See a Social Security Number? Say Something!
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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 NO 400

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WILLIAMSPORT, PA 177016102

D Employer identification number
24-6013117

E Telephone number
(570) 321-1500

G Gross receipts $ 33,868,716

F Name and address of principal officer
JENNIFER WILSON
330 PINE STREET NO 400
WILLIAMSPORT,PA 177016102

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW FCFPARTNERSHIP ORG

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ FOUNDATION

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 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 600 GRANTS AND SCHOLARSHIPS, EXCEEDING $2 3 MILLION, WERE DISTRIBUTED IN 2013 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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	13
6	Total number of volunteers (estimate if necessary)	**6**	224
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)	648,610	2,721,145
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,146,737	6,041,719
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	237,280	527,465
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,032,627	9,290,329
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,007,872	2,427,904
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)	710,320	729,851
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶440,547		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	586,308	730,465
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,304,500	3,888,220
19	Revenue less expenses Subtract line 18 from line 12	-2,271,873	5,402,109

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	69,784,368	80,333,056
21	Total liabilities (Part X, line 26)	7,328,779	6,642,369
22	Net assets or fund balances Subtract line 21 from line 20	62,455,589	73,690,687

Net Assets or Fund Balances

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

****** 2014-07-08
Signature of officer Date

JENNIFER WILSON PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TRACEY L RASH				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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 600 GRANTS AND SCHOLARSHIPS, EXCEEDING $2 3 MILLION, WERE DISTRIBUTED IN 2013 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,877,529 including grants of $ 2,427,904) (Revenue $ 552,456)

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 600 GRANTS AND SCHOLARSHIPS, EXCEEDING $3 3 MILLION, WERE DISTRIBUTED IN 2013 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** ▶ 2,877,529

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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		No
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	Yes	
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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or 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**		No
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
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**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	13		
b	Enter the number of Forms W-2G included 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	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	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**	19		
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**			No
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**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
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**			No
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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**			No

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**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 330 PINE STREET - SUITE 400
WILLIAMSPORT, PA 177016242 (570) 321-1500

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) MARSHALL D WELCH III CHAIR	1 00	X		X				0	0	0
(2) FRANK G PELLEGRINO VICE CHAIR	1 00	X		X				0	0	0
(3) TIMOTHY D FITZGERALD SECRETARY	1 00	X		X				0	0	0
(4) JAY B ALEXANDER DIRECTOR	1 00	X						0	0	0
(5) LISE M BARRICK DIRECTOR	1 00	X						0	0	0
(6) THOMAS CHARLES DIRECTOR	1 00	X						0	0	0
(7) DAVID JANE GILMOUR PHD DIRECTOR	1 00	X						0	0	0
(8) DANIEL KLINGERMAN DIRECTOR	1 00	X						0	0	0
(9) KEITH KUZIO DIRECTOR	1 00	X						0	0	0
(10) GEORGE LOGUE JR DIRECTOR	1 00	X						0	0	0
(11) GRACE M MAHON DIRECTOR	1 00	X						0	0	0
(12) TRISHA G MARTY DIRECTOR	1 00	X						0	0	0
(13) TERI MACBRIDE DIRECTOR	1 00	X						0	0	0
(14) R JACK MCKERNAN JR DIRECTOR	1 00	X						0	0	0
(15) GARY PECK DIRECTOR	1 00	X						0	0	0
(16) LESLIE TEMPLE DIRECTOR	1 00	X						0	0	0
(17) ALICE TROWBRIDGE DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(18) TAMMY WEBER DIRECTOR	1 00	X						0	0	0
(19) BOB WAYNE DIRECTOR	1 00	X						0	0	0
(20) JENNIFER D WILSON PRESIDENT & CEO	45 00	X		X				154,266	0	13,358
(21) JOHN A WILLOUGHBY CHIEF FINANCIAL OFFICER	45 00			X				99,312	0	11,788

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	253,578	0	25,146

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

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 2 RESTON VA 20191	INVESTMENT ADVISORY SERVICES	122,497

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	70,265			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,650,880			
	g	Noncash contributions included in lines 1a-1f $		27,933			
	h	**Total.** Add lines 1a-1f		2,721,145			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,762,490			2,762,490
	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	27,803,645				
	b	Less cost or other basis and sales expenses	24,524,416				
	c	Gain or (loss)	3,279,229				
	d	Net gain or (loss)		3,279,229			3,279,229
	8a	Gross income from fundraising events (not including $ 70,265 of contributions reported on line 1c) See Part IV, line 18	a 28,980				
	b	Less direct expenses	b 53,971				
	c	Net income or (loss) from fundraising events		-24,991			-24,991
	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	OIL AND GAS LEASE	211110	520,182	520,182		
	b	ADMINISTRATIVE FEE INC	813219	31,967	31,967		
	c	MISCELLANEOUS INCOME	900099	307	307		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		552,456			
	12	**Total revenue.** See Instructions		9,290,329	552,456	0	6,016,728

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,427,904	2,427,904		
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	297,031	17,762	261,507	17,762
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	347,822	80,533	71,994	195,295
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,125	2,960	2,119	7,046
9 Other employee benefits	38,267	7,377	13,328	17,562
10 Payroll taxes	34,606	9,005	7,731	17,870
11 Fees for services (non-employees)				
a Management	20,220	20,220		
b Legal	11,153		11,153	
c Accounting	20,950		20,950	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	243,868	243,868		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,823		21,298	525
12 Advertising and promotion				
13 Office expenses	44,601	5,408	22,193	17,000
14 Information technology	93,214	18,643	55,928	18,643
15 Royalties . .				
16 Occupancy	38,586	7,717	23,152	7,717
17 Travel	5,764	282	139	5,343
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	15,234	3,047	9,140	3,047
23 Insurance	14,911	987	10,510	3,414
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 PUBLIC RELATIONS	74,210	15,778	31,967	26,465
b MISCELLANEOUS	72,003	594	2,763	68,646
c DONOR RELATIONS	32,648			32,648
d CHANGE IN VALUE - SPLIT	12,930	12,930		
e All other expenses	8,350	2,514	4,272	1,564
25 **Total functional expenses.** Add lines 1 through 24e	3,888,220	2,877,529	570,144	440,547
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,995,218	1	290,286
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,000	3	123,500
	4	Accounts receivable, net			4	8,272
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		51,739	9	86,717
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 188,993			
	b	Less accumulated depreciation	10b 94,082	44,041	10c	94,911
	11	Investments—publicly traded securities		62,535,606	11	73,992,764
	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		5,156,764	15	5,736,606
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		69,784,368	16	80,333,056
Liabilities	17	Accounts payable and accrued expenses		56,632	17	92,975
	18	Grants payable		1,860,130	18	751,324
	19	Deferred revenue		2,384,168	19	1,863,986
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		3,027,849	25	3,934,084
	26	**Total liabilities.** Add lines 17 through 25		7,328,779	26	6,642,369
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		57,806,463	27	68,503,343
	28	Temporarily restricted net assets		1,792,436	28	2,058,256
	29	Permanently restricted net assets		2,856,690	29	3,129,088
		Organizations that do not follow SFAS 117 (ASC 958), 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		62,455,589	33	73,690,687
	34	Total liabilities and net assets/fund balances		69,784,368	34	80,333,056

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,290,329
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,888,220
3	Revenue less expenses Subtract line 2 from line 1	3	5,402,109
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,455,589
5	Net unrealized gains (losses) on investments	5	5,358,738
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	474,251
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	73,690,687

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number
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 - Non-functionally integrated

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,044,028	947,458	1,537,045	648,610	2,721,245	6,898,386
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	1,044,028	947,458	1,537,045	648,610	2,721,245	6,898,386
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)						445,414
6 **Public support.** Subtract line 5 from line 4						6,452,972

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,044,028	947,458	1,537,045	648,610	2,721,245	6,898,386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,267,164	1,294,779	2,219,850	2,014,313	2,762,490	9,558,596
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)						16,456,982

12	Gross receipts from related activities, etc (see instructions)	12	863,482

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	39 210 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	36 320 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	33	
2	Aggregate contributions to (during year)	59,914	
3	Aggregate grants from (during year)	91,238	
4	Aggregate value at end of year	3,032,984	

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,732	1,558	174
d Equipment		108,284	37,003	71,281
e Other		78,977	55,521	23,456
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				94,911

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS HELD UNDER SPLIT - INTEREST AGREEMENTS	1,317,462
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	3,129,088
(3) CONTRIBUTIONS DUE FROM REMAINDER TRUSTS	1,268,917
(4) INVESTMENT INCOME RECEIVABLE	21,139
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	5,736,606

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
FUNDS HELD AS AGENCY ENDOWMENTS	3,304,930
LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	629,154
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,934,084

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	15,008,751
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,358,738		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,138,218		
e	Add lines **2a** through **2d**			2e	6,496,956
3	Subtract line **2e** from line **1**			3	8,511,795
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 XIII)	4b	778,534		
c	Add lines **4a** and **4b**			4c	778,534
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	9,290,329

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,773,653
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,773,653
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 XIII)	4b	114,567		
c	Add lines **4a** and **4b**			4c	114,567
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,888,220

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 265,820 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 272,398 GAIN ON CANCELLATION OF GRANT 600,000
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTIONS TO AGENCY ENDOWMENTS 551,831 NET INVESTMENT INCOME AND REALIZED GAINS ON AGENCY ENDOWMENTS 226,703
PART XII, LINE 4B - OTHER ADJUSTMENTS	DISTRIBUTIONS ON AGENCY ENDOWMENTS 85,545 FEES REPORTED ON AGENCY ENDOWMENTS 29,022

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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

2a 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	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.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 FLICK ON BRICK (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	81,380	17,865		99,245
	2 Less Contributions	57,580	12,685		70,265
	3 Gross income (line 1 minus line 2)	23,800	5,180		28,980
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	41,681	12,290		53,971
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(53,971)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-24,991

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.

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

9 Enter the state(s) in which the organization 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP
OF PENNSYLVANIA

Employer identification number
24-6013117

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 106

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

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

Return Reference	Explanation
SCHEDULE I, PART II	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

Additional Data

Software ID:
Software Version:
EIN: 24-6013117
Name: FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
STEP -LYCOMING-CLINTON COUNTIES COMMISSION 2138 LINCOLN STREET WILLIAMSPORT,PA 17701	23-1668784	501(C)(3)	150,110				BUILDING RENOVATIONS FOR A NEW SENIOR CENTER
MUNCY AREA POOL ASSOCIATION PO BOX 101 MUNCY,PA 17756	23-7006677	501(C)(3)	131,000				RENOVATION AND EXPANSION TO THE POOL BATH HOUSE
LYCOMING COUNTY UNITED WAY INC ONE WEST THIRD STREET SUITE 208 WILLIAMSPORT,PA 17701	24-0828149	501(C)(3)	81,196				RAISE THE REGION
SUSQUEHANNA HEALTH FOUNDATION 1001 GRAMPIAN BOULEVARD SUITE 1 WILLIAMSPORT,PA 17701	23-2743470	501(C)(3)	61,630				RENOVATIONS AND EXPANSION OF THE EMERGENCY DEPT
THE LEARNING CENTER 19 EAST FOURTH STREET WILLIAMSPORT,PA 17701	23-2863316	501(C)(3)	61,100				TECHNOLOGY AND EDUCATIONAL MATERIALS FOR ADULTS
MUNCY HISTORICAL SOCIETY & MUSEUM OF HISTORY 40 NORTH MAIN STREET MUNCY,PA 17756	23-6297367	501(C)(3)	59,189				RAISE THE REGION
COMMUNITY ARTS CENTER 220 WEST FOURTH STREET WILLIAMSPORT,PA 17701	23-2617447	501(C)(3)	55,530				RAISE THE REGION
NORTH CENTRAL SIGHT SERVICES INC 2121 REACH ROAD WILLIAMSPORT,PA 17701	24-0814118	501(C)(3)	53,117				RENOVATIONS TO EXPAND FACILITY FOR PLASTIC GRANULA
SUN HOME HEALTH SERVICES INC 61 DUKE STREET NORTHUMBERLAND,PA 17857	23-1736912	501(C)(3)	45,454				UNCOMPENSATED CARE
MONTGOMERY HOUSE WARRIOR RUN AREA PUBLIC LIBRARY 20 CHURCH STREET MCEWENSVILLE,PA 17749	25-1181545	501(C)(3)	45,251				SENIOR OUTREACH PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EVANGELICAL COMMUNITY HOSPITAL ONE HOSPITAL DRIVE LEWISBURG,PA 17837	24-0795411	501(C)(3)	43,662				THE FAMILY PLACE RENOVATION FOR MATERNITY SERVICES
WILLIAMSPORT SYMPHONY ORCHESTRA 220 WEST FOURTH STREET 3RD FLOOR WILLIAMSPORT,PA 17701	23-7318530	501(C)(3)	41,667				ANNUAL SUPPORT FOR CAPITAL CAMPAIGN OBJECTIVES
EAST LYCOMING SCHOOL DISTRICT 349 CEMETERY STREET HUGHESVILLE,PA 17737	23-1667965	501(C)(3)	37,553				DIFFERENTIATING INSTRUCTION FOR GRADES K-3RD
PENN STATE UNIVERSITY OFFICE OF THE BURSAR UNIVERSITY PARK,PA 16802	24-6000376	501(C)(3)	34,715				SCHOLARSHIPS
LYCOMING-SULLIVAN STANDARDS COALITION 220 W 4TH STREET WILLIAMSPORT,PA 17701	23-2617447	501(C)(3)	30,000				TRANSPORTATION AND TICKET SUBSIDIES FOR STUDENTS
ST JOHN NEUMANN REGIONAL ACADEMY 901 PENN STREET WILLIAMSPORT,PA 17701	75-3244895	501(C)(3)	28,925				RAISE THE REGION
MONTOURSVILLE AREA SCHOOL DISTRICT 50 NORTH ARCH STREET MONTOURSVILLE,PA 17754	23-1667972	501(C)(3)	28,837				BALANCED LITERACY PROGRAM FOR GRADES K-4TH
YOUNG LIFE LYCOMING COUNTY PO BOX 254 MONTOURSVILLE,PA 17754	84-0385934	501(C)(3)	28,231				RAISE THE REGION
PENNSYLVANIA COLLEGE OF TECHNOLOGY ONE COLLEGE AVENUE WILLIAMSPORT,PA 17701	23-2564508	501(C)(3)	27,900				SCHOLARSHIPS
RIVER VALLEY REGIONAL YMCA 320 ELMIRA STREET 4TH FLOOR WILLIAMSPORT,PA 17701	24-0795698	501(C)(3)	27,582				RAISE THE REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CENTER FOR CREATIVITY COMMUNITY WORKSHOP 1307 PARK AVENUE WILLIAMSPORT,PA 17701	27-0083507	501(C)(3)	27,382				RAISE THE REGION
BOY SCOUTS OF AMERICA SUSQUEHANNA COUNCIL 815 NORTHWAY ROAD WILLIAMSPORT,PA 17701	24-0795397	501(C)(3)	27,143				RAISE THE REGION
LYCOMING COLLEGE 700 COLLEGE PLACE WILLIAMSPORT,PA 17701	24-0795965	501(C)(3)	25,950				SCHOLARSHIPS
LYCOMING COUNTY SPCA 2805 REACH ROAD WILLIAMSPORT,PA 17701	24-0857714	501(C)(3)	25,922				RAISE THE REGION
CHRIST MEMORIAL EPISCOPAL CHURCH 120 EAST MARKET STREET PO BOX 363 DANVILLE,PA 17821	24-0826171	501(C)(3)	25,846				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
PENNSDALE FRIENDS MEETING 1815 GINNY LANE WILLIAMSPORT,PA 17701	23-2725225	501(C)(3)	25,000				MEETINGHOUSE RESTORATION
LEWISBURG DOWNTOWN PARTNERSHIP 239 MARKET STREET PO BOX 298 LEWISBURG,PA 17837	23-3053027	501(C)(3)	24,732				RAISE THE REGION
CITY OF WILLIAMSPORT-DEPARTMENT OF PARKS AND FLOOD CONTROL 1550 WEST THIRD STREET WILLIAMSPORT,PA 17701	24-6000719	501(C)(3)	24,668				MAINTENANCE OF BRUCE RAY AND SOPHIE GEHRON SHOWERS POOL
BLOOMSBURG THEATRE ENSEMBLE 226 CENTER STREET BLOOMSBURG,PA 17815	23-2066731	501(C)(3)	24,043				RAISE THE REGION
THE MOOSE EXCHANGE 203 WEST MAIN STREET BLOOMSBURG,PA 17815	27-0980463	501(C)(3)	23,489				RAISE THE REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE GREEN DRAGON FOUNDATION 115 FARLEY CIRCLE SUITE 306 LEWISBURG,PA 17837	80-0179894	501(C)(3)	23,014				RAISE THE REGION
DANVILLE AREA COMMUNITY CENTER ONE LIBERTY STREET PO BOX 125 DANVILLE,PA 17821	24-0860310	501(C)(3)	22,565				GENERAL OPERATING SUPPORT
JERSEY SHORE AREA YMCA 826 ALLEGHENY STREET JERSEY SHORE,PA 17740	24-0797024	501(C)(3)	21,669				RAISE THE REGION
EXPECTATIONS WOMEN'S CENTER 854 WEST THIRD STREET WILLIAMSPORT,PA 17701	23-2635894	501(C)(3)	21,063				RAISE THE REGION
CASA OF SUSQUEHANNA VALLEY-VOICES FOR CHILDREN 155 NORTH 15TH STREET LEWISBURG,PA 17837	23-2954302	501(C)(3)	21,000				FOSTERING FUTURES PROGRAM - NEW TRAINING INITIATIVE
MONTGOMERY AREA PUBLIC LIBRARY ONE SOUTH MAIN STREET MONTGOMERY,PA 17752	25-1181545	501(C)(3)	20,900				WINDOW REPLACEMENT AND BUILDING REPAIRS
MUNCY SCHOOL DISTRICT 46 SOUTH MAIN STREET MUNCY,PA 17756	24-6001124	501(C)(3)	20,853				SUCCESS MAKER PROGRAM FOR KINDERGARTEN STUDENTS
CITY BUSWMSPT BUREAU OF TRANSPORTATION 1500 WEST THIRD STREET WILLIAMSPORT,PA 17701	24-6000719	501(C)(3)	20,699				RAISE THE REGION
DIAKON FAMILY LIFE SERVICES 435 WEST FOURTH STREET WILLIAMSPORT,PA 17701	23-1857015	501(C)(3)	20,036				TELE-PSYCHIATRY TO CHILDREN AND ADOLESCENTS
JAMES V BROWN LIBRARY 19 EAST FOURTH STREET WILLIAMSPORT,PA 17701	24-0799180	501(C)(3)	18,876				RAISE THE REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MONTGOMERY AREA SCHOOL DISTRICT 120 PENN STREET MONTGOMERY,PA 17752	24-6001106	501(C)(3)	18,778				TRANSFORMING OUR EDUCATIONAL ENVIRONMENT PROGRAM
WARRIOR RUN SCHOOL DISTRICT 4800 SUSQUEHANNA TRAIL TURBOTVILLE,PA 17772	23-1669490	501(C)(3)	17,778				EDUCATIONAL PROGRAMS
PRESERVATION OF WILLIAMSPORT FOUNDATION INC 960 WEST THIRD STREET WILLIAMSPORT,PA 17701	23-2603789	501(C)(3)	17,483				REPAIRS TO SLATE ROOF ON THE ROWLEY HOUSE MUSEUM
TRINITY EPISCOPAL CHURCH 844 WEST FOURTH STREET WILLIAMSPORT,PA 17701	24-0795692	501(C)(3)	16,273				REPLENISH GYM FLOOR
HOPE ENTERPRISES INC 2401 REACH ROAD PO BOX 1837 WILLIAMSPORT,PA 17701	23-2303287	501(C)(3)	16,182				RAISE THE REGION
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELIZABETHTOWN,PA 17022	23-1352632	501(C)(3)	16,000				SCHOLARSHIPS
FAMILY PROMISE OF LYCOMING COUNTY INC PO BOX 1052 WILLIAMSPORT,PA 17703	26-3239003	501(C)(3)	15,964				RAISE THE REGION
NORTH UNION SOCCER LEAGUE MR FRANCIS A OMLOR III ESQ 1296 FAIRFIELD ROAD LEWISBURG,PA 17837	23-3021225	501(C)(3)	15,333				RAISE THE REGION
WILLIAMSPORT AREA SCHOOL DISTRICT EDUCATION 2780 WEST FOURTH STREET WILLIAMSPORT,PA 17701	35-2230335	501(C)(3)	15,211				RAISE THE REGION
COLUMBIA UNIVERSITY 1130 AMSTERDAM AVENUE NEW YORK,NY 10027	13-5598093	501(C)(3)	14,700				SCHOLARSHIPS

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

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GOOD SAMARITAN MISSION 9 SOUTH GLENBROOK AVENUE DANVILLE,PA 17821	20-0305960	501(C)(3)	14,298				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
MANSFIELD UNIVERSITY 71 SOUTH ACADEMY STREET MANSFIELD,PA 16933	25-1538424	501(C)(3)	14,275				SCHOLARSHIPS
WILLIAMSPORT AREA SCHOOL DISTRICT 2780 WEST FOURTH STREET WILLIAMSPORT,PA 17701	24-0859746	501(C)(3)	14,087				STEVENS READS PROGRAM FOR GRADES K-3
MUNCY CEMETERY 204 EAST PENN STREET MUNCY,PA 17756	24-0670483	501(C)(3)	13,500				CONSTRUCTION COSTS TO DEVELOP ADDITIONAL BURIAL LOT
MEADOWBROOK CHRISTIAN SCHOOL 363 STAMM ROAD MILTON,PA 17847	80-0238509	501(C)(3)	12,416				RAISE THE REGION
YWCA NORTHCENTRAL PA 815 WEST FOURTH STREET WILLIAMSPORT,PA 17701	24-0796439	501(C)(3)	11,863				SAFEGUARDS TO PREVENT BED BUGS AT LIBERTY HOUSE
NORTHCENTRAL PENNSYLVANIA CONSERVANCY PO BOX 2083 WILLIAMSPORT,PA 17703	23-2606163	501(C)(3)	11,814				"MY COMMUNITY WHAT'S THE PLAN?" PROGRAM
THE WILLIAMSPORT HOME 1900 RAVINE ROAD WILLIAMSPORT,PA 17701	24-0795507	501(C)(3)	11,804				RAISE THE REGION
COMMUNITY THEATRE LEAGUE 100 WEST THIRD STREET WILLIAMSPORT,PA 17701	23-2358507	501(C)(3)	11,578				RAISE THE REGION
UPTOWN MUSIC COLLECTIVE 848 WEST FOURTH STREET WILLIAMSPORT,PA 17701	20-3851091	501(C)(3)	11,378				RAISE THE REGION

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

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PENNSYLVANIA GOVERNOR'S SCHOOL FOR THE SCIENCE 161 WEST HILLS DRIVE WILLIAMSPORT,PA 17701	27-3095103	501(C)(3)	11,313				RAISE THE REGION
KINGDOM KIDZ INC 801 SHAKESPEARE AVENUE MILTON,PA 17847	26-3756792	501(C)(3)	11,261				"CLEAR STEERING AGAINST DRIVING DISTRACTIONS"
LOYALSOCK TOWNSHIP SCHOOL DISTRICT 1720 SYCAMORE ROAD MONTOURSVILLE,PA 17754	24-6001067	501(C)(3)	11,235				MOBILE LEARNING STATION FOR GRADES K-5 AT SCHICK
CAMP VICTORY (NICHOLAS WOLFF FOUNDATION) PO BOX 810 MILLVILLE,PA 17846	23-2481065	501(C)(3)	10,967				IMPROVEMENTS TO THE FACILITY FOR SAFETY AND ACCESS
MIDDLECREEK AREA COMMUNITY CENTER 67 ELM STREET BEAVER SPRINGS,PA 17812	23-2791200	501(C)(3)	10,854				RAISE THE REGION
PLUNKETTS CREEK VOLUNTEER FIRE DEPARTMENT 327 DUNWOODY ROAD WILLIAMSPORT,PA 17701	23-7152260	501(C)(3)	10,738				REPLACEMENT WINDOWS FOR THE SERVICE HALL / SHELTER
CENTRAL SUSQUEHANNA OPPORTUNITIES INC 2 EAST ARCH STREET SUITE 313 SHAMOKIN,PA 17872	23-2564524	501(C)(3)	10,296				RAISE THE REGION
FIRST UNITED METHODIST CHURCH 604 NORTH MARKET STREET WILLIAMSPORT,PA 17701	24-0829840	501(C)(3)	10,186				HOME RESTORATION PROGRAM, SOUP KITCHEN SUPPLIES
SHEPHERD OF THE STREETS 669 CENTER STREET WILLIAMSPORT,PA 17701	23-2278754	501(C)(3)	10,100				DENTAL OPERATORY / MEDICAL NEEDS PROGRAM
PLUNKETTS CREEK TWP AMBULANCE SERVICE 327 DUNWOODY ROAD WILLIAMSPORT,PA 17701	23-7152260	501(C)(3)	10,000				AMBULANCE SERVICE TO PERMANENT RESIDENTS OF PLUNKETTS CREEK

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

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SALT & LIGHT MEDIA MINISTRIES WGRC RADIO 101 ARMORY BOULEVARD LEWISBURG,PA 17837	22-2584923	501(C)(3)	9,101				RAISE THE REGION
LOCK HAVEN UNIVERSITY 401 N FAIRVIEW STREET LOCK HAVEN,PA 17745	23-2442881	501(C)(3)	8,430				SCHOLARSHIPS
GREATER LYCOMING HABITAT FOR HUMANITY 540 LYCOMING STREET WILLIAMSPORT,PA 17701	23-2586879	501(C)(3)	8,371				A BRUSH WITH KINDNESS PROGRAM - SMALLER PROJECTS
AGAPE PO BOX 424 BLOOMSBURG,PA 17815	61-1591692	501(C)(3)	8,219				RAISE THE REGION
ANIMAL RESOURCE CENTER 301A BOONE ROAD BLOOMSBURG,PA 17815	23-3069063	501(C)(3)	8,178				ANNUAL SUPPORT
CAMP MOUNT LUTHER CORP 355 MOUNT LUTHER LANE MIFFLINBURG,PA 17844	23-2624417	501(C)(3)	8,162				RAISE THE REGION
PENNSYLVANIA COLLEGE OF TECHNOLOGY FOUNDATION ONE COLLEGE AVENUE WILLIAMSPORT,PA 17701	23-2186644	501(C)(3)	8,152				SENATOR YAW STUDENT GOVERNMENT SEMINAR - 2013
ST BONIFACE CHURCH 326 WASHINGTON BOULEVARD WILLIAMSPORT,PA 17701	24-0823670	501(C)(3)	7,577				ANNUAL SUPPORT
GATEHOUSE TRANSITIONAL HOUSING AND CARE CENTER PO BOX 446 DANVILLE,PA 17821	23-2824353	501(C)(3)	7,323				GATE HOUSE ROAD TO INDEPENDENCE PROGRAM-WORKPLACE
AIDS RESOURCE ALLIANCE 500 WEST THIRD STREET WILLIAMSPORT,PA 17701	23-2522649	501(C)(3)	7,269				RAISE THE REGION

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

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DANVILLE ADOPTION CENTER OF THE PENNSYLVANIA SPCA 2801 BLOOM ROAD DANVILLE,PA 17821	23-1352269	501(C)(3)	7,246				ANNUAL SUPPORT
CENTRAL PENNSYLVANIA APHASIA CENTER ONE MARIA HALL DRIVE DANVILLE,PA 17821	27-3904095	501(C)(3)	7,071				RAISE THE REGION
LITTLE LEAGUE BASEBALL INC PO BOX 3485 WILLIAMSPORT,PA 17701	23-1688231	501(C)(3)	7,027				JOHN W LUNDY CONFERENCE CENTER
DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH,PA 15282	25-1035663	501(C)(3)	7,000				SCHOLARSHIPS
LYCOMING-CLINTON JOINDER BOARD 200 EAST STREET WILLIAMSPORT,PA 17701	23-2187674	501(C)(3)	6,616				RENT AND LIVING EXPENSES FOR HOMELESS CITIZENS
FAR POINT ANIMAL RESCUE 1105 RED HILL ROAD PORT TREVERTON,PA 17864	23-2884554	501(C)(3)	6,556				RAISE THE REGION
LYCOMING ANIMAL PROTECTION SOCIETY (LAPS) 195 PHILLIPS PARK DRIVE SOUTH WILLIAMSPORT,PA 17702	23-2675714	501(C)(3)	6,439				RAISE THE REGION
MERCERSBURG ACADEMY 300 EAST SEMINARY STREET MERCERSBURG,PA 17236	23-1365963	501(C)(3)	6,273				ANNUAL SUPPORT
TIOGA COUNTY YMCA 40-42 BESANCENEY DRIVE MANSFIELD,PA 16933	24-0795698	501(C)(3)	6,000				COMMUNITY COMPUTER LEARNING LAB
AMERICAN RED CROSS SUN AREA CHAPTER 249 FARLEY CIRCLE LEWISBURG,PA 17837	53-0196605	501(C)(3)	5,783				RAISE THE REGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BILLTOWN BLUES ASSOCIATION INC PO BOX 2 HUGHESVILLE,PA 17737	23-2726997	501(C)(3)	5,783				RAISE THE REGION
TURBOTVILLE COMMUNITY HALL CORPORATION PO BOX 313 TURBOTVILLE,PA 17772	23-2863129	501(C)(3)	5,760				RENOVATIONS TO THE ENTRANCE OF THE BUILDING
BLAST IU 17 RR 2 BOX 212 CANTON,PA 17724	23-1734578	501(C)(3)	5,722				SUPPLEMENTAL LEARNING SUPPORT
DANVILLE AREA SCHOOL DISTRICT 600 WALNUT STREET DANVILLE,PA 17821	24-6002230	501(C)(3)	5,634				BUSINESS/ENTREPRENEURSHIP FOR STUDENTS IN 9-12TH
FLAGS ACROSS AMERICA - WILLIAMSPORT-LYCOMING 909 HOLLYWOOD CIRCLE WILLIAMSPORT,PA 17701	23-3035247	501(C)(3)	5,584				ANNUAL SUPPORT OF PROGRAMS AND OPERATIONS
EASTERN LYCOMING YMCA 50 FITNESS DRIVE MUNCY,PA 17756	24-0795698	501(C)(3)	5,537				RAISE THE REGION
BUCKNELL UNIVERSITY 701 MOORE AVENUE LEWISBURG,PA 17837	24-0772407	501(C)(3)	5,510				SCHOLARSHIPS
LANCASTER BIBLE COLLEGE 901 EDEN ROAD LANCASTER,PA 17601	23-1484178	501(C)(3)	5,450				SCHOLARSHIPS
JERSEY SHORE HOSPITAL 1020 THOMPSON STREET JERSEY SHORE,PA 17740	24-0792115	501(C)(3)	5,446				RAISE THE REGION
NORTHUMBERLAND COUNTY COUNCIL FOR THE ARTS & HUMANITIES 2 EAST ARCH STREET SHAMOKIN,PA 17872	23-2995392	501(C)(3)	5,413				RAISE THE REGION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BLOOMSBURG UNIVERSITY 119 WARREN STUDENT SERVICES CENTER BLOOMSBURG,PA 17815	25-1690694	501(C)(3)	5,080				SCHOLARSHIPS
SUSQUEHANNA VALLEY CHORALE PO BOX 172 LEWISBURG,PA 17837	23-7171719	501(C)(3)	5,040				RAISE THE REGION
ALBRIGHT CARE SERVICES 90 MAPLEWOOD DRIVE LEWISBURG,PA 17837	23-1887138	501(C)(3)	5,016				RAISE THE REGION
BRADFORD COUNTY BRANCH YMNCA 9 COLLEGE AVENUE TOWANDA,PA 18848	23-2795099	501(C)(3)	5,000				SUMMER DAY CAMP
MONTGOMERY AREA HISTORICAL SOCIETY PO BOX 242 MONTGOMERY,PA 17752	20-4149840	501(C)(3)	5,000				GENERAL OPERATING EXPENSES
VINEYARD COMMUNITY ACTIVITY CENTER PO BOX 291 MUNCY,PA 17756	20-2336653	501(C)(3)	5,000				COSTS INCURRED TO OPERATE THE BUILDING

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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.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 appropiate 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 idemnification 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 in 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**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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, but 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 and Title		(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)JENNIFER D WILSON PRESIDENT & CEO	(i)	154,266	0	0	4,543	8,815	167,624	6,346
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S BOARD OF DIRECTORS APPROVED THE GROSS UP PAYMENTS AND SOCIAL CLUB DUES AS PART OF THE PRESIDENT/CEO'S COMPENSATION PACKAGE THE INVOICES ARE SENT TO THE FOUNDATION AND ARE PAID DIRECTLY BY THE FOUNDATION THE AMOUNTS PAID FOR SOCIAL CLUB DUES AS WELL AS ANY GROSS UP PAYMENTS FOR THE APPLICABLE TAXES ARE INCLUDED AS TAXABLE WAGES ON THE FORM W-2 OF THE PRESIDENT/CEO
PART I, LINE 1B	THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S BOARD OF DIRECTORS APPROVED THE GROSS UP PAYMENTS AND SOCIAL CLUB DUES AS PART OF THE PRESIDENT/CEO'S COMPENSATION PACKAGE THE INVOICES ARE SENT TO THE FOUNDATION AND ARE PAID DIRECTLY BY THE FOUNDATION THE AMOUNTS PAID FOR SOCIAL CLUB DUES AS WELL AS ANY GROSS UP PAYMENTS FOR THE APPLICABLE TAXES ARE INCLUDED AS TAXABLE WAGES ON THE FORM W-2 OF THE PRESIDENT/CEO

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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, lines 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting 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 of assistance	(d) Type of assistance	(e) Purpose 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
(1) BETTY GILMOUR	DAUGHTER-IN-LAW	48,938	EMPLOYEE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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				
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	40	27,933	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 through 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?		No
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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA

Employer identification number
24-6013117

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	FCFPA AMENDED SECTION 5 2(A) - STANDING COMMITTEES TO READ "THE EXECUTIVE COMMITEE SHALL CONSIST OF THE OFFICERS OF THE FOUNDATION, I E CHAIRMAN, VICE CHAIRMAN, SECRETARY/TREASURER, THE CHAIRS OF THE OTHER STANDING COMMITTEES, AND THE IMMEDIATE PAST CHAIRMAN FOR THE FIRST YEAR FOLLOWING HIS OR HER TERM AS CHAIR"
FORM 990, PART VI, SECTION B, LINE 11	THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S IRS FORM 990 IS SENT TO THE BOARD OF DIRECTORS ELECTRONICALLY PRIOR TO SENDING IT TO THE INTERNAL REVENUE SERVICE
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 INTEREST POLICY IS IN THE FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA'S BYLAWS, ARTICLE VIII THE FOUNDATION'S GOVERNING DOCUMENT, ITS BYLAWS AND ARTICLES OF INCORPORATION ARE AVAILABLE ON REQUEST TO THE FOUNDATION'S PRESIDENT/CEO THE FOUNDATION DISTRIBUTES AN ANNUAL REPORT TO INTERESTED PERSONS WHICH CONTAIN FINANCIAL INFORMATION
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 265,820 CONTRIBUTIONS TO AGENCY ENDOWMENTS -551,830 NET INVESTMENT INCOME AND REALIZED LOSSES ON AGENCY ENDOWMENTS -226,703 DISTRIBUTIONS ON AGENCY ENDOWMENTS 85,545 FEES REPORTED ON AGENCY ENDOWMENTS 29,021 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 272,398 GAIN ON CANCELLATION OF GRANT 600,000
FORM 990, PART XII, LINE 2C	NO CHANGES FROM PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) FCFPA PROPERTIES INC 330 PINE STREET SUITE 400 WILLIAMSPORT, PA 17701 20-3734185	TITLE HOLDING COMPANY	PA	501(C)(2)		FIRST COMMUNITY FOUNDATION PARTNERSHIP OF PENNSYLVANIA		No

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

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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation