	58,717,660.

Part XI Financial Statements and Reporting

			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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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 11, 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)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2499446.	1048516.	1747209.	1886571.	1044028.	8225770.
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	2499446.	1048516.	1747209.	1886571.	1044028.	8225770.
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)						48,844.
6 **Public support.** Subtract line 5 from line 4						8176926.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2499446.	1048516.	1747209.	1886571.	1044028.	8225770.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1319774.	1496950.	3905965.	2980935.	1267164.	10970788.
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 IV.)						
11 **Total support.** Add lines 7 through 10						19196558.

12 Gross receipts from related activities, etc. (see instructions)	12	150,903.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	42.60 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	43.20 %

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** 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 IV 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 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	30	
2	Aggregate contributions to (during year)	109,214.	
3	Aggregate grants from (during year)	59,050.	
4	Aggregate value at end of year	2,100,282.	

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" to 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 (e g., recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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, and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in 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 are a significant use of its collection items (check all that apply):

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

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

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 organization answered "Yes" to 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 XIV and complete the following table:

		Amount
c Beginning balance	1c	541,610.
d Additions during the year	1d	4,248.
e Distributions during the year	1e	62,812.
f Ending balance	1f	483,046.

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		136,000.		136,000.
b Buildings				
c Leasehold improvements		11,222.	2,003.	9,219.
d Equipment		78,704.	66,546.	12,158.
e Other		45,128.	31,468.	13,660.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				171,037.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
ASSETS HELD UNDER SPLIT - INTEREST	800,565.
BENEFICIAL INTEREST IN PERPETUAL TRUST	2,753,474.
CONTRIBUTIONS DUE FROM REMAINDER TRUST	608,486.
INVESTMENT INCOME RECEIVABLE	26,861.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	4,189,386.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD AS AGENCY ENDOWMENTS	2,317,400.
LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	642,977.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	2,960,377.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-681,454.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,658,493.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,339,947.
4	Net unrealized gains (losses) on investments	4	13,314,658.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	454,726.
9	Total adjustments (net). Add lines 4 through 8	9	13,769,384.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,429,437.

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

1	Total revenue, gains, and other support per audited financial statements			1	12,992,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	13,314,658.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	767,834.		
e	Add lines 2a through 2d			2e	14,082,492.
3	Subtract line 2e from line 1			3	-1,090,003.
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			
b	Other (Describe in Part XIV.)	4b	408,549.		
c	Add lines 4a and 4b			4c	408,549.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	-681,454.

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

1	Total expenses and losses per audited financial statements			1	2,563,052.
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 XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,563,052.
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			
b	Other (Describe in Part XIV.)	4b	95,441.		
c	Add lines 4a and 4b			4c	95,441.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,658,493.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B: TRUSTEE OF CHARITABLE REMAINDER UNITRUST IN WHICH FOUNDATION IS NOT THE BENEFICIARY

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: 767834.

OTHER CHANGES: -313108.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: 268041.

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST: 499793.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS ON AGENCY ENDOWMENTS: 398022.

INVESTMENT EARNINGS/REALIZED LOSSES ON AGENCY ENDOWMENTS: 10527.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS ON AGENCY ENDOWMENTS: 67276.

FEES REPORTED ON AGENCY ENDOWMENTS: 28165.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SCHEDULE			1,478,794.	0.			

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 64.

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA REQUIRES THE SUBMISSION OF A GRANT EVALUATION NARRATIVE 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 OR 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.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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 in 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 (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? **2**	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
	☐ 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 in 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) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in 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" to line 5a or 5b, describe in Part III.		
6	For persons listed in 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" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" to 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 Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SUZANNE LEE	(i)	118,694.	0.	22,000.	6,626.	4,775.	152,095.	6,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: THE FIRST COMMUNITY PARTNERSHIP FOUNDATION 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 DIRECLTY 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 PARTNERSHIP FOUNDATION 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 DIRECLTY 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 L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number 24-6013117

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
BETTY GILMOUR	DAUGHTER-IN-LAW	38,552.	EMPLOYEE		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

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

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

FOUNDATION

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

COMMUNITY NEEDS BY MAKING GRANTS TO ORGANIZATIONS WORKING TO ENHANCE THE QUALITY OF LIFE OF THOSE WHO LIVE AND WORK IN LYCOMING, MONTOUR, AND UNION COUNTIES, PENNSYLVANIA. THE COMMUNITY FOUNDATION ANNUALLY MAKES MORE THAN $1 MILLION IN GRANTS AND PROVIDES LEADERSHIP SUPPORT IN THE FIELDS OF ARTS AND CULTURE, COMMUNITY AND ECONOMIC DEVELOPMENT, EDUCATION, ENVIRONMENT, AND HEALTH AND HUMAN SERVICES. FOUNDED IN 1916, THE COMMUNITY FOUNDATION STRIVES TO INSPIRE PHILANTHROPY IN THE LYCOMING, MONTOUR, AND UNION COUNTY REGIONS.

FORM 990, PART VI, SECTION B, LINE 11: 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. THE BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT AND RISK ASSESSMENT COMMITTEE THE RESPONSIBILITY TO REVIEW, IN DETAIL, THE IRS FORM 990 BEFORE FILING WITH 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 OF THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA AND THE CHAIR OF THE HUMAN RESOURCES COMMITTEE ASKED THE BOARD OF DIRECTORS FOR FEEDBACK AND INPUT ON THE PERFORMANCE OF THE PRESIDENT/CEO. THE BOARD CHAIR AND HUMAN RESOURCES CHAIR REVIEWED THE SALARY DATA FROM THE NATIONWIDE SURVEY COMPILED ANNUALLY BY THE COUNCIL ON FOUNDATIONS. THE DATA WAS COMPARED TO THE PRESIDENT/CEO'S CURRENT SALARY AND BENEFITS. ALL OF THIS INFORMATION WAS USED AS THE BASIS OF THE CHAIR'S MEETING WITH THE PRESIDENT/CEO TO DISCUSS STRENGTHS, WEAKNESSES AND OVERALL JOB PERFORMANCE.

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 ANNUALLY 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.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

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

(A) NAME OF PERSON: BETTY GILMOUR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER-IN-LAW

(C) AMOUNT OF TRANSACTION $ 38552.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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" to 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
FCFPA PROPERTIES, INC. - 20-3734185 330 PINE STREET, SUITE 400 WILLIAMSPORT, PA 17701	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)		N/A

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

Schedule R (Form 990) 2009

932161
02-04-10

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA
FORM 990, Schedule I, Part II, Line 1

Organization	Address	City	State	Zipcode	EIN	IRC Section	Amount of Cash Grant	Amount of Non-Cash Assistance	Method of Valuation	Descr of Non-cash Assistance	Purpose of Grant or Assistance
Albright Care Services	90 Maplewood Drive	Lewisburg	PA	17837	23-1887138	501(c)(3)	$11,500 00	N/A	N/A	N/A	Dakin Power [m]BrainFitness System
Animal Resource Center	301A Boone Road	Bloomsburg	PA	17815	23-3069063	501(c)(3)	$5,688 00	N/A	N/A	N/A	Operational Support
Bloomsburg University	400 East Second Street	Bloomsburg	PA	17815	25-1690694		$11,150 00	N/A	N/A	N/A	Scholarships for 8 students
C.A.P P.A.	1919 Lincoln Drive	Williamsport	PA	17701	83-0404170	501(c)(3)	$111,055 00	N/A	N/A	N/A	2008/2009 Academic Enrichment Showcase project
Campbell Street Family, Youth and Community Association, Inc.	600 Campbell Street	Williamsport	PA	17701	23-3029255	501(c)(3)	$95,375 00	N/A	N/A	N/A	After School Children's Programs and Community Outreach
Center for Independent Living of North Central PA	210 Market Street, Suite A	Williamsport	PA	17701	23-2926556	501(c)(3)	$75,000 00	N/A	N/A	N/A	"Peer to Peer" project
Central PA Food Bank	417 Second Street	Williamsport	PA	17701	23-2202250	501(c)(3)	$12,500 00	N/A	N/A	N/A	Power Pack Weekend Nutrition Program
Children's Development Center	625 West Edwin Street	Williamsport	PA	17701	24-0796868	501(c)(3)	$17,888 68	N/A	N/A	N/A	Support for the Delvelopment Center
City of Williamsport-Department of Streets, Parks & Flood Control	1550 West Third Street	Williamsport	PA	17701	24-6000719		$24,855 92	N/A	N/A	N/A	Maintenance Bruce Ray and Sophie Gehron Showers Pool
Community Arts Center	220 West Fourth Street	Williamsport	PA	17701	23-2617447	501(c)(3)	$35,009 00	N/A	N/A	N/A	Enhancement of lighting & sound system
Community Theatre League	100 West Third Street	Williamsport	PA	17701	23-2358507	501(c)(3)	$11,700 00	N/A	N/A	N/A	2009-2010 Mainstage Series and Ray of Light Awards
Council on Foundations	P O Box 0021	Washington	DC	20055	13-6068327	501(c)(3)	$6,390 00	N/A	N/A	N/A	2009 Membership Dues
Danville Adoption Center of the Pennsylvania SPCA	2801 Bloom Road	Danville	PA	17821	23-1352269	501(c)(3)	$5,688 00	N/A	N/A	N/A	Operational Support
Danville Area Community Center	1 Liberty Street, P O Box 125	Danville	PA	17821	24-0860310	501(c)(3)	$7,716 17	N/A	N/A	N/A	Benefit the Community Center
East Lycoming Historical Society	66 S. Main Street, P O Box 97	Hughesville	PA	17737	23-2432106	501(c)(3)	$12,000 00	N/A	N/A	N/A	Museum Rehabilitation
Eastern Lycoming YMCA	50 Fitness Drive	Muncy	PA	17756	24-0795698	501(c)(3)	$18,500 00	N/A	N/A	N/A	Summer Day Camp and school age child care
Evangelical Community Hospital	One Hospital Drive	Lewisburg	PA	17837	24-0794511	501(c)(3)	$50,000 00	N/A	N/A	N/A	Thyra M Humphreys Center for Breast Health
Family Promise of Lycoming County	425 Jaculin Avenue	South Williamsport	PA	17702	26-3239003	501(c)(3)	$11,000 00	N/A	N/A	N/A	Families in Transition Program
Good Samaritan Mission Center	P O Box 114	Danville	PA	17821	20-0305960	501(c)(3)	$6,032 00	N/A	N/A	N/A	Benefit the Mission
Greater Lycoming Habitat for Humanity	540 Lycoming Street	Williamsport	PA	17701	23-2586879	501(c)(3)	$40,000 00	N/A	N/A	N/A	Support the build of two new homes in the Williamsport area
Indiana University of Pennsylvania	1090 South Drive	Indiana	PA	15705	25-1753112		$6,775 00	N/A	N/A	N/A	Scholarships for 3 students
Ithaca College	210 Job Hall	Ithaca	NY	14850	15-0532204	501(c)(3)	$14,000 00	N/A	N/A	N/A	Scholarship for 1 students
James V Brown Library	19 East Fourth Street	Williamsport	PA	17701	24-0799180	501(c)(3)	$24,385 00	N/A	N/A	N/A	Reading Green at Brown - ebook readers ans software
Jersey Shore Area School District	175 A & P Drive	Jersey Shore	PA	17740	24-6002552		$8,500 00	N/A	N/A	N/A	Innovative and educational programming
Jersey Shore Area YMCA	826 Allegheny Street	Jersey Shore	PA	17740	24-0795698	501(c)(3)	$21,750 00	N/A	N/A	N/A	2009 Summer Day Camp
Jersey Shore Summer Recreation Program	503 South Broad Street	Jersey Shore	PA	17740	32-0139007	501(c)(3)	$5,999 00	N/A	N/A	N/A	Field Trips to five local area destinations
Lewis Township Planning Group/Commission	69 Main Street, P O Box 118	Trout Run	PA	17701	24-6002347	501(c)(3)	$20,000 00	N/A	N/A	N/A	Trout Run Park Project
Lock Haven University	118 Russell Hall	Lock Haven	PA	17745	23-2442881		$5,050 00	N/A	N/A	N/A	Scholarships for 6 students
Loyalsock Township Recreation Board	2501 East Third Street	Williamsport	PA	17701	24-6001483	501(c)(3)	$20,000 00	N/A	N/A	N/A	Playground equipment at Heshbon Park
Loyalsock Township School District	1720 Sycamore Drive	Montoursville	PA	17754	24-6001067		$30,400 00	N/A	N/A	N/A	3C's - Calculators, Computers and Concepts of Math
Lycoming College	700 College Place	Williamsport	PA	17701	24-0795965	501(c)(3)	$17,510 00	N/A	N/A	N/A	Scholarships for 10 students
Lycoming County United Way, Inc.	1225 Clayton Avenue	Williamsport	PA	17701	24-0828149	501(c)(3)	$24,453 00	N/A	N/A	N/A	Benefit the United Way
Lycoming-Sullivan Standards Coalition/Community Arts Center	c/o CAC, 220 West Fourth Street	Williamsport	PA	17701	23-2617447	501(c)(3)	$5,999 00	N/A	N/A	N/A	Transportation for Educational Series at Community Arts Center
Mansfield University	213 Doane Center	Mansfield	PA	16933	25-1538424		$5,200 00	N/A	N/A	N/A	Scholarships for 7 students
Mercersburg Academy	300 East Seminary Street	Mercersburg	PA	17236	23-1365963	501(c)(3)	$5,188 00	N/A	N/A	N/A	Operating support
Montgomery House Library	20 Church Street, P O Box 5	McEwensville	PA	17749	25-1181545	501(c)(3)	$40,000 00	N/A	N/A	N/A	Senior Outreach Program and operating expenses
Montoursville Area School District	50 North Arch Street	Montoursville	PA	17754	23-1667972		$8,000 00	N/A	N/A	N/A	Innovative and educational programming
Muncy Baptist Church	9 West Penn Street	Muncy	PA	17756	23-2324803	501(c)(3)	$8,000 00	N/A	N/A	N/A	Repairs to the sanctuary
Muncy Historical Society	40 N Main Street, P O Box 11	Muncy	PA	17756	23 6297367	501(c)(3)	$13,560 00	N/A	N/A	N/A	Repairs for the historic house museum
Muncy Pool Association	P O Box 101	Muncy	PA	17756	23-7006677	501(c)(3)	$6,000 00	N/A	N/A	N/A	Operating support
Muncy School District	46 South Main Street	Muncy	PA	17756	24-6001124		$7,259 21	N/A	N/A	N/A	Innovative and educational programming
Northcentral PA AHEC	63R Main Street	Wellsboro	PA	16901	25-1757599	501(c)(3)	$7,500 00	N/A	N/A	N/A	Susquehanna Health Community Health Center and Dental Clinic State of Oral Health in Lyco Cnty
Northcentral Pennsylvania Conservancy	P O Box 2083	Williamsport	PA	17703	23-2606163	501(c)(3)	$36,742 00	N/A	N/A	N/A	Loyalsock Creek Watershed Rivers Conservation Plan
Original Little League, Inc.	P O Box 4162	Williamsport	PA	17703	23-6390546	501(c)(3)	$10,763 50	N/A	N/A	N/A	Benefit the Original Little League
Penn State University	103 Shields Building	University Park	PA	16802	24-6000376		$21,950 00	N/A	N/A	N/A	Scholarships for 16 students
Pennsylvania College of Technology	One College Avenue	Williamsport	PA	17701	23-2564508	501(c)(3)	$17,926 00	N/A	N/A	N/A	Scholarships for 8 students
Plunketts Creek Twp Ambulance Service	327 Dunwoody Road	Williamsport	PA	17701	23-7152260	501(c)(3)	$5,000 00	N/A	N/A	N/A	General operating support
River Valley Regional YMCA	320 Elmira Street - 4th Floor	Williamsport	PA	17701	24-0795698	501(c)(3)	$5,420 00	N/A	N/A	N/A	Benefit the YMCA
Salvation Army	457 Market Street, P O Box 1296	Williamsport	PA	17703	23-1352533	501(c)(3)	$35,174 00	N/A	N/A	N/A	Building Strong Families program
Shepherd of the Streets/United Churches of Lycoming County	669 Center Street	Williamsport	PA	17701	23-2278754	501(c)(3)	$13,978 00	N/A	N/A	N/A	Prescription assistance, medical supplies, renovations
South Williamsport Area School District	515 West Central Avenue	South Williamsport	PA	17702	24-6002560		$14,901 23	N/A	N/A	N/A	Innovative and educational programming
Special Olympics Pennsylvania, Lycoming County	2135 Reeder Road, P O Box 265	Montoursville	PA	17754	23-2078543	501(c)(3)	$5,800 00	N/A	N/A	N/A	Soft Ball Program
SUN Home Health Services, Inc.	61 Duke Street, P O Box 232	Northumberland	PA	17857	23-1736912	501(c)(3)	$55,000 00	N/A	N/A	N/A	Charity/Uncompensated care
Susquehanna Health Foundation	1001 Grampian Blvd	Williamsport	PA	17701	23-2743470	501(c)(3)	$21,624 00	N/A	N/A	N/A	Kathryn Candor Lundy Breast Health Center, Gate House
Trinity Episcopal Church	844 West Fourth Street	Williamsport	PA	17701	24-0795692	501(c)(3)	$5,188.00	N/A	N/A	N/A	Operational Support
University of Pittsburgh	G-7 Thackeray Hall	Pittsburgh	PA	15260	25-0965591		$13,700 00	N/A	N/A	N/A	Scholarships for 8 students
Uptown Music Collective	848 West Fourth Street	Williamsport	PA	17701	20-3851091	501(c)(3)	$28,482 00	N/A	N/A	N/A	Modern Music Curriculum, Orchestral Rock Performance Project
Valley View Nursing Center	2140 Warrensville Rd	Montoursville	PA	17754	23-2626796	501(c)(3)	$49,070 00	N/A	N/A	N/A	Operational and Program Support
West End Christian Community Center	901 Diamond Street	Williamsport	PA	17701	23-6427426	501(c)(3)	$8,299 00	N/A	N/A	N/A	Preservation of the historic building
Wilkes University	84 West South Street	Wilkes-Barre	PA	18766	24-0795506	501(c)(3)	$17,150 00	N/A	N/A	N/A	Scholarships for 4 students
Williamsport Home	1900 Ravine Road	Williamsport	PA	17701	24-0795507	501(c)(3)	$17,699 00	N/A	N/A	N/A	Renovations for an End of Life Suite
Williamsport Symphony Orchestra	220 West Fourth Street	Williamsport	PA	17701	23-7318530	501(c)(3)	$37,196 00	N/A	N/A	N/A	Capital projects, youth programming, scholarships and outreach
Williamsport Lycoming Arts Council	220 West 4th Street	Williamsport	PA	17701	23-2014255	501(c)(3)	$7,629 68	N/A	N/A	N/A	Operational and Program Support
YWCA Williamsport	815 West Fourth Street	Williamsport	PA	17701	24-0796439	501(c)(3)	$175,526.00	N/A	N/A	N/A	Capital campaign and program support
					Total		$1,478,794 00				

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See Instructions	FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	24-6013117
	Number, street, and room or suite no. If a P.O. box, see instructions. 330 PINE STREET, NO. 400	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILLIAMSPORT, PA 17701-6102	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JACK WILLOUGHBY - 330 PINE STREET - SUITE 400 - WILLIAMSPORT, PA 17701-6242
  Telephone No. ▶ 570-321-1500 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ _____ Date ▶ 8/2/10