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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Doing Business As

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

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

F Name and address of principal officer: JENNIFER WILSON
SAME AS C ABOVE

D Employer identification number: 24-6013117

E Telephone number: 570-321-1500

G Gross receipts $: 9637052.

H(a) Is this a group return for affiliates? ☐ Yes ☒ 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: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FCFPARTNERSHIP.ORG

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ FOUND

L Year of formation: 1916

M State of legal domicile: PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA BRINGS TOGETHER PEOPLE, PARTNERS AND		
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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	245
7a	Total 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)	947458.	1537045.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	546724.	2359915.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33194.	28061.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1527376.	3925021.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1508668.	2038943.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	641519.	786709.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 284663.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	662047.	855590.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2812234.	3681242.
19	Revenue less expenses. Subtract line 18 from line 12	-1284858.	243779.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	64842760.	61777189.
21	Total liabilities (Part X, line 26)	3882466.	3944887.
22	Net assets or fund balances. Subtract line 21 from line 20	60960294.	57832302.

SCANNED JUL 18 2012

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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: 6-1-12

▶ JENNIFER WILSON, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Tracey L Rash	Preparer's signature	Date: 5-18-12	Check ☐ if self-employed	PTIN: P00252345
Firm's name ▶ MAHER DUESSEL, CPA'S			Firm's EIN ▶ 23-1622758	
Firm's address ▶ 3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110			Phone no. 717-232-1230	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9 16 A

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . [x]

1 Briefly describe the organization's mission:

THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA BRINGS TOGETHER PEOPLE, PARTNERS AND PLACES TO GROW LOCAL GIVING AND INVESTMENT, STRENGTHEN AREA ORGANIZATIONS AND RESULTS, AND TAKE ON THE CRITICAL ISSUES AND EFFORTS NEEDED TO BUILD VIBRANT COMMUNITIES AND A

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 [x] 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 [x] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 2776975. including grants of $ 2038943.) (Revenue $ 36429.)

THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA BRINGS TOGETHER PEOPLE, PARTNERS AND PLACES TO GROW LOCAL GIVING AND INVESTMENT, STRENGTHEN AREA ORGANIZATIONS AND RESULTS, AND TAKE ON THE CRITICAL ISSUES AND EFFORTS NEEDED TO BUILD VIBRANT COMMUNITIES AND A THRIVING NORTH CENTRAL PENNSYLVANIA REGION. OVER 400 GRANTS AND SCHOLARSHIPS, EXCEEDING $2 MILLION, WERE DISTRIBUTED IN 2011 TO IMPACT AND ENHANCE OPPORTUNITIES IN THE FOLLOWING AREAS: ARTS AND CULTURE, CIVIC, EDUCATION, HEALTH AND HUMAN SERVICES, RECREATION AND YOUTH. FCFP CELEBRATES THE UNIQUE CHARACTERISTICS OF OUR COMMUNITIES WHILE ENCOURAGING COLLABORATION ACROSS THE REGION AS WE AIM TO CREATE POWERFUL COMMUNITIES THROUGH PASSIONATE GIVING.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 2776975.

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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 (or a family member thereof) 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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		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

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12		
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		
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	12		
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* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 instructions for 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?		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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.*

Check if Schedule O contains a response to any question in this Part VI ... x

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ... 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent ... 1b 13			
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 governing documents since the prior Form 990 was filed? ...	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets? ...	5		x
6	Did the organization have members or stockholders? ...	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ...	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ...	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body? ...	8a	x	
b	Each committee with authority to act on behalf of the governing body? ...	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses 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	Did the organization have local chapters, branches, or affiliates? ...	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ...	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13* ...	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* ...	12c	x	
13	Did the organization have a written whistleblower policy? ...	13	x	
14	Did the organization have a written document retention and destruction policy? ...	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official ...	15a	x	
b	Other officers or key employees of the organization ...	15b	x	
	If "Yes" to line 15a or 15b, describe the process 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ...	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

x Own website ☐ Another's website x Upon request

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

20 State the name, 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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVIE JANE GILMOUR, PH.D. CHAIR	1.00	X		X				0.	0.	0.
(2) MARSHALL D. WELCH, III VICE CHAIR	1.00	X		X				0.	0.	0.
(3) TIMOTHY D. FITZGERALD SECTRETARY	1.00	X		X				0.	0.	0.
(4) ROBERT J. FLECK DIRECTOR	1.00	X						0.	0.	0.
(5) DANIEL A. KLINGERMAN DIRECTOR	1.00	X						0.	0.	0.
(6) KEITH S. KUZIO DIRECTOR	1.00	X						0.	0.	0.
(7) GEORGE (HERMAN) E. LOGUE, JR. DIRECTOR	1.00	X						0.	0.	0.
(8) R.JACK MCKERNAN, JR. DIRECTOR	1.00	X						0.	0.	0.
(9) GRACE M. MAHON DIRECTOR	1.00	X						0.	0.	0.
(10) WILLIAM J. METZGER, SR. DIRECTOR	1.00	X						0.	0.	0.
(11) FRANK G. PELLEGRINO DIRECTOR	1.00	X						0.	0.	0.
(12) LESLIE P. TEMPLE DIRECTOR	1.00	X						0.	0.	0.
(13) ALICE TROWBRIDGE DIRECTOR	1.00	X						0.	0.	0.
(14) JENNIFER D. WILSON PRESIDENT & CEO	45.00	X		X				100935.	0.	10377.
(15) SUZANNE H. LEE PRESIDENT & CEO	45.00	X		X				154719.	0.	13858.
(16) JOHN A. WILLOUGHBY CHIEF FINANCIAL OFFICER	45.00			X				93091.	0.	12380.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								348745.	0.	36615.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								348745.	0.	36615.

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

		Yes	No
3	Did the organization list any **former** officer, director, 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MASON INVESTMENT ADVISORY SERVICES, INC., 11130 SUNRISE VALLEY DRIVE, SUITE 200,	INVESTMENT ADVISORY SERVICES	102679.

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

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 60508.				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 1476537.				
	g Noncash contributions included in lines 1a-1f $ 49954.				
	h **Total.** Add lines 1a-1f ▶	1537045.			
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) ▶	2219850.			2219850.
	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	5494363. / 324314.			
	b Less: cost or other basis and sales expenses	5535524. / 143088.			
	c Gain or (loss)	-41161. / 181226.			
	d Net gain or (loss) ▶	140065.			140065.
	8a Gross income from fundraising events (not including $ 60508. of contributions reported on line 1c) See Part IV, line 18 a 25051.				
	b Less: direct expenses b 33419.				
	c Net income or (loss) from fundraising events ▶	-8368.			-8368.
	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	23381.	23381.	
	b MISCELLANEOUS INCOME	900099	13048.	13048.	
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶		36429.		
	12 **Total revenue.** See instructions. ▶	3925021.	36429.	0.	2351547.

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).

Check if Schedule O contains a response to any question in this Part IX x

	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 United States. See Part IV, line 21	2038943.	2038943.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	411522.	25023.	326732.	59767.
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	302480.	61166.	107587.	133727.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	9691.	1989.	3354.	4348.
9	Other employee benefits	33658.	6907.	11650.	15101.
10	Payroll taxes	29358.	6025.	10161.	13172.
11	Fees for services (non-employees):				
a	Management	23381.	23381.		
b	Legal	22840.		21530.	1310.
c	Accounting	18260.		18260.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	219817.	219817.		
g	Other	5049.	2849.	2092.	108.
12	Advertising and promotion				
13	Office expenses	39407.	14046.	20311.	5050.
14	Information technology	17875.	3575.	10725.	3575.
15	Royalties				
16	Occupancy	37926.	7585.	22756.	7585.
17	Travel	3242.	198.	240.	2804.
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	17406.	3481.	10444.	3481.
23	Insurance	13456.	2591.	10024.	841.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	NON-CASH TRANS TO AFFIL	324314.	324314.		
b	PUBLIC RELATIONS	68524.	13784.	30242.	24498.
c	STAFF EDUCATION	14955.	5034.	7159.	2762.
d	CHANGE IN VALUE - SPLIT	12986.	12986.		
e	All other expenses SEE SCH O	16152.	3281.	6337.	6534.
25	**Total functional expenses.** Add lines 1 through 24e	3681242.	2776975.	619604.	284663.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	232291.	1	503108.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	8500.	3	12695.
	4	Accounts receivable, net	15226.	4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	9400.	7	9400.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	17766.	9	19252.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 185641.			
	b	Less: accumulated depreciation — 10b: 128548.	208153.	10c	57093.
	11	Investments - publicly traded securities	59886211.	11	56542002.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4465213.	15	4633639.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	64842760.	16	61777189.
Liabilities	17	Accounts payable and accrued expenses	73768.	17	55216.
	18	Grants payable	790937.	18	786697.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3017761.	25	3102974.
	26	**Total liabilities.** Add lines 17 through 25	3882466.	26	3944887.
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	56959065.	27	53680029.
	28	Temporarily restricted net assets	1090473.	28	1422895.
	29	Permanently restricted net assets	2910756.	29	2729378.
		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	60960294.	33	57832302.
	34	Total liabilities and net assets/fund balances	64842760.	34	61777189.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3925021.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3681242.
3	Revenue less expenses Subtract line 2 from line 1	3	243779.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60960294.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3371771.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	57832302.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			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 separate basis, consolidated 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

2011

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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1747209.	1886571.	1044028.	947458.	1537045.	7162311.
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	1747209.	1886571.	1044028.	947458.	1537045.	7162311.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						7162311.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1747209.	1886571.	1044028.	947458.	1537045.	7162311.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3905965.	2980935.	1267164.	1294779.	2219850.	11668693.
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						18831004.

12 Gross receipts from related activities, etc. (see instructions)	12	152523.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	38.03 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	37.88 %

16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 - 2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
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	32	
2	Aggregate contributions to (during year)	69738.	
3	Aggregate grants from (during year)	166715.	
4	Aggregate value at end of year	2416690.	

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 education)
- [ ] Preservation of an historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) 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 (ASC 958) 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 the 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
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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 current year end balance (line 1g, column (a)) held as:

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

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

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

		Yes	No
(i)	unrelated organizations	3a(i)	
(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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements		1732.	1212.	520.
d	Equipment		94545.	77737.	16808.
e	Other		89364.	49599.	39765.
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	57093.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) ASSETS HELD UNDER SPLIT - INTEREST	1087566.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUST	2729378.
(3) CONTRIBUTIONS DUE FROM REMAINDER TRUST	792206.
(4) INVESTMENT INCOME RECEIVABLE	24489.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	4633639.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	2504107.
(3) LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	598867.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	3102974.

2. FIN 48 (ASC 740) 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 (ASC 740)

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	3925021.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3681242.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	243779.
4	Net unrealized gains (losses) on investments	4	-3318234.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-53537.
9	Total adjustments (net). Add lines 4 through 8	9	-3371771.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-3127992.

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	455597.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-3318234.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	234592.		
e	Add lines 2a through 2d			2e	-3083642.
3	Subtract line 2e from line 1			3	3539239.
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	385782.		
c	Add lines 4a and 4b			4c	385782.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	3925021.

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

1	Total expenses and losses per audited financial statements			1	3583589.
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	3583589.
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	97653.		
c	Add lines 4a and 4b			4c	97653.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	3681242.

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 XI, LINE 8 - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO SPILIT-INTEREST AGREEMENTS	629076.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-213106.
CONTRIBUTIONS TO AGENCY ENDOWMENTS	-246096.
INVESTMENT INCOME/REALIZED LOSSES ON AGENCY ENDOWMENTS	-89732.
DISTRIBUTIONS ON AGENCY ENDOWMENTS	65095.
FEES REPORTED ON AGENCY ENDOWMENTS	32558.

Part XIV Supplemental Information *(continued)*

NON-CASH CONTRIBUTIONS	-49954.
LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-181378.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-53537.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO SPLIT-INTEREST AGREEMENTS	629076.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-213106.
LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST	-181378.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	234592.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENTS	246096.
INVESTMENT INCOME/REALIZED LOSSES ON AGENCY ENDOWMENTS	89732.
NON-CASH CONTRIBUTIONS	49954.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	385782.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS ON AGENCY ENDOWMENTS	65095.
FEES REPORTED ON AGENCY ENDOWMENTS	32558.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	97653.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization: FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number: 24-6013117

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

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

Revenue		(a) Event #1 DINNER (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	13650.	71909.		85559.
	2 Less: Charitable contributions	9500.	51008.		60508.
	3 Gross income (line 1 minus line 2)	4150.	20901.		25051.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6388.	27031.		33419.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(33419)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	-8368.

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

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

9 Enter the state(s) in which the organization operates gaming activities. _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions.

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

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. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS NORTHCENTRAL PA CHAPTER - 320 EAST THIRD STREET - WILLIAMSPORT, PA 17701	24-0802564	501 C(3)	35989.	0.			EMERGENCY FUNDS FOR DISASTER RELIEF EFFORTS FOR LYCOMING COUNTY RESIDENTS AFFECTED BY
AMERICAN RESCUE WORKERS, INC. 643 ELMIRA STREET WILLIAMSPORT, PA 17701	23-1714132	501 C(3)	10000.	0.			PROVIDE ASSISTANCE TO FLOOD VICTIMS WITH BASIC NEEDS, HOUSEHOLD FURNISHINGS AND RENTAL
ANIMAL RESOURCE CENTER 301A BOONE ROAD BLOOMSBURG, PA 17815	23-3069063	501 C(3)	6772.	0.			ANNUAL SUPPORT
BOY SCOUTS OF AMERICA SUSQUEHANNA COUNCIL - 815 NORTHWAY ROAD - WILLIAMSPORT, PA 17701	24-0795397	501 C(3)	15436.	0.			UPGRADE OF THE COMPUTER SYSTEM
CAPPA P.O. BOX 427 WILLIAMSPORT, PA 17701	83-0404170	501 C(3)	32000.	0.			CURRICULUM INSTRUCTORS FOR THE NEIGHBORHOOD NETWORK CENTER
CHILDREN'S DEVELOPMENT CENTER 625 WEST EDWIN STREET WILLIAMSPORT, PA 17701	24-0796868	501 C(3)	6229.	0.			ANNUAL SUPPORT OF PROGRAMS, OPERATIONS AND CAPITAL NEEDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 68.

3 Enter total number of other organizations listed in the line 1 table ▶ 68.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

132101 01-27-12

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WILLIAMSPORT-DEPARTMENT OF STREETS, PARKS & FLOOD CONTROL - 1550 WEST THIRD STREET - WILLIAMSPORT, PA 17701	24-6000719	501 C(3)	23458.	0.			MAINTENANCE OF THE BRUCE RAY AND SOPHIE GEHRON SHOWERS POOL
CLINTON COUNTY CLEANSCAPES P.O. BOX 304 MILL HALL, PA 17751	16-1746268	501 C(3)	8726.	0.			ON-GOING CLEANUP EFFORTS TO SAFELY REMOVE MAN MAD DEBRIS FROM PUBLIC LANDS AND WATERWAYS
CLINTON-LYCOMING YOUNG MARINES P.O. BOX 346 AVIS, PA 17721	38-2346425	501 C(3)	5900.	0.			PROGRAM EXPENSES
COMMUNITY ARTS CENTER 220 WEST FOURTH STREET WILLIAMSPORT, PA 17701	23-2617447	501 C(3)	71090.	0.			ANNUAL SUPPORT
COMMUNITY THEATRE LEAGUE 100 WEST THIRD STREET WILLIAMSPORT, PA 17701	23-2358507	501 C(3)	25000.	0.			2011-2012 OUTREACH PROGRAMMING
DANVILLE ADOPTION CENTER OF THE PENNSYLVANIA SPCA - 2801 BLOOM ROAD - DANVILLE, PA 17821	23-1352269	501 C(3)	6772.	0.			ANNUAL SUPPORT
DIAKON FAMILY LIFE SERVICES 435 WEST FOURTH STREET WILLIAMSPORT, PA 17701	41-1568278	501 C(3)	10649.	0.			GIRLS ON THE RUN OF THE CENTRAL PA REGION
EVANGELICAL COMMUNITY HOSPITAL ONE HOSPITAL DRIVE LEWISBURG, PA 17837	24-0795411	501 C(3)	43400.	0.			EXPANDED CARDIOVASCULAR SERVICES/CHARITY CARE
FAMILY PROMISE OF LYCOMING COUNTY P.O. BOX 1052 WILLIAMSPORT, PA 17703	26-3239003	501 C(3)	20412.	0.			ONGOING AND FOLLOW-UP CASE MANAGEMENT FOR FAMILIES ONE YEAR AFTER GRADUATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAVORS FORWARD FOUNDATION OF LYCOMING COUNTY - 131 HEALTH PROFESSIONS BUILDING - LOCK HAVEN, PA 17745	27-0922772	501 C(3)	24684.	0.			PARTNERS TO PROMISE YOUTH INITIATIVE
GOOD SAMARITAN MISSION 9 SOUTH GLENBROOK AVENUE DANVILLE, PA 17821	20-0305960	501 C(3)	9930.	0.			ANNUAL SUPPORT
HIAWATHA, INC. 1500 WEST THIRD STREET WILLIAMSPORT, PA 17701	23-2768737	501 C(3)	41009.	0.			REPLACEMENT OF THE PROPULSION SYSTEM
INDIANA UNIVERSITY OF PENNSYLVANIA 200 CLARK HALL, 1090 SOUTH DRIVE INDIANA, PA 15705	25-1753112	501 C(3)	14000.	0.			SCHOLARSHIPS
JAMES V. BROWN LIBRARY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	24-0799180	501 C(3)	10301.	0.			ANNUAL SUPPORT
JERSEY SHORE AREA SCHOOL DISTRICT 175 A&P DRIVE JERSEY SHORE, PA 17740	24-6002552	501 C(3)	10556.	0.			OCTAPPELLA VOCAL ENSEMBL TO INSTRUCT AND PERFORM WITH 4TH-12TH GRADE MUSI DEPARTMENT STUDENTS
JERSEY SHORE BOROUGH 232 SMITH STREET JERSEY SHORE, PA 17740	24-6000602	501 C(3)	105000.	0.			CONSTRUCTION OF A RIVERFRONT PARK AND BOAT LAUNCH
JERSEY SHORE SUMMER RECREATION PROGRAM - 503 SOUTH BROAD STREET - JERSEY SHORE, PA 17740	32-0139007	501 C(3)	5999.	0.			FIELD TRIPS FOR 2011 SUMMER RECREATION PROGRA - LEHIGH FORGE SCENIC RAILWAY, T AND D CATS,
LITTLE LEAGUE BASEBALL, INC. P.O. BOX 3485 WILLIAMSPORT, PA 17701	23-1688231	501 C(3)	7129.	0.			JOHN W. LUNDY CONFERENCE CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYALSOCK TOWNSHIP SCHOOL DISTRICT 1720 SYCAMORE DRIVE MONTOURSVILLE, PA 17754	24-6001067	501 C(3)	36330.	0.			GREENHOUSE GARDEN PROJECT FOR ALL LOYALSOCK TOWNSHIP SCHOOLS
LYCOMING COLLEGE 700 COLLEGE PLACE WILLIAMSPORT, PA 17701	24-0795965	501 C(3)	22900.	0.			SCHOLARSHIPS
LYCOMING COUNTY UNITED WAY, INC. ONE WEST THIRD STREET, SUITE 208 WILLIAMSPORT, PA 17701	24-0828149	501 C(3)	54126.	0.			PA 2-1-1 CALLING SYSTEM TO ALLOW RESIDENTS TO ACCESS COMPREHENSIVE AND SPECIALIZED INFORMATION
LYCOMING-SULLIVAN STANDARDS COALITION - 220 WEST FOURTH STREET - WILLIAMSPORT, PA 17701	23-2617447	501 C(3)	35000.	0.			TRANSPORTATION COSTS FOR STUDENTS TO ATTEND EDUCATIONAL SERIES SHOWS AT THE COMMUNITY ARTS
MERCERSBURG ACADEMY 300 EAST SEMINARY STREET MERCERSBURG, PA 17236	23-1365963	501 C(3)	6538.	0.			ANNUAL SUPPORT
MONTGOMERY HOUSE LIBRARY 20 CHURCH STREET MCEWENSVILLE, PA 17749	25-1181545	501 C(3)	40000.	0.			SENIOR OUTREACH "BOOKS O WHEELS" PROGRAM AND GENERAL OPERATING SUPPOR
MUNCY AREA POOL ASSOCIATION 506 SOUTH MAIN STREET MUNCY, PA 17756	23-7006677	501 C(3)	23720.	0.			OUTDOOR LIGHTS INSTALLATION TO ALLOW TH POOL TO REMAIN OPEN LONGER HOURS
MUNCY AREA VOLUNTEER FIRE COMPANY, INC. - 35 SOUTH MAIN STREET - MUNCY, PA 17756	27-5024111	501 C(3)	16394.	0.			REPLACEMENT OF AGING AND INADEQUATE PORTABLE PUMP
MUNCY BAPTIST CHURCH 9 WEST PENN STREET MUNCY, PA 17756	23-2324803	501 C(3)	13500.	0.			RENOVATIONS TO THE CHURCH: SIDING FOR EVES AND SOFFITS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNCY CEMETERY 204 EAST PENN STREET MUNCY, PA 17756	24-0670483	501 C(3)	5900.	0.			BUILDING IMPROVEMENTS - PHASE II - MAINTENANCE BUILDING
MUNCY HISTORICAL SOCIETY 40 NORTH MAIN STREET MUNCY, PA 17756	23-6297367	501 C(3)	16348.	0.			MUNCY HERITAGE PARK & NATURE TRAIL EDUCATIONAL PAVILION
NIPPENOSE VALLEY LITTLE LEAGUE 1610 PINE WOODS ROAD JERSEY SHORE, PA 17740	23-3100066	501 C(3)	28700.	0.			PURCHASE OF ADJACENT PROPERTY TO EXTEND THE BASEBALL AND SOFTBALL PLAYING FIELDS IN THE
OUR LADY OF LOURDES 800 MULBERRY STREET MONTOURSVILLE, PA 17754	23-1931972	501 C(3)	32613.	0.			ASSIST WITH WATER HEATER REPLACEMENT AND HOME FURNISHINGS FOR FLOOD VICTIMS
PA TREATMENT AND HEALING 5972 SUSQUEHANNA TRAIL TURBOTVILLE, PA 17772	23-2298248	501 C(3)	20000.	0.			REWARDS PROGRAM, MOTIVATIONAL AND EDUCATIONAL SPEAKERS, BUILDING CORRECTIONS
PENN STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501 C(3)	37850.	0.			SCHOLARSHIPS
PENNSYLVANIA COLLEGE OF TECHNOLOGY ONE COLLEGE AVENUE WILLIAMSPORT, PA 17701	23-2564508	501 C(3)	30482.	0.			SCHOLARSHIPS
PICTURE ROCKS VOLUNTEER FIRE COMPANY - 180 NORTH MAIN STREET - PICURE ROCKS, PA 17762	23-6297978	501 C(3)	15000.	0.			PURCHASE OF A NEW GENERATOR FOR THE FIRE COMPANY
PRESBYTERIAN HOME 810 LOUISA STREET WILLIAMSPORT, PA 17701	23-1381404	501 C(3)	7400.	0.			BEST-BATH SYSTEM ESCAPE WALK-IN TUB

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESERVATION WILLIAMSPORT 960 WEST THIRD STREET WILLIAMSPORT, PA 17701	23-2603789	501 C(3)	12500.	0.			REPLACEMENT OF 3 STAIN GLASS WINDOWS IN THE HISTORIC ROWLEY HOUSE MUSEUM
RIVER VALLEY REGIONAL YMCA 320 ELMIRA STREET, 4TH FLOOR WILLIAMSPORT, PA 17701	24-0795698	501 C(3)	72230.	0.			ANNUAL SUPPORT
RIVER VALLEY REGIONAL YMCA 320 ELMIRA STREET, 4TH FLOOR WILLIAMSPORT, PA 17701	24-0795698	501 C(3)	60000.	0.			TO OFF-SET THE EXPENSES OF THE YMCA'S CAPITAL CAMPAIGN
SON LIGHT HOUSE 130 CARPENTER STREET MUNCY, PA 17756	23-2224873	501 C(3)	12500.	0.			BOX TRUCK FOR THE TRANSPORT OF FOOD FROM THE CENTRAL PA FOOD BANK IN WILLIAMSPORT TO
SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT - 515 WEST CENTRAL AVENUE - SOUTH WILLIAMSPORT, PA 17702	24-6002560	501 C(3)	5659.	0.			EDUCATOR-IN-RESIDENCE AUTHOR/ILLUSTRATOR DAVID BIEDRZYCKI TO VISIT THE CENTRAL ELEMENTARY SCHOO
STEP 2138 LINCOLN STREET WILLIAMSPORT, PA 17701	23-1668784	501 C(3)	189614.	0.			PROVIDE GAP FUNDING NECESSARY TO ACCESS TEMPORARY HOUSING
SUN HOME HEALTH SERVICES, INC. 61 DUKE STREET NORTHUMBERLAND, PA 17857	23-1736912	501 C(3)	43400.	0.			UNCOMPENSATED/CHARITY CARE
SUSQUEHANNA COMMUNITY HEALTH & DENTAL CENTER - 469 AND 471 HEPBURN STREET - WILLIAMSPORT, PA 17701	20-8979596	501 C(3)	45000.	0.			DENTAL OPERATORY AND PATIENT CARE ROOMS FOR ADDITIONAL PATIENT CARE
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BLVD., SUITE 1 WILLIAMSPORT, PA 17701	23-2743470	501 C(3)	62176.	0.			THE BIRTHPLACE AT WILLIAMSPORT REGIONAL MEDICAL CENTER - BABY-FRIENDLY HOSPITAL

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYCAMORE MANOR HEALTH CENTER 1445 SYCAMORE ROAD MONTOURSVILLE, PA 17754	23-1381404	501 C(3)	50000.	0.			RENOVATIONS TO MAPLE COURT FOR ALZHEIMER'S AND OTHER MEMORY IMPAIRMENT RESIDENTS
TEMPLE UNIVERSITY 1803 NORTH BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501 C(3)	8975.	0.			SCHOLARSHIPS
THE LEARNING CENTER 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	23-2863316	501 C(3)	25000.	0.			SUPPORT GROUP INSTRUCTIO FOR ADULTS WITH LOW LEVE LITERACY SKILLS AND PREPARATION FOR THOSE WH
THE SALVATION ARMY 457 MARKET STREET WILLIAMSPORT, PA 17703	13-5562351	501 C(3)	6215.	0.			BRIDGES TO STABILITY - HEALTH AND WELL-BEING
TRINITY EPISCOPAL CHURCH 844 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0795692	501 C(3)	6538.	0.			ANNUAL SUPPORT
TURBOTVILLE COMMUNITY HALL CORPORATION - 41 CHURCH STREET - TURBOTVILLE, PA 17772	23-2863129	501 C(3)	11595.	0.			UPGRADES TO THE COMMUNIT HALL
UNITED CHURCHES OF LYCOMING COUNTY 202 EAST THIRD STREET WILLIAMSPORT, PA 17701	23-2278754	501 C(3)	52613.	0.			PROVIDE LONG-TERM ASSISTANCE TO FLOOD VICTIMS WHO DO NOT HAVE ADEQUATE PERSONAL
UNIVERSITY OF PITTSBURGH G-7 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501 C(3)	29450.	0.			SCHOLARSHIPS
UPTOWN MUSIC COLLECTIVE 848 WEST FOURTH STREET WILLIAMSPORT, PA 17701	20-3851091	501 C(3)	12000.	0.			IN-HOUSE EQUIPMENT PROJECT, ADMINISTRATIVE SOFTWARE AND SUBSCRIPTIO SERVICES TO ENHANCE THE

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY VIEW NURSING CENTER 2140 WARRENSVILLE ROAD MONTOURSVILLE, PA 17754	23-2626796	501 C(3)	26505.	0.			ANNUAL SUPPORT FOR THE OVERALL WELFARE OF THE VALLEY VIEW NURSING CENTER'S INHABITANTS
VINEYARD COMMUNITY ACTIVITY CENTER PO BOX 291 MUNCY, PA 17756	20-2336653	501 C(3)	8380.	0.			SUPPORT THE BUILD OF A NEW LOCATION FOR COMMUNITY CENTER
WEST END CHRISTIAN COMMUNITY CENTER - 901 DIAMOND STREET - WILLIAMSPORT, PA 17701	23-6427426	501 C(3)	10000.	0.			HANDICAPPED ACCESSIBLE ENTRANCE PROJECT
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0859746	501 C(3)	27473.	0.			36 ALPHABETTER DESKS FOR CHILDREN WITH ADHD IN 6 INTERMEDIATE CLASSROOMS AT SHERIDAN ELEMENTARY
WILLIAMSPORT HOSPITAL 215 EAST WATER STREET MUNCY, PA 17756	24-0806023	501 C(3)	20000.	0.			EXPANSION AND RENOVATION PROJECT FOR THE SKILLED NURSING UNIT
WILLIAMSPORT SYMPHONY ORCHESTRA 220 WEST FOURTH STREET, 3RD FLOOR WILLIAMSPORT, PA 17701	23-7318530	501 C(3)	37750.	0.			FAMILY CONCERT FOLLOWING SERIES OF EVENTS WITH UNIVERSITY MUSIC EDUCATION STUDENTS AND
WILLIAMSPORT-LYCOMING ARTS COUNCIL 220 WEST FOURTH STREET WILLIAMSPORT, PA 17701	23-2014255	501 C(3)	6685.	0.			DOCUMENTARY ON WILLIAMSPORT'S FIRST FRIDAY/ART TOWN EVENT TO BE BROADCAST ON WVIA
YWCA WILLIAMSPORT 815 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0796439	501 C(3)	51795.	0.			HEAT PUMP AND HIGH EFFICIENCY NATURAL GAS FURNACE FOR THE LIBERTY HOUSE

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 Part III can be duplicated if additional space is needed.

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS NORTHCENTRAL PA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY FUNDS FOR DISASTER RELIEF

EFFORTS FOR LYCOMING COUNTY RESIDENTS AFFECTED BY FLOODING

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RESCUE WORKERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ASSISTANCE TO FLOOD VICTIMS

WITH BASIC NEEDS, HOUSEHOLD FURNISHINGS AND RENTAL ASSISTANCE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

JERSEY SHORE SUMMER RECREATION PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FIELD TRIPS FOR 2011 SUMMER RECREATION PROGRAM - LEHIGH FORGE SCENIC RAILWAY, T AND D CATS, DELGROSSO AMUSEMENT PARK

NAME OF ORGANIZATION OR GOVERNMENT: LYCOMING COUNTY UNITED WAY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PA 2-1-1 CALLING SYSTEM TO ALLOW RESIDENTS TO ACCESS COMPREHENSIVE AND SPECIALIZED INFORMATION AND REFERRAL SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: LYCOMING-SULLIVAN STANDARDS COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSPORTATION COSTS FOR STUDENTS TO ATTEND EDUCATIONAL SERIES SHOWS AT THE COMMUNITY ARTS CENTER

NAME OF ORGANIZATION OR GOVERNMENT: NIPPENOSE VALLEY LITTLE LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF ADJACENT PROPERTY TO EXTEND THE BASEBALL AND SOFTBALL PLAYING FIELDS IN THE NIPPENOSE VALLEY, JERSEY SHORE

NAME OF ORGANIZATION OR GOVERNMENT: SON LIGHT HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: BOX TRUCK FOR THE TRANSPORT OF FOOD FROM THE CENTRAL PA FOOD BANK IN WILLIAMSPORT TO RESIDENTS IN MUNCY

NAME OF ORGANIZATION OR GOVERNMENT: SUSQUEHANNA HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE BIRTHPLACE AT WILLIAMSPORT REGIONAL MEDICAL CENTER - BABY-FRIENDLY HOSPITAL INITIATIVE TO PROMOTE

Part IV Supplemental Information

SUCCESSFUL BREASTFEEDING

NAME OF ORGANIZATION OR GOVERNMENT: THE LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT GROUP INSTRUCTION FOR ADULTS WITH LOW LEVEL LITERACY SKILLS AND PREPARATION FOR THOSE WHO WANT TO ACQUIRE THEIR GED

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CHURCHES OF LYCOMING COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE LONG-TERM ASSISTANCE TO FLOOD VICTIMS WHO DO NOT HAVE ADEQUATE PERSONAL RESOURCES FOR BASIC NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: UPTOWN MUSIC COLLECTIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: IN-HOUSE EQUIPMENT PROJECT, ADMINISTRATIVE SOFTWARE AND SUBSCRIPTION SERVICES TO ENHANCE THE EFFICIENCY OF OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAMSPORT AREA SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: 36 ALPHABETTER DESKS FOR CHILDREN WITH ADHD IN 6 INTERMEDIATE CLASSROOMS AT SHERIDAN ELEMENTARY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAMSPORT SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY CONCERT FOLLOWING SERIES OF EVENTS WITH UNIVERSITY MUSIC EDUCATION STUDENTS AND STUDENTS IN MUSIC CLASSES IN LYCOMING COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAMSPORT-LYCOMING ARTS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: DOCUMENTARY ON WILLIAMSPORT'S FIRST FRIDAY/ART TOWN EVENT TO BE BROADCAST ON WVIA PUBLIC TELEVISION

Part IV Supplemental 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

2011

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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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 Regulations 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 duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUZANNE H. LEE	(i)	154719.	0.	0.	3984.	9874.	168577.	7968.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: THE FIRST COMMUNITY 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 DIRECTLY BY THE FOUNDATION. THE AMOUNTS PAID FOR SOCIAL CLUB DUES AS WELL AS ANY GROSS UP PAYMENTS FOR THE APPLICABLE TAXES ARE INCLUDED AS TAXABLE WAGES ON THE FORM W-2 OF THE PRESIDENT/CEO.

PART I, LINE 1B: THE FIRST COMMUNITY 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 DIRECTLY BY THE FOUNDATION. THE AMOUNTS PAID FOR SOCIAL CLUB DUES AS WELL AS ANY GROSS UP PAYMENTS FOR THE APPLICABLE TAXES ARE INCLUDED AS TAXABLE WAGES ON THE FORM W-2 OF THE PRESIDENT/CEO.

SCHEDULE 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

2011

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	No
BETTY GILMOUR	DAUGHTER-IN-LAW	45045.	EMPLOYEE		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: BETTY GILMOUR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER-IN-LAW

(C) AMOUNT OF TRANSACTION $ 45045.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number: 24-6013117

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	24845.	MEDIAN VALUE X # SHARES
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GIFT CERTIFIC)	X	33	25108.	FACE VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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:

PLACES TO GROW LOCAL GIVING AND INVESTMENT, STRENGTHEN AREA ORGANIZATIONS AND RESULTS, AND TAKE ON THE CRITICAL ISSUES AND EFFORTS NEEDED TO BUILD VIBRANT COMMUNITIES AND A THRIVING NORTH CENTRAL PENNSYLVANIA REGION. OVER 400 GRANTS AND SCHOLARSHIPS, EXCEEDING $2 MILLION, WERE DISTRIBUTED IN 2011 TO IMPACT AND ENHANCE OPPORTUNITIES IN THE FOLLOWING AREAS: ARTS AND CULTURE, CIVIC, EDUCATION, HEALTH AND HUMAN SERVICES, RECREATION AND YOUTH. FCFP CELEBRATES THE UNIQUE CHARACTERISTICS OF OUR COMMUNITIES WHILE ENCOURAGING COLLABORATION ACROSS THE REGION AS WE AIM TO CREATE POWERFUL COMMUNITIES THROUGH PASSIONATE GIVING.

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

THRIVING NORTH CENTRAL PENNSYLVANIA REGION. OVER 400 GRANTS AND SCHOLARSHIPS, EXCEEDING $2 MILLION, WERE DISTRIBUTED IN 2011 TO IMPACT AND ENHANCE OPPORTUNITIES IN THE FOLLOWING AREAS: ARTS AND CULTURE, CIVIC, EDUCATION, HEALTH AND HUMAN SERVICES, RECREATION AND YOUTH. FCFP CELEBRATES THE UNIQUE CHARACTERISTICS OF OUR COMMUNITIES WHILE ENCOURAGING COLLABORATION ACROSS THE REGION AS WE AIM TO CREATE POWERFUL COMMUNITIES THROUGH PASSIONATE GIVING.

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

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number 24-6013117

DIRECTORS ELECTRONICALLY PRIOR TO SENDING IT TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OF THE BOARD OF DIRECTORS, OFFICERS, EMPLOYEES AND COMMITTEE MEMBERS AND ADVISORY BOARD MEMBERS ARE REQUIRED TO COMPLETE ANNUALLY THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. THOSE DIRECTORS OR ADVISORY BOARD MEMBERS HAVING AFFILIATIONS WITH GRANTEE ORGANIZATIONS AS SHOWN ON THE CURRENT LIST OF CONFLICTS DEVELOPED FROM THE DISCLOSURE STATEMENTS ARE NOTED AS ABSTAINING FROM VOTING ON THE GRANTS TO THOSE ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR PRESIDENT/CEO: THE EXECUTIVE COMMITTEE OF THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA ASKED THE BOARD OF DIRECTORS FOR FEEDBACK AND INPUT ON THE PERFORMANCE OF THE PRESIDENT/CEO. THE EXECUTIVE COMMITTEE PERIODICALLY 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 PERIODICALLY BY THE COUNCIL ON FOUNDATIONS. THE DATA WAS COMPARED TO THE OFFICER'S CURRENT SALARY AND BENEFITS.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S CONFLICT OF

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number 24-6013117

INTEREST POLICY IS IN THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S BYLAWS, ARTICLE VIII, THE FOUNDATION'S GOVERNING DOCUMENT, ITS BYLAWS AND ARTICLES OF INCORPORATION ARE AVAILABLE ON REQUEST TO THE FOUNDATION'S PRESIDENT/CEO. THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT TO INTERESTED PERSONS WHICH CONTAIN FINANCIAL INFORMATION.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	3281.
MANAGEMENT AND GENERAL EXPENSES	6337.
FUNDRAISING EXPENSES	1763.
TOTAL EXPENSES	11381.

DONOR RELATIONS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	4771.
TOTAL EXPENSES	4771.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	16152.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-3318234.
CONTRIBUTIONS TO SPILIT-INTEREST AGREEMENTS	629076.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-213106.
CONTRIBUTIONS TO AGENCY ENDOWMENTS	-246096.
INVESTMENT INCOME/REALIZED LOSSES ON AGENCY ENDOWMENTS	-89732.
DISTRIBUTIONS ON AGENCY ENDOWMENTS	65095.
FEES REPORTED ON AGENCY ENDOWMENTS	32558.

Name of the organization FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number 24-6013117

NON-CASH CONTRIBUTIONS	-49954.
LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-181378.
TOTAL TO FORM 990, PART XI, LINE 5	-3371771.

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.

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2011
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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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
FCFPA PROPERTIES, INC. - 20-3734185 330 PINE STREET, SUITE 400 WILLIAMSPORT, PA 17701	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)		FIRST COMMUNITY FOUNDATION PARTNERSHIP OF		X

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

Schedule R (Form 990) 2011

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01-23-12 LHA

SEE PART VII FOR CONTINUATIONS

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	(k) Percentage ownership

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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Sale of assets to related organization(s)	1f		X
g Purchase of assets from related organization(s)	1g		X
h Exchange of assets with related organization(s)	1h		X
i Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n Sharing of paid employees with related organization(s)	1n		X
o Reimbursement paid to related organization(s) for expenses	1o		X
p Reimbursement paid by related organization(s) for expenses	1p		X
q Other transfer of cash or property to related organization(s)	1q	X	
r Other transfer of cash or property from related 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FCFPA PROPERTIES, INC.	Q	317226.	APPRAISAL VALUE
(2) FCFPA PROPERTIES, INC.	Q	7088.	DEPRECIATED COST
(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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FCFPA PROPERTIES, INC.

DIRECT CONTROLLING ENTITY: FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

[redacted]

CM# 7011 0470 0002 4833 0822

Form **8868** (Rev. January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [x]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA	[x] 24-6013117
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	330 PINE STREET, NO. 400	[ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WILLIAMSPORT, PA 17701-6102	

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

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

- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [x] calendar year 2011 or
▶ [ ] tax year beginning _____, and ending _____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.