

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

**2019**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2019 or tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**

|   |   |  |
|---|---|--|
| Name of foundation<br><b>PALLOTTINE FOUNDATION OF HUNTINGTON,<br/>WEST VIRGINIA</b>   |   | <b>A Employer identification number</b><br><b>81-5135504</b>   |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>949 THIRD AVENUE, SUITE 100B</b>  | Room/suite  | <b>B Telephone number</b><br><b>(713) 560-7451</b>   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>HUNTINGTON, WV 25701</b>   |   | <b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>  |
| <b>G</b> Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |   | <b>D 1.</b> Foreign organizations, check here ... <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation  |   | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>▶ \$ <b>80,968,915.</b>  | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>  |

| <b>Part I Analysis of Revenue and Expenses</b><br><small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>  |  |                                    |                           | <b>N/A</b>              |   |
| 1   | Contributions, gifts, grants, etc., received .....   |                                    |                           |                         |   |
| 2   | Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |   |
| 3   | Interest on savings and temporary cash investments .....                                     | 573,824.                           | 573,824.                  |                         | <b>STATEMENT 1</b>  |
| 4   | Dividends and interest from securities .....   | 1,096,035.                         | 1,096,035.                |                         | <b>STATEMENT 2</b>  |
| 5a  | Gross rents .....  |                                    |                           |                         |   |
| b   | Net rental income or (loss) .....  |                                    |                           |                         |   |
| 6a  | Net gain or (loss) from sale of assets not on line 10 .....                                  | -237,714.                          |                           |                         |   |
| b   | Gross sales price for all assets on line 6a <b>44,544,117.</b>                               |                                    |                           |                         |   |
| 7   | Capital gain net income (from Part IV, line 2) .....   |                                    | 0.                        |                         |   |
| 8   | Net short-term capital gain .....  |                                    |                           |                         |   |
| 9   | Income modifications .....   |                                    |                           |                         |   |
| 10a   | Gross sales less returns and allowances .....  |                                    |                           |                         |   |
| b   | Less: Cost of goods sold .....   |                                    |                           |                         |   |
| c   | Gross profit or (loss) .....   |                                    |                           |                         |   |
| 11  | Other income .....   | 72,449.                            | 72,449.                   |                         | <b>STATEMENT 3</b>  |
| 12  | <b>Total.</b> Add lines 1 through 11 .....   | <b>1,504,594.</b>                  | <b>1,742,308.</b>         |                         |   |
| <b>Operating and Administrative Expenses</b>  |  |                                    |                           |                         |   |
| 13  | Compensation of officers, directors, trustees, etc. ....                                     | 143,451.                           | 0.                        |                         | 143,451.  |
| 14  | Other employee salaries and wages .....  | 144,396.                           | 0.                        |                         | 144,396.  |
| 15  | Pension plans, employee benefits .....   | 34,618.                            | 0.                        |                         | 34,618.   |
| 16a   | Legal fees .....   |                                    |                           |                         |   |
| b   | Accounting fees <b>STMT 4</b> .....  | 7,265.                             | 0.                        |                         | 7,265.  |
| c   | Other professional fees <b>STMT 5</b> .....  | 258,957.                           | 250,692.                  |                         | 8,265.  |
| 17  | Interest .....   |                                    |                           |                         |   |
| 18  | Taxes <b>STMT 6</b> .....  | 17,178.                            | 0.                        |                         | 17,178.   |
| 19  | Depreciation and depletion .....   | 5,479.                             | 0.                        |                         |   |
| 20  | Occupancy .....  | 13,738.                            | 0.                        |                         | 13,738.   |
| 21  | Travel, conferences, and meetings .....  | 4,512.                             | 0.                        |                         | 4,512.  |
| 22  | Printing and publications .....  |                                    |                           |                         |   |
| 23  | Other expenses <b>STMT 7</b> .....   | 32,786.                            | 0.                        |                         | 32,786.   |
| 24  | <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....            | <b>662,380.</b>                    | <b>250,692.</b>           |                         | <b>406,209.</b>   |
| 25  | Contributions, gifts, grants paid .....  | 2,661,569.                         |                           |                         | 2,661,569.  |
| 26  | <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....                           | <b>3,323,949.</b>                  | <b>250,692.</b>           |                         | <b>3,067,778.</b>   |
| 27  | Subtract line 26 from line 12:   |                                    |                           |                         |   |
| a   | Excess of revenue over expenses and disbursements .....                                      | -1,819,355.                        |                           |                         |   |
| b   | <b>Net investment income</b> (if negative, enter -0-) .....                                  |                                    | <b>1,491,616.</b>         |                         |   |
| c   | <b>Adjusted net income</b> (if negative, enter -0-) .....                                    |                                    |                           | <b>N/A</b>              |   |

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| <b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small> |  | Beginning of year | End of year    |                       |
|---|--|-------------------|----------------|-----------------------|
|   |  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>   | 1 Cash - non-interest-bearing .....  | 68,187.           | 52,964.        | 52,964.               |
|   | 2 Savings and temporary cash investments .....   | 4,819,044.        | 8,102,391.     | 8,102,391.            |
|   | 3 Accounts receivable ▶ <span style="float: right;">19,079.</span>                                 |                   |                |                       |
|   | Less: allowance for doubtful accounts ▶  | 7,304.            | 19,079.        | 19,079.               |
|   | 4 Pledges receivable ▶   |                   |                |                       |
|   | Less: allowance for doubtful accounts ▶  |                   |                |                       |
|   | 5 Grants receivable .....  |                   |                |                       |
|   | 6 Receivables due from officers, directors, trustees, and other disqualified persons .....         |                   |                |                       |
|   | 7 Other notes and loans receivable ▶   |                   |                |                       |
|   | Less: allowance for doubtful accounts ▶  |                   |                |                       |
|   | 8 Inventories for sale or use .....  |                   |                |                       |
|   | 9 Prepaid expenses and deferred charges .....  | 5,366.            | 10,182.        | 10,182.               |
|   | 10a Investments - U.S. and state government obligations <b>STMT 8</b>                              | 10,321,483.       | 7,933,474.     | 8,606,503.            |
|   | b Investments - corporate stock <b>STMT 9</b>  | 41,262,896.       | 36,365,340.    | 40,880,164.           |
|   | c Investments - corporate bonds <b>STMT 10</b>   | 3,597,317.        | 2,882,799.     | 3,111,433.            |
|   | 11 Investments - land, buildings, and equipment: basis ▶   |                   |                |                       |
| Less: accumulated depreciation ▶  |  |                   |                |                       |
| 12 Investments - mortgage loans .....   |  |                   |                |                       |
| 13 Investments - other <b>STMT 11</b>   | 16,270,034.  | 19,158,388.       | 20,154,108.    |                       |
| 14 Land, buildings, and equipment: basis ▶ <span style="float: right;">17,900.</span>   |  |                   |                |                       |
| Less: accumulated depreciation <b>STMT 12</b> ▶ <span style="float: right;">10,379.</span>  | 3,500.   | 7,521.            | 7,521.         |                       |
| 15 Other assets (describe ▶ <b>STATEMENT 13</b> )   | 41,782.  | 24,570.           | 24,570.        |                       |
| 16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)                                       | 76,396,913.  | 74,556,708.       | 80,968,915.    |                       |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....   | 12,024.           | 8,387.         |                       |
|   | 18 Grants payable .....  |                   |                |                       |
|   | 19 Deferred revenue .....  |                   |                |                       |
|   | 20 Loans from officers, directors, trustees, and other disqualified persons .....                  |                   |                |                       |
|   | 21 Mortgages and other notes payable .....   |                   |                |                       |
|   | 22 Other liabilities (describe ▶ <b>STATEMENT 14</b> )   | 41,782.           | 24,569.        |                       |
| 23 <b>Total liabilities</b> (add lines 17 through 22)   | 53,806.  | 32,956.           |                |                       |
| <b>Net Assets or Fund Balances</b>  | <b>Foundations that follow FASB ASC 958, check here</b> <input type="checkbox"/>                   |                   |                |                       |
|   | <b>and complete lines 24, 25, 29, and 30.</b>  |                   |                |                       |
|   | 24 Net assets without donor restrictions .....   |                   |                |                       |
|   | 25 Net assets with donor restrictions .....  |                   |                |                       |
|   | <b>Foundations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> |                   |                |                       |
|   | <b>and complete lines 26 through 30.</b>   |                   |                |                       |
|   | 26 Capital stock, trust principal, or current funds .....  | 0.                | 0.             |                       |
| 27 Paid-in or capital surplus, or land, bldg., and equipment fund .....   | 0.   | 0.                |                |                       |
| 28 Retained earnings, accumulated income, endowment, or other funds .....   | 76,343,107.  | 74,523,752.       |                |                       |
| 29 <b>Total net assets or fund balances</b>   | 76,343,107.  | 74,523,752.       |                |                       |
| 30 <b>Total liabilities and net assets/fund balances</b>  | 76,396,913.  | 74,556,708.       |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |   |             |
|---|---|-------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29<br>(must agree with end-of-year figure reported on prior year's return) ..... | 1 | 76,343,107. |
| 2 Enter amount from Part I, line 27a .....  | 2 | -1,819,355. |
| 3 Other increases not included in line 2 (itemize) ▶  | 3 | 0.          |
| 4 Add lines 1, 2, and 3 .....   | 4 | 74,523,752. |
| 5 Decreases not included in line 2 (itemize) ▶  | 5 | 0.          |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....   | 6 | 74,523,752. |

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**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| 1a PUBLICLY TRADED SECURITIES   | P  | 10/01/19                             | 09/30/20                         |
| b PUBLICLY TRADED SECURITIES  | P  | 10/01/19                             | 09/30/20                         |
| c   |  |                                      |                                  |
| d   |  |                                      |                                  |
| e   |  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a 20,324,292.         |  | 19,290,484.                                     | 1,033,808.                                   |
| b 24,219,825.         |  | 25,491,347.                                     | -1,271,522.                                  |
| c                     |  |   |  |
| d                     |  |   |  |
| e                     |  |   |  |

| (i) FMV as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|------------------------|--------------------------------------|---|---|
|                        |                                      |   | 1,033,808.  |
|                        |                                      |   | -1,271,522.   |
| c                      |                                      |   |   |
| d                      |                                      |   |   |
| e                      |                                      |   |   |

|   |   |   |           |
|---|---|---|-----------|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  |   |   |           |
| 2 Capital gain net income or (net capital loss)   | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 ..... } | 2 | -237,714. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 ..... | { ..... }   | 3 | N/A       |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years<br>Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col. (b) divided by col. (c)) |
|---|---------------------------------------|---|--|
| 2018  | 2,343,394.                            | 75,740,781.                               | .030940  |
| 2017  | 33,032.                               | 28,841,364.                               | .001145  |
| 2016  | 0.                                    | 0.  | .000000  |
| 2015  |                                       |   |  |
| 2014  |                                       |   |  |

|  |   |             |
|--|---|-------------|
| 2 Total of line 1, column (d) .....  | 2 | .032085     |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years ..... | 3 | .010695     |
| 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 .....   | 4 | 77,115,422. |
| 5 Multiply line 4 by line 3 .....  | 5 | 824,749.    |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) .....   | 6 | 14,916.     |
| 7 Add lines 5 and 6 .....  | 7 | 839,665.    |
| 8 Enter qualifying distributions from Part XII, line 4 .....   | 8 | 3,067,778.  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|  |    |         |         |
|--|----|---------|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |         |         |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b   |    | 1       | 14,916. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)   |    |         |         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |    | 2       | 0.      |
| 3 Add lines 1 and 2  |    | 3       | 14,916. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |    | 4       | 0.      |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-   |    | 5       | 14,916. |
| 6 Credits/Payments:  |    |         |         |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019  | 6a | 21,280. |         |
| b Exempt foreign organizations - tax withheld at source  | 6b | 0.      |         |
| c Tax paid with application for extension of time to file (Form 8868)  | 6c | 0.      |         |
| d Backup withholding erroneously withheld  | 6d | 0.      |         |
| 7 Total credits and payments. Add lines 6a through 6d  | 7  | 21,280. |         |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached   | 8  | 0.      |         |
| 9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>  | 9  |         |         |
| 10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>   | 10 | 6,364.  |         |
| 11 Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <input checked="" type="checkbox"/> <b>6,364.</b>   <b>Refunded</b> <input type="checkbox"/>   | 11 | 0.      |         |

**Part VII-A Statements Regarding Activities**

|   | Yes | No |
|---|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. |     | X  |
| c Did the foundation file <b>Form 1120-POL</b> for this year?   |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input checked="" type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>  |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>  |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.   |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float: right;">N/A</span>  |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i> .   |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?            | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV   | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input checked="" type="checkbox"/> <u>WV</u>   |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation   | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV   |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses   |     | X  |

**Part VII-A Statements Regarding Activities** (continued)

|   | Yes | No  |
|---|-----|-----|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions   |     | X   |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions  |     | X   |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>▶ PALLOTTINEHUNTINGTON.ORG</b>   | X   |     |
| 14 The books are in care of <b>▶ JANELL RAY</b> Telephone no. <b>▶ (713) 560-7451</b><br>Located at <b>▶ 949 THIRD AVENUE, SUITE 100B, HUNTINGTON, WV</b> ZIP+4 <b>▶ 25701</b>  |     |     |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year  |     | N/A |
| 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>▶</b> |     | X   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|   | Yes | No  |
|---|-----|-----|
| 1a During the year, did the foundation (either directly or indirectly):   |     |     |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  |     | N/A |
| Organizations relying on a current notice regarding disaster assistance, check here <b>▶</b> <input type="checkbox"/>   |     |     |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?   |     | X   |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):  |     |     |
| a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>▶</b> _____, _____, _____, _____   |     |     |
| b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.)   |     | N/A |
| c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br><b>▶</b> _____, _____, _____, _____  |     |     |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) |     | N/A |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  |     | X   |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?   |     | X   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|  |   | Yes | No |
|--|---|-----|----|
| <b>5a</b> During the year, did the foundation pay or incur any amount to:  |   |     |    |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions | N/A   | 5b  |    |
| Organizations relying on a current notice regarding disaster assistance, check here  | <input type="checkbox"/>  |     |    |
| <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  | N/A <input type="checkbox"/> Yes <input type="checkbox"/> No        |     |    |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).   |   |     |    |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |   | 6b  | X  |
| If "Yes" to 6b, file Form 8870.  |   |     |    |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   | N/A   | 7b  |    |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 15     |   | 116,083.                                  | 27,368.   | 0.                                    |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

**Total** number of other employees paid over \$50,000 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000              | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of others receiving over \$50,000 for professional services |                     | 0                |

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses   |
|--|------------|
| 1<br>SEE STATEMENT 16  | 664,924.   |
| 2<br>SEE STATEMENT 17  | 864,704.   |
| 3<br>SEE STATEMENT 18  | 1,060,657. |
| 4<br>SEE STATEMENT 19  | 372,320.   |

**Part IX-B Summary of Program-Related Investments**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1<br>N/A  |        |
| 2   |        |
| 3<br>All other program-related investments. See instructions.   |        |
| Total. Add lines 1 through 3  | 0.     |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |   |    |             |
|---|---|----|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:       |    |             |
| a | Average monthly fair market value of securities .....   | 1a | 73,655,412. |
| b | Average of monthly cash balances .....  | 1b | 4,634,357.  |
| c | Fair market value of all other assets .....   | 1c |             |
| d | <b>Total</b> (add lines 1a, b, and c) .....   | 1d | 78,289,769. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....   | 1e | 0.          |
| 2 | Acquisition indebtedness applicable to line 1 assets .....  | 2  | 0.          |
| 3 | Subtract line 2 from line 1d .....  | 3  | 78,289,769. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....   | 4  | 1,174,347.  |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | 5  | 77,115,422. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5 .....  | 6  | 3,855,771.  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

|    |   |    |            |
|----|---|----|------------|
| 1  | Minimum investment return from Part X, line 6 .....   | 1  | 3,855,771. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 .....  | 2a | 14,916.    |
| b  | Income tax for 2019. (This does not include the tax from Part VI.) .....  | 2b |            |
| c  | Add lines 2a and 2b .....   | 2c | 14,916.    |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                     | 3  | 3,840,855. |
| 4  | Recoveries of amounts treated as qualifying distributions .....   | 4  | 0.         |
| 5  | Add lines 3 and 4 .....   | 5  | 3,840,855. |
| 6  | Deduction from distributable amount (see instructions) .....  | 6  | 0.         |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ..... | 7  | 3,840,855. |

**Part XII Qualifying Distributions** (see instructions)

|   |   |    |            |
|---|---|----|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |    |            |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....   | 1a | 3,067,778. |
| b | Program-related investments - total from Part IX-B .....  | 1b | 0.         |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....                         | 2  |            |
| 3 | Amounts set aside for specific charitable projects that satisfy the:  |    |            |
| a | Suitability test (prior IRS approval required) .....  | 3a |            |
| b | Cash distribution test (attach the required schedule) .....   | 3b |            |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....                 | 4  | 3,067,778. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b ..... | 5  | 14,916.    |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....   | 6  | 3,052,862. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2019 from Part XI, line 7   |               |                            |             | 3,840,855.  |
| 2 Undistributed income, if any, as of the end of 2019:   |               |                            |             |             |
| a Enter amount for 2018 only   |               |                            | 2,802,075.  |             |
| b Total for prior years:   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2019:   |               |                            |             |             |
| a From 2014  |               |                            |             |             |
| b From 2015  |               |                            |             |             |
| c From 2016  |               |                            |             |             |
| d From 2017  |               |                            |             |             |
| e From 2018  |               |                            |             |             |
| f Total of lines 3a through e  | 0.            |                            |             |             |
| 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 3,067,778.   |               |                            |             |             |
| a Applied to 2018, but not more than line 2a   |               |                            | 2,802,075.  |             |
| b Applied to undistributed income of prior years (Election required - see instructions)  |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)  | 0.            |                            |             |             |
| d Applied to 2019 distributable amount   |               |                            |             | 265,703.    |
| e Remaining amount distributed out of corpus   | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)  | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  | 0.            |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b   |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions   |               | 0.                         |             |             |
| e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.  |               |                            | 0.          |             |
| f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020  |               |                            |             | 3,575,152.  |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)       | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2014 not applied on line 5 or line 7   | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a  | 0.            |                            |             |             |
| 10 Analysis of line 9:   |               |                            |             |             |
| a Excess from 2015   |               |                            |             |             |
| b Excess from 2016   |               |                            |             |             |
| c Excess from 2017   |               |                            |             |             |
| d Excess from 2018   |               |                            |             |             |
| e Excess from 2019   |               |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) **N/A**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

|  | Tax year |          |          |          | (e) Total |
|--|----------|----------|----------|----------|-----------|
|  | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     |          |          |          |          |           |
| <b>b</b> 85% of line 2a  |          |          |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4, for each year listed  |          |          |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities   |          |          |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |          |          |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |          |          |          |           |
| <b>a</b> "Assets" alternative test - enter:  |          |          |          |          |           |
| <b>(1)</b> Value of all assets   |          |          |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |          |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed                             |          |          |          |          |           |
| <b>c</b> "Support" alternative test - enter:   |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |          |          |          |           |
| <b>(4)</b> Gross investment income   |          |          |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed: **SEE STATEMENT 21**

**SEE STATEMENT 20**

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

PALLOTTINE FOUNDATION OF HUNTINGTON,  
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**Part XV** Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment              |   |                                |  |                   |
|---|---|--------------------------------|--|-------------------|
| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution<br>**   | Amount            |
| Name and address (home or business)   |   |                                |  |                   |
| <b>a Paid during the year</b>   |   |                                |  |                   |
| CABELL COUNTY FAMILY RESOURCE NETWORK, INC<br>1002 3RD AVENUE, FL 3<br>HUNTINGTON, WV 25701 |   | PC                             | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 3,250.            |
| CABELL-HUNTINGTON COALITION FOR THE HOMELESS<br>627 4TH AVENUE<br>HUNTINGTON, WV 25701      |   | PC                             | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 2,880.            |
| CONTACT HUNTINGTON INC<br>PO BOX 2963<br>HUNTINGTON, WV 25728                               |   | PC                             | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 8,300.            |
| FAITH IN ACTION OF THE RIVER CITIES, INC<br>1900 THIRD AVENUE<br>HUNTINGTON, WV 25703       |   | PC                             | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 5,211.            |
| HARVEST FOR THE HUNGRY<br>120 N. 5TH STREET<br>IRONTON, OH 45638                            |   | PC                             | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 3,398.            |
| <b>Total</b>  | <b>SEE CONTINUATION SHEET(S)</b>  |                                |  | <b>2,661,569.</b> |
| <b>b Approved for future payment</b>  |   |                                |  |                   |
| NONE  |   |                                |  |                   |
|   |   |                                |  |                   |
|   |   |                                |  |                   |
| <b>Total</b>  |   |                                |  | <b>0.</b>         |





PALLOTTINE FOUNDATION OF HUNTINGTON,  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution  | Amount            |
|---|--|--------------------------------------|--|-------------------|
| HUNTINGTON CITY MISSION<br>624 10TH STREET<br>HUNTINGTON, WV 25706                                |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 9,475.            |
| INSPIRING DREAMS NETWORK<br>4035 RIDGEVIEW LANE<br>HURRICANE, WV 25526                            |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 3,291.            |
| KANAWHA VALLEY HOME, INC<br>1121 VIRGINIA STREET EAST<br>CHARLESTON, WV 25301                     |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 4,950.            |
| NEIGHBORS HELPING NEIGHBORS<br>2516 CARTER AVENUE<br>ASHLAND, KY 41101                            |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 5,000.            |
| REA OF HOPE, INC<br>1429 LEE ST. EAST<br>CHARLESTON, WV 25301                                     |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 11,300.           |
| RLB MINISTRIES/BACKPACK BUDDIES<br>1632 STATE ROUTE 141<br>IRONTON, OH 45638                      |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 3,539.            |
| RONALD MCDONALD HOUSE CHARITIES OF<br>HUNTINGTON, INC<br>1500 17TH STREET<br>HUNTINGTON, WV 25701 |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 10,780.           |
| STAR CLUB, INC<br>523 2ND STREET<br>ST. ALBANS, WV 25177  |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 7,100.            |
| STEPPING STONES, INC<br>PO BOX 539<br>LAVALETTE, WV 25535   |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 14,000.           |
| THE LOGAN COUNTY CHILD ADVOCACY<br>CENTER, INC<br>PO BOX 308<br>LOGAN, WV 25601                   |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 4,960.            |
| <b>Total from continuation sheets</b>   |  |                                      |  | <b>2,638,530.</b> |

PALLOTTINE FOUNDATION OF HUNTINGTON,  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution  | Amount  |
|---|--|--------------------------------------|--|---------|
| TRI-STATE LOCAL FOODS, INC<br>1650 8TH AVENUE<br>HUNTINGTON, WV 25704                           |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 7,500.  |
| TUG VALLEY RECOVERY SHELTER ASSOCIATION, INC<br>PO BOX 677<br>WILLIAMSON, WV 25661              |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 2,485.  |
| WAYNE COUNTY COMMUNITY SERVICES ORGANIZATION, INC<br>3609 HUGHES STREET<br>HUNTINGTON, WV 25704 |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 3,041.  |
| WEST VIRGINIA INSTITUTE FOR SPIRITUALITY<br>1601 VIRGINIA STREET EAST<br>CHARLESTON, WV 25311   |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 6,618.  |
| BIG BROTHERS BIG SISTERS OF THE TRI-STATE<br>501 FIFTH AVENUE, SUITE 3<br>HUNTINGTON, WV 25701  |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 11,320. |
| CATHOLIC SOCIAL SERVICES<br>197 EAST GAY STREET, 2ND FLOOR<br>PORTSMOUTH, OH 45662              |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 10,800. |
| DOMESTIC VIOLENCE COUNSELING CENTER<br>PO BOX 8701<br>SOUTH CHARLESTON, WV 25303                |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 1,979.  |
| GOLDEN GIRL GROUP HOME<br>PO BOX 876<br>CEREDO, WV 25507  |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 4,520.  |
| KANAWHA VALLEY SENIOR SERVICES, INC<br>2428 KANAWHA BOUELVARD, E<br>CHARLESTON, WV 25311        |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 12,426. |
| KPCC COUNSELING<br>16 LEON SULLIVAN WAY, STE 300<br>CHARLESTON, WV 25301                        |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 5,080.  |
| <b>Total from continuation sheets</b>   |  |                                      |  |         |

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution  | Amount  |
|--|--|--------------------------------------|--|---------|
| LARRY JO HARLESS COMMUNITY CENTER<br>PO BOX 507<br>GILBERT, WV 25621                           |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 11,572. |
| LINCOLN COUNTY FAMILY RESOURCE NETWORK<br>PO BOX 510<br>WEST HAMLIN, WV 25571                  |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 9,479.  |
| OHIO ASSOCIATION OF NONPROFIT ORGANIZATIONS<br>57 JEFFERSON AVENUE, #206<br>COLUMBUS, OH 43215 |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 4,753.  |
| RECOVERY GROUP OF SOUTHERN WEST VIRGINIA INC<br>PO BOX 952<br>LOGAN, WV 25601                  |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 9,621.  |
| RELIGIOUS COALITION FOR COMMUNITY RENEWAL<br>1516 WASHIGNTON STREET,E<br>CHARLESTON, WV 25311  |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 5,000.  |
| RIVER VALLEY CHILD DEVELOPMENT SERVICES<br>611 7TH AVENUE, SUITE 300<br>HUNTINGTON, WV 25705   |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 16,804. |
| SAFE HARBOR OF NORTHWEST KENTUCKY<br>3700 LANDSDOWNE DRIVE<br>ASHLAND, KY 41102                |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 8,000.  |
| SCIOTO COUNTY HEALTH COALITION<br>605 WASHINGTON STREET<br>PORTSMOUTH, OH 45662                |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 2,635.  |
| SOSTENTO INC<br>201 AUTUMN DRIVE<br>DUNBAR, WV 25064   |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 3,000.  |
| STEVEN A. HUNTER HOPE FUND<br>PO BOX 802<br>PORTSMOUTH, OH 45662                               |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, | 3,000.  |
| <b>Total from continuation sheets</b> .....  |  |                                      |  |         |



PALLOTTINE FOUNDATION OF HUNTINGTON,  
WEST VIRGINIA

81-5135504

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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|--|--|--------------------------------------|---|----------|
| TEAM FOR WEST VIRGINIA CHILDREN INC<br>PO BOX 1653<br>HUNTINGTON, WV 25717                     |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL,              | 13,454.  |
| WVROH FOUNDATION<br>347 6TH AVENUE, #4<br>HUNTINGTON, WV 25701                                 |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL,              | 5,000.   |
| ZION CHILD DEVELOPMENT CENTER<br>1720 5TH AVENUE<br>CHARLESTON, WV 25387                       |  | PC                                   | TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL,              | 10,085.  |
| STEPPING STONES, INC<br>PO BOX 539<br>LAVALETTE, WV 25535                                      |  | PC                                   | TO PROVIDE SUPPORT WITH THE "YOUTH TRANSITION PROJECT" WILL OFFER A SUPPORTIVE ENVIRONMENT            | 226,000. |
| SHAWNEE MENTAL HEALTH CENTER INC<br>901 WASHINGTON STREET<br>PORTSMOUTH, OH 45638              |  | PC                                   | TO PROVIDE SUPPORT WITH THE PROGRAM WHICH WILL DEVELOP AND IMPLEMENT A MEDICALLY ASSISTED TREATMENT   | 300,000. |
| BIG BROTHERS BIG SISTERS OF THE TRI-STATE<br>501 FIFTH AVENUE, SUITE 3<br>HUNTINGTON, WV 25701 |  | PC                                   | TO PROVIDE SUPPORT WITH A PROJECT WHICH WILL ADD ONE MATCH SUPPORT SPECIALIST POSITION TO THE BIG     | 67,460.  |
| RECOVERY POINT WEST VIRGINIA<br>900 20TH STREET<br>HUNTINGTON, WV 25703                        |  | PC                                   | TO PROVIDE SUPPORT WITH THE PROGRAM WHICH WILL ADDRESS EMPLOYMENT AND TRANSPORTATION                  | 300,000. |
| WILLIAMSON HEALTH & WELNESS CENTER INC<br>PO BOX 2080<br>WILLIAMSON, WV 25661                  |  | PC                                   | TO PROVIDE SUPPORT THE MULTI-FACETED PROJECT WILL SUPPORT INDIVIDUALS IN OPIOID USE DISORDER RECOVERY | 231,000. |
| HUNTINGTON CITY MISSION<br>624 10TH STREET<br>HUNTINGTON, WV 25706                             |  | PC                                   | TO PROVIDE SUPPORT DURING THE PANDEMIC OUTBREAK OF COVID-19.  | 10,000.  |
| FACING HUNGER FOOD BANK<br>1327 SEVENTH AVENUE<br>HUNTINGTON, WV 25701                         |  | PC                                   | TO PROVIDE SUPPORT DURING THE PANDEMIC OUTBREAK OF COVID-19.  | 50,000.  |
| <b>Total from continuation sheets</b> .....  |  |                                      |   |          |

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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|---|--|--------------------------------------|--|----------|
| MANNA MEAL, INC<br>1105 QUARRIER ST<br>CHARLESTON, WV 25301                               |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 10,000.  |
| WEST VIRGINIA VOAD<br>PO BOX 178<br>WILLIAMSON, WV 25661                                  |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 14,280.  |
| WEST VIRGINIA LOCAL HEALTH, INC<br>176 DEER RIDGE FARM<br>BARBOURSVILLE, WV 25504         |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 140,000. |
| CABELL-HUNTINGTON COALITION FOR THE<br>HOMELESS<br>627 4TH AVENUE<br>HUNTINGTON, WV 25701 |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 12,412.  |
| KANAWHA VALLEY SENIOR SERVICES, INC<br>2428 KANAWHA BOUELVARD, E<br>CHARLESTON, WV 25311  |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 2,400.   |
| LARRY JO HARLESS COMMUNITY CENTER<br>202 LARRY JO HARLESS DRIVE<br>GILBERT, WV 25621      |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 9,960.   |
| CATHOLIC SOCIAL SERVICES<br>2311 STOCKHAN LANE<br>PORTSMOUTH, OH 45662                    |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 5,500.   |
| ST. VINCENT MISSION INC<br>PO BOX 232<br>DAVID, KY 41616                                  |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 6,000.   |
| THE SALVATION ARMY OF HUNTINGTON WV<br>1223 3RD AVENUE<br>HUNTINGTON, WV 25701            |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 9,920.   |
| SCIOTO CHRISTIAN MINISTRY<br>615 EIGHT STREET<br>PORTSMOUTH, OH 45662                     |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19. | 6,109.   |
| <b>Total from continuation sheets</b> .....   |  |                                      |  |          |

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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|---|--|--------------------------------------|---|---------|
| 14TH STREET COMMUNITY CENTER<br>1222 14TH STREET<br>PORTSMOUTH, OH 45662                        |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19.  | 5,927.  |
| CABELL-HUNTINGTON COALITION FOR THE<br>HOMELESS<br>627 4TH AVENUE<br>HUNTINGTON, WV 25701       |  | PC                                   | TO PROVIDE SUPPORT<br>DURING THE PANDEMIC<br>OUTBREAK OF COVID-19.  | 10,000. |
| SOSTENTO INC<br>9 PORTLAND PL<br>MONTCLAIR, NJ 07042  |  | PC                                   | TO PROVIDE SUPPORT<br>EXPANDING CURRENT<br>PUBLIC HEALTH OUTREACH<br>EFFORTS IN LINCOLN AND<br>LOGAN COUNTIES IN WEST | 20,540. |
| REA OF HOPE, INC<br>1429 LEE ST. EAST<br>CHARLESTON, WV 25301                                   |  | PC                                   | TO PROVIDE SUPPORT<br>WITH FOOD, CLEANING,<br>CLOTHING, AND HYGIENE<br>SUPPLIES TO MEET<br>INCREASED PANTRY NEED      | 10,000. |
| MOUNTAIN COMPREHENSIVE CARE CENTER<br>INC<br>104 SOUTH FRONT AVENUE<br>PRESTONBURG, KY 41653    |  | PC                                   | TO PROVIDE SUPPORT AND<br>TRAINING FOR AUTISM<br>ASSESSMENT,<br>THERAPEUTIC<br>REHABILITATION, AND                    | 14,360. |
| ST. VINCENT MISSION INC<br>PO BOX 232<br>DAVID, KY 41616  |  | PC                                   | TO PROVIDE SUPPORT FOR<br>GARDENING EQUIPMENT<br>AND SUPPLIES TO<br>STRENGTHEN A<br>SUSTAINABLE                       | 5,119.  |
| RLB MINISTRIES/BACKPACK BUDDIES<br>1632 STATE ROUTE 141<br>IRONTON, OH 45638                    |  | PC                                   | TO PROVIDE SUPPORT<br>WITH FOOD, CLEANING,<br>CLOTHING, AND HYGIENE<br>SUPPLIES TO MEET<br>INCREASED PANTRY NEED      | 23,000. |
| RIVER VALLEY CHILD DEVELOPMENT<br>SERVICES<br>611 7TH AVENUE, SUITE 300<br>HUNTINGTON, WV 25705 |  | PC                                   | TO PROVIDE SUPPORT FOR<br>THE "BABY BITES PANTRY<br>AND CARE CLOSET"<br>THROUGH FOOD ITEMS,<br>CARE CLOSET ITEMS, AND | 15,000. |
| FAITH IN ACTION OF THE RIVER CITIES,<br>INC<br>1900 THIRD AVENUE<br>HUNTINGTON, WV 25703        |  | PC                                   | TO PROVIDE<br>TRANSPORTATION SUPPORT<br>AND PERSONAL SAFETY<br>ITEMS FOR THE<br>VOLUNTEER DRIVER                      | 11,941. |
| CITY OF HUNTINGTON FOUNDATION<br>PO BOX 1659<br>HUNTINGTON, WV 25701                            |  | PC                                   | TO PROVIDE SUPPORT<br>WITH CONTRACT SPEECH<br>THERAPY SERVICES FOR<br>CHILDREN WITH SPECIAL<br>NEEDS THAT ARE         | 31,869. |
| <b>Total from continuation sheets</b> .....   |  |                                      |   |         |

PALLOTTINE FOUNDATION OF HUNTINGTON,  
WEST VIRGINIA

81-5135504

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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|---|--|--------------------------------------|--|---------|
| SCIOTO CHRISTIAN MINISTRY<br>615 EIGHT STREET<br>PORTSMOUTH, OH 45662                 |  | PC                                   | TO PROVIDE SUPPORT<br>WITH SUPPLIES FOR A<br>JOB READINESS PROGRAM<br>FOR INDIVIDUALS<br>EXPERIENCING                | 9,022.  |
| ARTS IN ACTION INC<br>2658 MAIN STREET<br>HURRICANE, WV 25526                         |  | PC                                   | TO PROVIDE SUPPORT FOR<br>THE PERFORMANCE AND<br>CLASSROOM EXPENSES OF<br>THE SUPERSTARS<br>PROGRAM, WHICH           | 14,080. |
| GIRL SCOUTS OF BLACK DIAMOND<br>321 VIRGINIA STREET WEST<br>CHARLESTON, WV 25302      |  | PC                                   | TO PROVIDE SUPPORT<br>WITH TRAUMA AND ACES<br>TRAININGS FOR GIRL<br>SCOUT TROOP<br>VOLUNTEERS, PARENTS,              | 18,000. |
| EBENEZER MEDICAL OUTREACH INC<br>1448 TENTH AVENUE, SUITE 100<br>HUNTINGTON, WV 25701 |  | PC                                   | TO PROVIDE SUPPORT FOR<br>THE CLINIC'S PHARMACY<br>PROGRAM, WHICH<br>PROVIDES ACCESS TO<br>PHARMACY SERVICES TO      | 43,999. |
| DEVELOPMENTAL THERAPY CENTER, INC<br>803 7TH AVENUE<br>HUNTINGTON, WV 25701           |  | PC                                   | TO PROVIDE SUPPORT<br>WITH ACQUISITION OF<br>EQUIPMENT NEEDED TO<br>PROVIDE OCCUPATIONAL,<br>PHYSICAL, AND           | 24,405. |
| THE EDUCATION ALLIANCE<br>803 QUARRIER STREET, SUITE 500<br>CHARLESTON, WV 25301      |  | PC                                   | TO PROVIDE SUPPORT<br>WITH DEVELOPMENT OF A<br>"STUDENT MENTAL HEALTH<br>TOOLKIT" FOR USE BY<br>MENTORS WORKING WITH | 10,060. |
| HUNTINGTON MUSEUM OF ART INC<br>2033 MCCOY ROAD<br>HUNTINGTON, WV 25701               |  | PC                                   | TO PROVIDE SUPPORT<br>WITH "ARTS IN<br>MEDICINE" PROJECT THAT<br>PROVIDES ART- MAKING<br>INTERVENTIONS TO            | 14,000. |
| ILCAO FAMILY MEDICAL CENTERS<br>305 N 5TH STREET<br>IRONTON, OH 45638                 |  | PC                                   | TO PROVIDE SUPPORT FOR<br>THE "YOUTH MENTAL<br>HEALTH INITIATIVE" BY<br>PROVIDING FUNDING FOR<br>AN ADHD ASSESSMENT, | 10,500. |
| GOLDEN GIRL GROUP HOME<br>PO BOX 876<br>CEREDO, WV 25507                              |  | PC                                   | TO PROVIDE SUPPORT FOR<br>PREPARATION AND<br>OUTFITTING OF AN<br>EXERCISE SPACE FOR<br>GOLDEN GIRL RESIDENTS         | 24,319. |
| WILLIAMSON HEALTH & WELNESS CENTER<br>INC<br>PO BOX 2080<br>WILLIAMSON, WV 25661      |  | PC                                   | TO PROVIDE SUPPORT<br>WITH MARKETING,<br>DESIGN, PRINTING, AND<br>PATIENT INCENTIVE<br>SUPPORT FOR THE               | 16,620. |
| <b>Total from continuation sheets</b> .....   |  |                                      |  |         |

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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|--|--|--------------------------------------|--|---------|
| STEVEN A. HUNTER HOPE FUND<br>PO BOX 8025<br>PORTSMOUTH, OH 45662                                |  | PC                                   | TO PROVIDE SUPPORT<br>WITH FOOD ASSISTANCE<br>FOR BACKPACK PROGRAM<br>THAT ASSISTS FOOD<br>INSECURE SCHOOL YOUTH | 30,000. |
| RELIGIOUS COALITION FOR COMMUNITY<br>RENEWAL<br>1516 WASHIGNTON STREET,E<br>CHARLESTON, WV 25311 |  | PC                                   | TO PROVIDE SUPPORT<br>WITH LOCKERS AND<br>CLEANING EQUIPMENT FOR<br>A NEW "TRANSITIONAL<br>STORAGE FACILITY,"    | 20,172. |
| KPCC COUNSELING<br>16 LEON SULLIVAN WAY, STE 300<br>CHARLESTON, WV 25301                         |  | PC                                   | TO PROVIDE FACILITATOR<br>ASSISTANCE FOR THE<br>"FAMILIES MOTIVATING<br>RECOVERY" ADDICTION<br>SUPPORT GROUP FOR | 6,000.  |
| YMCA OF HUNTINGTON<br>935 10TH AVENUE<br>HUNTINGTON, WV 25701                                    |  | PC                                   | TO PROVIDE FOOD<br>ASSISTANCE FOR THE<br>"FUEL FOR KIDS" AFTER<br>SCHOOL PROGRAM AND<br>EQUIPMENT FOR THE        | 15,227. |
| CENTER FOR RURAL HEALTH DEVELOPMENT,<br>INC<br>75 CHASE DRIVE<br>HURRICANE, WV 25526             |  | PC                                   | TO PROVIDE PROVIDE<br>WILD WONDERFUL HEALTHY<br>WEST VIRGINIA MONTHLY<br>COACHING CALLS TO<br>SUPPORT THE LOGAN  | 3,840.  |
| CHILDREN'S THERAPY CLINIC INC<br>113 LAKEVIEW DRIVE<br>CHARLESTON, WV 25313                      |  | PC                                   | TO PROVIDE FOOD,<br>INFANT ESSENTIALS, AND<br>PERSONAL CARE ITEMS<br>FOR FAMILIES UTILIZING<br>THE NANCY TONKIN  | 25,000. |
| MARSHALL UNIVERSITY RESEARCH<br>CORPORATION<br>1 JOHN MARSHALL DRIVE<br>HUNTINGTON, WV 25755     |  | PC                                   | TO PROVIDE SUPPORT<br>WITH ESTABLISHMENT OF<br>THE "SOUTHERN WEST<br>VIRGINIA BLESSING BOX<br>COMMUNITY PANTRY   | 50,000. |
| WINGS OF HOPE<br>PO BOX 566<br>PORTSMOUTH, OH 45662  |  | PC                                   | TO PROVIDE SUPPORT FOR<br>COMMUNITY CENTER<br>PROGRAMMING EXPENSES<br>FOR EXERCISE,<br>GARDENING, AND COOKING    | 25,446. |
| BRANCHES DOMESTIC VIOLENCE SHELTER<br>PO BOX 403<br>HUNTINGTON, WV 25708                         |  | PC                                   | TO PROVIDE SUPPORT<br>WITH "WELCOME HOME"<br>PROJECT PROVIDING<br>EMERGENCY SUPPLIES AND<br>ESSENTIAL HOUSEHOLD  | 30,000. |
| RECOVERY GROUP OF SOUTHERN WEST<br>VIRGINIA INC<br>PO BOX 952<br>LOGAN, WV 25601                 |  | PC                                   | TO PROVIDE SUPPORT<br>WITH INTEGRATION OF A<br>HOLISTIC MENTAL HEALTH<br>AND LIFE SKILLS<br>PROGRAM CURRICULUM   | 21,000. |
| <b>Total from continuation sheets</b> .....  |  |                                      |  |         |

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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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|---|--|--------------------------------------|---|---------|
| KANAWHA VALLEY HOME, INC<br>1121 VIRGINIA STREET EAST<br>CHARLESTON, WV 25301           |  | PC                                   | TO PROVIDE SUPPORT<br>WITH COUNSELING<br>SERVICES AND DRUG<br>SCREENING SUPPLIES FOR<br>CLIENTS OF THIS           | 11,000. |
| WEST VIRGINIA FOOD & FARM COALITION<br>3820 MACCORKLE AVENUE SE<br>CHARLESTON, WV 25304 |  | PC                                   | TO PROVIDE SUPPORT TO<br>EXPANDS THE "SNAP<br>STRETCH" AND "FARM TO<br>SENIOR" PROGRAMS<br>ACROSS THE             | 47,000. |
| UNITED WAY OF CENTRAL WV<br>1 UNITED WAY SQUARE<br>CHARLESTON, WV 25301                 |  | PC                                   | TO PROVIDE SUPPORT<br>WITH FOOD, CLEANING<br>SUPPLIES, AND PERSONAL<br>HYGIENE ASSISTANCE FOR<br>CLIENTS OF FOOD  | 23,000. |
| LEWIS COUNTY FAMILY RESOURCE NETWORK<br>240 COURT AVE<br>WESTON, WV 26452               |  | PC                                   | TO PROVIDE SUPPORT<br>WITH FACILITATOR<br>ASSISTANCE FOR THE<br>"FAMILIES MOTIVATING<br>RECOVERY" ADDICTION       | 15,000. |
| SAFE HARBOR OF NORTHWEST KENTUCKY<br>3700 LANDSDOWNE DRIVE<br>ASHLAND, KY 41102         |  | PC                                   | TO PROVIDE SUPPORT<br>WITH ACCESS TO ART<br>THERAPY FOR WOMEN AND<br>CHILDREN WHO HAVE<br>BECOME VICTIMS OF       | 5,000.  |
| HARVEST FOR THE HUNGRY<br>120 N. 5TH STREET<br>IRONTON, OH 45638                        |  | PC                                   | TO PROVIDE SUPPORT<br>WITH DISTRIBUTION OF<br>PROTEIN SUPPLEMENTS TO<br>ELDERLY FOOD PANTRY<br>CLIENTS.           | 11,013. |
| ALZHEIMER'S ASSOCIATION WV CHAPTER<br>1601 2ND AVENUE<br>CHARLESTON, WV 25387           |  | PC                                   | TO PROVIDE SUPPORT<br>WITH THE INCREASE THE<br>AAWV PRESENCE IN<br>BOONE, CABELL,<br>KANAWHA, LINCOLN,            | 15,300. |
| WEST VIRGINIA HEALTH RIGHT INC<br>1520 WASHINGTON ST. EAST<br>CHARLESTON, WV 25311      |  | PC                                   | TO PROVIDE SUPPORT<br>FOOD SUPPLIES NEEDED<br>FOR COOKING CLASSES<br>FOR PATIENTS<br>PARTICIPATING IN             | 4,200.  |
| CHILDREN'S HOME SOCIETY OF WEST<br>VIRGINIA<br>203 6TH AVE<br>HUNTINGTON, WV 25701      |  | PC                                   | TO FOOD, INFANT<br>ESSENTIALS, AND<br>PERSONAL CARE ITEMS<br>FOR FAMILIES UTILIZING<br>THE NANCY TONKIN           | 4,500.  |
| THE DAVID SCHOOL<br>PO BOX 220<br>DAVID, KY 41616                                       |  | PC                                   | TO PROVIDE SUPPORT<br>WITH FOOD ASSISTANCE<br>FOR FOOD INSECURE<br>STUDENTS ATTENDING A<br>NON-TRADITIONAL SCHOOL | 15,000. |
| <b>Total from continuation sheets</b> .....   |  |                                      |   |         |

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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|---|--|--------------------------------------|---|----------|
| RONALD MCDONALD HOUSE CHARITIES OF<br>HUNTINGTON, INC<br>1500 17TH STREET<br>HUNTINGTON, WV 25701 |  | PC                                   | TO PROVIDE SUPPORT<br>WITH FOOD ASSISTANCE<br>FOR FAMILIES STAYING<br>AT THE HOUSE WHILE<br>THEIR INFANT RECEIVES | 15,000.  |
| CATHOLIC CHARITIES WEST VIRGINIA<br>2000 MAIN STREET<br>WHEELING, WV 26003                        |  | PC                                   | TO PROVIDE SUPPORT<br>WITH TRAVEL, TRAINING,<br>AND PROGRAM MARKETING<br>SUPPORT FOR THE<br>VOLUNTEER HOMEMAKER   | 3,463.   |
| WEST VIRGINIA LOCAL HEALTH, INC<br>176 DEER RIDGE FARM<br>BARBOURSVILLE, WV 25504                 |  | PC                                   | TO PROVIDE SUPPORT FOR<br>THE COMPLETION OF THE<br>TRI-STATE REGIONAL<br>PUBLIC HEALTH<br>COLLABORATIVE PROJECT.  | 225,000. |
| HUNTINGTON CITY MISSION<br>624 10TH STREET<br>HUNTINGTON, WV 25706                                |  | PC                                   | TO PROVIDE SUPPORT<br>WITH THE LET'S DO<br>LUNCH FEEDING PROGRAM.   | 20,000.  |
| SPORTSUP, INC. D/B/A/UPMETRICS<br>350 BRANNAN STREET, SUITE 350<br>SAN FRANCISCO, CA 94107        |  | PC                                   | TO PROVIDE CORE<br>GRANTEES<br>INDIVIDUALIZED<br>EVALUATION AND<br>MARKETING SUPPORT.                             | 21,000.  |
|   |  |                                      |   |          |
|   |  |                                      |   |          |
|   |  |                                      |   |          |
|   |  |                                      |   |          |
|   |  |                                      |   |          |
| <b>Total from continuation sheets</b> .....   |  |                                      |   |          |

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CABELL COUNTY FAMILY RESOURCE NETWORK, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - CABELL-HUNTINGTON COALITION FOR THE HOMELESS  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - CONTACT HUNTINGTON INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - FAITH IN ACTION OF THE RIVER CITIES, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - HARVEST FOR THE HUNGRY  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - HUNTINGTON CITY MISSION  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL



**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

MATURITY.

NAME OF RECIPIENT - INSPIRING DREAMS NETWORK

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - KANAWHA VALLEY HOME, INC

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - NEIGHBORS HELPING NEIGHBORS

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - REA OF HOPE, INC

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - RLB MINISTRIES/BACKPACK BUDDIES

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

MATURITY.

NAME OF RECIPIENT - RONALD MCDONALD HOUSE CHARITIES OF HUNTINGTON, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - STAR CLUB, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - STEPPING STONES, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - THE LOGAN COUNTY CHILD ADVOCACY CENTER, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - TRI-STATE LOCAL FOODS, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - TUG VALLEY RECOVERY SHELTER ASSOCIATION, INC

**Part XV** | **Supplementary Information**

**3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - WAYNE COUNTY COMMUNITY SERVICES ORGANIZATION, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - WEST VIRGINIA INSTITUTE FOR SPIRITUALITY  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - BIG BROTHERS BIG SISTERS OF THE TRI-STATE  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - CATHOLIC SOCIAL SERVICES  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - DOMESTIC VIOLENCE COUNSELING CENTER  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - GOLDEN GIRL GROUP HOME

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - KANAWHA VALLEY SENIOR SERVICES, INC

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - KPCC COUNSELING

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - LARRY JO HARLESS COMMUNITY CENTER

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - LINCOLN COUNTY FAMILY RESOURCE NETWORK

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - OHIO ASSOCIATION OF NONPROFIT ORGANIZATIONS

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - RECOVERY GROUP OF SOUTHERN WEST VIRGINIA INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - RELIGIOUS COALITION FOR COMMUNITY RENEWAL  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - RIVER VALLEY CHILD DEVELOPMENT SERVICES  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - SAFE HARBOR OF NORTHWEST KENTUCKY  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - SCIOTO COUNTY HEALTH COALITION  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - SOSTENTO INC

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - STEVEN A. HUNTER HOPE FUND

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - TEAM FOR WEST VIRGINIA CHILDREN INC

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - WVROH FOUNDATION

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - ZION CHILD DEVELOPMENT CENTER

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL  
MATURITY.

NAME OF RECIPIENT - STEPPING STONES, INC

TO PROVIDE SUPPORT WITH THE "YOUTH TRANSITION PROJECT" WILL OFFER A  
SUPPORTIVE ENVIRONMENT TO THESE TRANSITIONING YOUTH, ENSURING THEIR

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

BASIC PHYSICAL AND SAFETY NEEDS ARE MET, AND PROVIDING THEM ROOM TO  
FOCUS ON THE MORE COMPLEX TASKS OF BECOMING STABLE, PRODUCTIVE, AND  
HAPPY ADULTS PROGRAM.

NAME OF RECIPIENT - SHAWNEE MENTAL HEALTH CENTER INC

TO PROVIDE SUPPORT WITH THE PROGRAM WHICH WILL DEVELOP AND IMPLEMENT A  
MEDICALLY ASSISTED TREATMENT (MAT) OPIOID USE DISORDER TREATMENT  
PROGRAM IN COAL GROVE, LAWRENCE COUNTY, OHIO. PROGRAM SERVICES OFFERED  
BY A MULTI-DISCIPLINARY TEAM WILL INCLUDE MAT (USING SUBOXONE AND  
NALTREXONE), BEHAVIORAL HEALTH GROUPS, INDIVIDUAL COUNSELING, PEER  
RECOVERY SUPPORTS, EMPLOYMENT SERVICES, PRIMARY CARE, PSYCHIATRIC CARE,  
SELF-HELP GROUPS, AND WRAP-AROUND SERVICES. THE PROGRAM EXPECTS TO  
SERVE APPROXIMATELY 150 PATIENTS, PRIMARILY RESIDENTS OF LAWRENCE  
COUNTY, OHIO, DURING THE GRANT PERIOD.

NAME OF RECIPIENT - BIG BROTHERS BIG SISTERS OF THE TRI-STATE

TO PROVIDE SUPPORT WITH A PROJECT WHICH WILL ADD ONE MATCH SUPPORT  
SPECIALIST POSITION TO THE BIG BROTHER BIG SISTERS OF THE TRI-STATE  
(BBBSTS) STAFF TEAM TO ENABLE THE ORGANIZATION TO MATCH APPROXIMATELY  
80 TO 100 NEW CHILDREN WITH ADULT MENTORS DURING THE PROJECT PERIOD.  
THE CHILDREN ADDED TO THE PROGRAM WILL BE REMOVED FROM THE  
ORGANIZATION'S WAITING LIST AND ALSO BE IDENTIFIED THROUGH OUTREACH TO  
SCHOOLS IN THE TRI-STATE REGION. MENTORS WILL BE RECRUITED USING BOTH  
VIRTUAL AND IN PERSON RECRUITMENT TACTICS.

NAME OF RECIPIENT - RECOVERY POINT WEST VIRGINIA

TO PROVIDE SUPPORT WITH THE PROGRAM WHICH WILL ADDRESS EMPLOYMENT AND  
TRANSPORTATION BARRIERS BY ESTABLISHING A SOCIAL ENTERPRISE INITIATIVE,

**Part XV** | **Supplementary Information**

**3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

WHICH WILL PROVIDE EMPLOYMENT FOR INDIVIDUALS IN THE LATER STAGES OF RECOVERY TO WORK AS DRIVERS, PROVIDING TREATMENT-RELATED TRANSPORTATION TO OTHER INDIVIDUALS IN THE COMMUNITY WHO LACK ACCESS TO RELIABLE TRANSPORTATION. RPWV WILL INITIATE THIS PROJECT IN HUNTINGTON, AND APPROXIMATELY SIX MONTHS LATER, IN CHARLESTON. THE PROJECT WILL HAVE TWO DISTINCT REVENUE STREAMS THAT WILL RUN CONCURRENTLY. ONE REVENUE STREAM IS THE CERTIFICATION OF RPWV AS A VENDOR THROUGH THE WEST VIRGINIA MEDICAID NON-EMERGENCY TRANSPORTATION PROGRAM (NEMT). THE SECOND REVENUE STREAM IS A "FEE FOR SERVICE" PARTNERSHIP IN CABELL COUNTY WITH CREATING OPPORTUNITIES FOR RECOVERY EMPLOYMENT (CORE), PROVIDER RESPONSE ORGANIZATION FOR ADDICTION CARE AND TREATMENT (PROACT), AND THE APPALACHIAN TRANSPORTATION INSTITUTE (ATI).

NAME OF RECIPIENT - WILLIAMSON HEALTH & WELNESS CENTER INC

TO PROVIDE SUPPORT THE MULTI-FACETED PROJECT WILL SUPPORT INDIVIDUALS IN OPIOID USE DISORDER RECOVERY AT THE RECENTLY OPENED WHWC MEDICATION-ASSISTED TREATMENT (MAT) PROGRAM. THE FIRST COMPONENT OF THIS PROJECT WILL OFFER A WEEKLY MEAL KITS PROGRAM FOR SIX MONTHS OF EACH PROJECT YEAR TO APPROXIMATELY 40 INDIVIDUALS/FAMILIES IN YEAR ONE AND 60 INDIVIDUALS/FAMILIES IN YEAR TWO. THE SECOND COMPONENT OF THIS PROJECT WILL FOCUS ON STIGMA REDUCTION BY HOSTING SIX COMMUNITY STAKEHOLDER FORUMS WITH FACILITATION SUPPORT FROM THE MARSHALL UNIVERSITY CENTER OF EXCELLENCE FOR RECOVERY. FOR THE THIRD PROJECT ELEMENT, WHWC WILL WORK WITH A CONSULTANT TO DEVELOP A COMPREHENSIVE PEER SUPPORT MODEL TO SUPPORT PATIENTS IN THE MAT PROGRAM.

GRANT AWARDED: \$231,000

FUNDING PRIORITY: FOOD INSECURITY, SUBSTANCE USE DISORDER



**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

WILLIAMS HEALTH & WELLNESS CENTER WEBSITE

NAME OF RECIPIENT - SOSTENTO INC

TO PROVIDE SUPPORT EXPANDING CURRENT PUBLIC HEALTH OUTREACH EFFORTS IN  
LINCOLN AND LOGAN COUNTIES IN WEST VIRGINIA BY FUNDING PEER RECOVERY  
WORKERS WHO CONDUCT COMMUNITY OUTREACH TO PEOPLE IN ACTIVE ADDICTION.

NAME OF RECIPIENT - REA OF HOPE, INC

TO PROVIDE SUPPORT WITH FOOD, CLEANING, CLOTHING, AND HYGIENE SUPPLIES  
TO MEET INCREASED PANTRY NEED AS WELL AS SUPPORT TO LAUNCH A NEW INFANT  
PANTRY.

NAME OF RECIPIENT - MOUNTAIN COMPREHENSIVE CARE CENTER INC

TO PROVIDE SUPPORT AND TRAINING FOR AUTISM ASSESSMENT, THERAPEUTIC  
REHABILITATION, AND PLAY THERAPY SUPPLIES AT LOCATIONS IN BOYD, CARTER,  
AND GREENUP COUNTIES IN KENTUCKY.

NAME OF RECIPIENT - ST. VINCENT MISSION INC

TO PROVIDE SUPPORT FOR GARDENING EQUIPMENT AND SUPPLIES TO STRENGTHEN A  
SUSTAINABLE AGRICULTURE PROGRAM FOR INDIVIDUAL AND COMMUNITY GARDENS.

NAME OF RECIPIENT - RLB MINISTRIES/BACKPACK BUDDIES

TO PROVIDE SUPPORT WITH FOOD, CLEANING, CLOTHING, AND HYGIENE SUPPLIES  
TO MEET INCREASED PANTRY NEED AS WELL AS SUPPORT TO LAUNCH A NEW INFANT  
PANTRY.

NAME OF RECIPIENT - RIVER VALLEY CHILD DEVELOPMENT SERVICES

TO PROVIDE SUPPORT FOR THE "BABY BITES PANTRY AND CARE CLOSET" THROUGH

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

FOOD ITEMS, CARE CLOSET ITEMS, AND PROMOTIONAL MATERIALS

NAME OF RECIPIENT - FAITH IN ACTION OF THE RIVER CITIES, INC

TO PROVIDE TRANSPORTATION SUPPORT AND PERSONAL SAFETY ITEMS FOR THE VOLUNTEER DRIVER PROGRAM WHICH TRANSPORTS SENIORS TO GROCERY STORES, PHARMACIES, AND DOCTORS' APPOINTMENTS BY PROVIDING TRANSPORTATION REIMBURSEMENTS, FACE COVERS, AND SANITIZER TO THE VOLUNTEERS. THIS PROJECT ALSO PROVIDES CLEANING SUPPLIES TO "CARE RECEIVERS."

NAME OF RECIPIENT - CITY OF HUNTINGTON FOUNDATION

TO PROVIDE SUPPORT WITH CONTRACT SPEECH THERAPY SERVICES FOR CHILDREN WITH SPECIAL NEEDS THAT ARE UNINSURED, UNDER-INSURED, AND/OR ECONOMICALLY DISADVANTAGED.

NAME OF RECIPIENT - SCIOTO CHRISTIAN MINISTRY

TO PROVIDE SUPPORT WITH SUPPLIES FOR A JOB READINESS PROGRAM FOR INDIVIDUALS EXPERIENCING HOMELESSNESS AND FOR COVID-19 RELATED SAFETY SUPPLIES FOR ITS HOMELESS SHELTER AND FOOD PANTRY.

NAME OF RECIPIENT - ARTS IN ACTION INC

TO PROVIDE SUPPORT FOR THE PERFORMANCE AND CLASSROOM EXPENSES OF THE SUPERSTARS PROGRAM, WHICH PROVIDES WEEKLY DANCE AND MUSIC CLASSES FOR APPROXIMATELY 150 STUDENTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES.

NAME OF RECIPIENT - GIRL SCOUTS OF BLACK DIAMOND

TO PROVIDE SUPPORT WITH TRAUMA AND ACES TRAININGS FOR GIRL SCOUT TROOP VOLUNTEERS, PARENTS, AND STAFF TO BETTER EQUIP THEM TO ASSIST GIRL

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

SCOUTS RESIDING IN FOSTER AND KINSHIP CARE.

NAME OF RECIPIENT - EBENEZER MEDICAL OUTREACH INC

TO PROVIDE SUPPORT FOR THE CLINIC'S PHARMACY PROGRAM, WHICH PROVIDES  
ACCESS TO PHARMACY SERVICES TO UNINSURED OR UNDER-INSURED PATIENTS

NAME OF RECIPIENT - DEVELOPMENTAL THERAPY CENTER, INC

TO PROVIDE SUPPORT WITH ACQUISITION OF EQUIPMENT NEEDED TO PROVIDE  
OCCUPATIONAL, PHYSICAL, AND SPEECH-LANGUAGE TELE-THERAPY SERVICES FOR  
CHILDREN AND ADULTS WITH DISABILITIES.

NAME OF RECIPIENT - THE EDUCATION ALLIANCE

TO PROVIDE SUPPORT WITH DEVELOPMENT OF A "STUDENT MENTAL HEALTH  
TOOLKIT" FOR USE BY MENTORS WORKING WITH STUDENTS IN CABELL, KANAWHA,  
LINCOLN, LOGAN, AND WAYNE COUNTIES.

NAME OF RECIPIENT - HUNTINGTON MUSEUM OF ART INC

TO PROVIDE SUPPORT WITH "ARTS IN MEDICINE" PROJECT THAT PROVIDES ART-  
MAKING INTERVENTIONS TO PATIENTS UNDERGOING CHEMOTHERAPY TREAT AT  
EDWARDS COMPREHENSIVE CANCER CENTER, ST. MARY'S MEDICAL CENTER, AND  
HOOPS FAMILY CHILDREN'S HOSPITAL.

NAME OF RECIPIENT - ILCAO FAMILY MEDICAL CENTERS

TO PROVIDE SUPPORT FOR THE "YOUTH MENTAL HEALTH INITIATIVE" BY  
PROVIDING FUNDING FOR AN ADHD ASSESSMENT, TREATMENT PLANS, AND ENHANCED  
PLAY THERAPY AT FOUR OF FMC'S LOCATIONS AS WELL AS A NEW SCHOOL-BASED  
HEALTH CENTER.

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - GOLDEN GIRL GROUP HOME

TO PROVIDE SUPPORT FOR PREPARATION AND OUTFITTING OF AN EXERCISE SPACE FOR GOLDEN GIRL RESIDENTS TO UTILIZE FOR HEALTH AND WELLNESS ACTIVITIES.

NAME OF RECIPIENT - WILLIAMSON HEALTH & WELNESS CENTER INC

TO PROVIDE SUPPORT WITH MARKETING, DESIGN, PRINTING, AND PATIENT INCENTIVE SUPPORT FOR THE "HIKING FOR HEALTH" PROJECT IN MINGO COUNTY, WEST VIRGINIA, WHICH WILL PROMOTE PHYSICAL ACTIVITY ALONG UNDERUTILIZED TRAILS THROUGH INCREASED WAYFINDING SIGNAGE, COLLABORATIVE SOCIAL SUPPORT, A GUIDED HIKE SERIES, AND IMPROVED COMMUNICATIONS.

NAME OF RECIPIENT - STEVEN A. HUNTER HOPE FUND

TO PROVIDE SUPPORT WITH FOOD ASSISTANCE FOR BACKPACK PROGRAM THAT ASSISTS FOOD INSECURE SCHOOL YOUTH IN SCIOTO COUNTY, OHIO SCHOOL SYSTEM.

NAME OF RECIPIENT - RELIGIOUS COALITION FOR COMMUNITY RENEWAL

TO PROVIDE SUPPORT WITH LOCKERS AND CLEANING EQUIPMENT FOR A NEW "TRANSITIONAL STORAGE FACILITY," WHICH WILL OFFER SAFE STORAGE OF PERSONAL BELONGINGS FOR INDIVIDUALS EXPERIENCING HOMELESSNESS ON THE EAST END OF CHARLESTON.

NAME OF RECIPIENT - KPCC COUNSELING

TO PROVIDE FACILITATOR ASSISTANCE FOR THE "FAMILIES MOTIVATING RECOVERY" ADDICTION SUPPORT GROUP FOR FAMILIES AND LOVED ONES OF THOSE STRUGGLING WITH ADDICTION.

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - YMCA OF HUNTINGTON

TO PROVIDE FOOD ASSISTANCE FOR THE "FUEL FOR KIDS" AFTER SCHOOL PROGRAM  
AND EQUIPMENT FOR THE "KIDS IN MOTION" NUTRITION, FITNESS, AND HEALTHY  
LIFESTYLE PROGRAM.

NAME OF RECIPIENT - CENTER FOR RURAL HEALTH DEVELOPMENT, INC

TO PROVIDE PROVIDE WILD WONDERFUL HEALTHY WEST VIRGINIA MONTHLY  
COACHING CALLS TO SUPPORT THE LOGAN COMMUNITY HEALTH IMPROVEMENT  
COMMITTEE IN ADVANCING COMMUNITY HEALTH OUTCOMES AND ECONOMIC  
DEVELOPMENT.

NAME OF RECIPIENT - CHILDREN'S THERAPY CLINIC INC

TO PROVIDE FOOD, INFANT ESSENTIALS, AND PERSONAL CARE ITEMS FOR  
FAMILIES UTILIZING THE NANCY TONKIN CHILDREN'S RESOURCE CENTER.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION

TO PROVIDE SUPPORT WITH ESTABLISHMENT OF THE "SOUTHERN WEST VIRGINIA  
BLESSING BOX COMMUNITY PANTRY PROJECT" BY PROVIDING TWO COMMUNITY  
'BLESSING BOXES' IN EACH OF THE FOUNDATION'S NINE WEST VIRGINIA  
COUNTIES THAT WILL PROVIDE NONPERISHABLE FOODS, PERSONAL HYGIENE ITEMS,  
AND BABY SUPPLIES.

NAME OF RECIPIENT - WINGS OF HOPE

TO PROVIDE SUPPORT FOR COMMUNITY CENTER PROGRAMMING EXPENSES FOR  
EXERCISE, GARDENING, AND COOKING CLASSES FOR AT-RISK YOUTH AND OLDER  
ADULTS.

NAME OF RECIPIENT - BRANCHES DOMESTIC VIOLENCE SHELTER

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TO PROVIDE SUPPORT WITH "WELCOME HOME" PROJECT PROVIDING EMERGENCY SUPPLIES AND ESSENTIAL HOUSEHOLD ITEMS FOR VICTIMS OF DOMESTIC VIOLENCE WHO HAVE FOUND SAFE, PERMANENT HOUSING.

NAME OF RECIPIENT - RECOVERY GROUP OF SOUTHERN WEST VIRGINIA INC  
TO PROVIDE SUPPORT WITH INTEGRATION OF A HOLISTIC MENTAL HEALTH AND LIFE SKILLS PROGRAM CURRICULUM INTO THE EXISTING PROGRAMMING OF TWO RESIDENTIAL RECOVERY HOMES.

NAME OF RECIPIENT - KANAWHA VALLEY HOME, INC  
TO PROVIDE SUPPORT WITH COUNSELING SERVICES AND DRUG SCREENING SUPPLIES FOR CLIENTS OF THIS RESIDENTIAL TREATMENT HOME.

NAME OF RECIPIENT - WEST VIRGINIA FOOD & FARM COALITION  
TO PROVIDE SUPPORT TO EXPANDS THE "SNAP STRETCH" AND "FARM TO SENIOR" PROGRAMS ACROSS THE FOUNDATION'S WEST VIRGINIA COUNTIES TO MAKE THE PURCHASE OF FRUITS AND VEGETABLES MORE AFFORDABLE AND MORE ACCESSIBLE FOR LOW INCOME INDIVIDUALS, ESPECIALLY CHILDREN AND SENIORS.

NAME OF RECIPIENT - UNITED WAY OF CENTRAL WV  
TO PROVIDE SUPPORT WITH FOOD, CLEANING SUPPLIES, AND PERSONAL HYGIENE ASSISTANCE FOR CLIENTS OF FOOD PANTRIES AND WV 211.

NAME OF RECIPIENT - LEWIS COUNTY FAMILY RESOURCE NETWORK  
TO PROVIDE SUPPORT WITH FACILITATOR ASSISTANCE FOR THE "FAMILIES MOTIVATING RECOVERY" ADDICTION SUPPORT GROUP FOR FAMILIES AND LOVED ONES OF THOSE STRUGGLING WITH ADDICTION.

**Part XV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - SAFE HARBOR OF NORTHWEST KENTUCKY

TO PROVIDE SUPPORT WITH ACCESS TO ART THERAPY FOR WOMEN AND CHILDREN WHO HAVE BECOME VICTIMS OF DOMESTIC VIOLENCE.

NAME OF RECIPIENT - ALZHEIMER'S ASSOCIATION WV CHAPTER

TO PROVIDE SUPPORT WITH THE INCREASE THE AAWV PRESENCE IN BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, PUTNAM, AND WAYNE COUNTIES BY IMPROVING ACCESS TO CARE AND CHRONIC DISEASE MANAGEMENT, CONDUCTING PHYSICIAN OUTREACH, CONVENING STAKEHOLDER MEETINGS, AND CONDUCTING ON-GOING IDENTIFICATION AND TRAINING OF VOLUNTEERS TO LEAD AND PRESENT EDUCATIONAL PROGRAMS.

NAME OF RECIPIENT - WEST VIRGINIA HEALTH RIGHT INC

TO PROVIDE SUPPORT FOOD SUPPLIES NEEDED FOR COOKING CLASSES FOR PATIENTS PARTICIPATING IN S.C.A.L.E. (SUSTAINABLE CHANGE AND LIFESTYLE ENHANCEMENT) WEIGHT LOSS PROJECT.

NAME OF RECIPIENT - CHILDREN'S HOME SOCIETY OF WEST VIRGINIA

TO FOOD, INFANT ESSENTIALS, AND PERSONAL CARE ITEMS FOR FAMILIES UTILIZING THE NANCY TONKIN CHILDREN'S RESOURCE CENTER.

NAME OF RECIPIENT - THE DAVID SCHOOL

TO PROVIDE SUPPORT WITH FOOD ASSISTANCE FOR FOOD INSECURE STUDENTS ATTENDING A NON-TRADITIONAL SCHOOL SERVING AT-RISK YOUTH.

NAME OF RECIPIENT - RONALD MCDONALD HOUSE CHARITIES OF HUNTINGTON, INC

TO PROVIDE SUPPORT WITH FOOD ASSISTANCE FOR FAMILIES STAYING AT THE HOUSE WHILE THEIR INFANT RECEIVES TREATMENT FOR NEONATAL ABSTINENCE

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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

SYNDROME AT CABELL HUNTINGTON HOSPITAL OR LILLY'S PLACE.

NAME OF RECIPIENT - CATHOLIC CHARITIES WEST VIRGINIA

TO PROVIDE SUPPORT WITH TRAVEL, TRAINING, AND PROGRAM MARKETING SUPPORT  
FOR THE VOLUNTEER HOMEMAKER PROGRAM, WHICH ASSISTS THE ELDERLY AND  
DISABLED WITH PERSONAL CARE, TRANSPORTATION TO MEDICAL APPOINTMENTS,  
LIGHT HOUSEWORK, AND COOKING.



## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE                  | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| INTEREST INCOME         | 573,824.                    | 573,824.                        |                               |
| TOTAL TO PART I, LINE 3 | 573,824.                    | 573,824.                        |                               |

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE            | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| INVESTMENTS       | 1,096,035.      | 0.                            | 1,096,035.                  | 1,096,035.                        |                               |
| TO PART I, LINE 4 | 1,096,035.      | 0.                            | 1,096,035.                  | 1,096,035.                        |                               |

## FORM 990-PF OTHER INCOME STATEMENT 3

| DESCRIPTION                           | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| CAPITAL GAINS                         | 72,449.                     | 72,449.                           |                               |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 72,449.                     | 72,449.                           |                               |

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING                   | 7,265.                       | 0.                                |                               | 7,265.                        |
| TO FORM 990-PF, PG 1, LN 16B | 7,265.                       | 0.                                |                               | 7,265.                        |

| FORM 990-PF                  | OTHER PROFESSIONAL FEES      |                                   |                               | STATEMENT 5                   |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| BROKERAGE FEES               | 250,692.                     | 250,692.                          |                               | 0.                            |
| OUTSIDE CONTRACT SERVICES    | 8,265.                       | 0.                                |                               | 8,265.                        |
| TO FORM 990-PF, PG 1, LN 16C | 258,957.                     | 250,692.                          |                               | 8,265.                        |

| FORM 990-PF                 | TAXES                        |                                   |                               | STATEMENT 6                   |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| LICENSES                    | 25.                          | 0.                                |                               | 25.                           |
| WV UNEMPLOYMENT TAXES       | 2,237.                       | 0.                                |                               | 2,237.                        |
|                             | 14,916.                      | 0.                                |                               | 14,916.                       |
| TO FORM 990-PF, PG 1, LN 18 | 17,178.                      | 0.                                |                               | 17,178.                       |

| FORM 990-PF                 | OTHER EXPENSES               |                                   |                               | STATEMENT 7                   |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| BOOKS & SUBSCRIPTIONS       | 170.                         | 0.                                |                               | 170.                          |
| INSURANCE                   | 3,364.                       | 0.                                |                               | 3,364.                        |
| OFFICE EXPENSE              | 4,410.                       | 0.                                |                               | 4,410.                        |
| WEBSITE & SOFTWARE          | 4,106.                       | 0.                                |                               | 4,106.                        |
| SUPPLIES                    | 4,278.                       | 0.                                |                               | 4,278.                        |
| MISCELLANEOUS               | 4,482.                       | 0.                                |                               | 4,482.                        |
| IT SERVICES                 | 3,442.                       | 0.                                |                               | 3,442.                        |
| OFFICE EQUIPMENT            | 4,282.                       | 0.                                |                               | 4,282.                        |
| ADVERTISING                 | 4,250.                       | 0.                                |                               | 4,250.                        |
| OTHER FEES                  | 2.                           | 0.                                |                               | 2.                            |
| TO FORM 990-PF, PG 1, LN 23 | 32,786.                      | 0.                                |                               | 32,786.                       |

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| FORM 990-PF | U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS | STATEMENT | 8 |
|-------------|--|-----------|---|

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| DESCRIPTION                                      | U.S.<br>GOV'T | OTHER<br>GOV'T | BOOK VALUE | FAIR MARKET<br>VALUE |
|--|---------------|----------------|------------|----------------------|
| MORGAN STANLEY INVESTMENTS                       | X             |                | 7,933,474. | 8,606,503.           |
| TOTAL U.S. GOVERNMENT OBLIGATIONS                |               |                | 7,933,474. | 8,606,503.           |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS |               |                |            |                      |
| TOTAL TO FORM 990-PF, PART II, LINE 10A          |               |                | 7,933,474. | 8,606,503.           |

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|-------------|-----------------|-----------|---|
| FORM 990-PF | CORPORATE STOCK | STATEMENT | 9 |
|-------------|-----------------|-----------|---|

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| DESCRIPTION                             | BOOK VALUE  | FAIR MARKET<br>VALUE |
|---|-------------|----------------------|
| MORGAN STANLEY INVESTMENTS              | 36,365,340. | 40,880,164.          |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 36,365,340. | 40,880,164.          |

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|-------------|-----------------|-----------|----|
| FORM 990-PF | CORPORATE BONDS | STATEMENT | 10 |
|-------------|-----------------|-----------|----|

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| DESCRIPTION                             | BOOK VALUE | FAIR MARKET<br>VALUE |
|---|------------|----------------------|
| MORGAN STANLEY INVESTMENTS              | 2,882,799. | 3,111,433.           |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 2,882,799. | 3,111,433.           |

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|-------------|-------------------|-----------|----|
| FORM 990-PF | OTHER INVESTMENTS | STATEMENT | 11 |
|-------------|-------------------|-----------|----|

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| DESCRIPTION                            | VALUATION<br>METHOD | BOOK VALUE  | FAIR MARKET<br>VALUE |
|--|---------------------|-------------|----------------------|
| MORGAN STANLEY INVESTMENTS             | COST                | 19,158,388. | 20,154,108.          |
| TOTAL TO FORM 990-PF, PART II, LINE 13 |                     | 19,158,388. | 20,154,108.          |

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**FORM 990-PF      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT    12**


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| DESCRIPTION                        | COST OR<br>OTHER BASIS | ACCUMULATED<br>DEPRECIATION | BOOK VALUE    |
|------------------------------------|------------------------|-----------------------------|---------------|
| SOFTWARE                           | 8,400.                 | 8,400.                      | 0.            |
| SOFTWARE                           | 9,500.                 | 1,979.                      | 7,521.        |
| TOTAL TO FM 990-PF, PART II, LN 14 | <u>17,900.</u>         | <u>10,379.</u>              | <u>7,521.</u> |

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**FORM 990-PF      OTHER ASSETS      STATEMENT    13**


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| DESCRIPTION                           | BEGINNING OF<br>YR BOOK VALUE | END OF YEAR<br>BOOK VALUE | FAIR MARKET<br>VALUE |
|---------------------------------------|-------------------------------|---------------------------|----------------------|
| OPERATING LEASE RIGHT OF USE<br>ASSET | 41,782.                       | 24,570.                   | 24,570.              |
| TO FORM 990-PF, PART II, LINE 15      | <u>41,782.</u>                | <u>24,570.</u>            | <u>24,570.</u>       |

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**FORM 990-PF      OTHER LIABILITIES      STATEMENT    14**


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| DESCRIPTION                            | BOY AMOUNT     | EOY AMOUNT     |
|--|----------------|----------------|
| OPERATING LEASE LIABILITY              | 41,782.        | 24,569.        |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | <u>41,782.</u> | <u>24,569.</u> |

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 15  
    TRUSTEES AND FOUNDATION MANAGERS

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| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|--|--------------------------|-------------------|------------------------------|--------------------|
| SISTER MARY GRACE BARILE, S.A.C.<br>949 THIRD AVENUE, SUITE 100B<br>HUNTINGTON, WV 25701 | CHAIR<br>1.00            | 0.                | 0.                           | 0.                 |
| SISTER MARY TERENCE WALL, S.A.C.<br>949 THIRD AVENUE, SUITE 100B<br>HUNTINGTON, WV 25701 | VICE CHAIR<br>1.00       | 0.                | 0.                           | 0.                 |
| SISTER JOANNE OBROCHTA, S.A.C.<br>949 THIRD AVENUE, SUITE 100B<br>HUNTINGTON, WV 25701   | BOARD MEMBER<br>1.00     | 0.                | 0.                           | 0.                 |
| REV. MSGR. DEAN BORGMEYER, V.F.<br>949 THIRD AVENUE, SUITE 100B<br>HUNTINGTON, WV 25701  | BOARD MEMBER<br>1.00     | 0.                | 0.                           | 0.                 |
| ELLEN S. CAPPELLANTI<br>949 THIRD AVENUE, SUITE 100B<br>HUNTINGTON, WV 25701             | SECRETARY<br>1.00        | 0.                | 0.                           | 0.                 |
| THOMAS L. CRAIG<br>949 THIRD AVENUE, SUITE 100B<br>HUNTINGTON, WV 25701                  | BOARD MEMBER<br>1.00     | 0.                | 0.                           | 0.                 |
| S. DAVID CREECH<br>949 THIRD AVENUE, SUITE 100B<br>HUNTINGTON, WV 25701                  | TREASURER<br>1.00        | 0.                | 0.                           | 0.                 |
| JANELL RAY<br>949 THIRD AVENUE, SUITE 100B<br>HUNTINGTON, WV 25701                       | CEO<br>40.00             | 116,083.          | 27,368.                      | 0.                 |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII   |                          | <u>116,083.</u>   | <u>27,368.</u>               | <u>0.</u>          |

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 16

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ACTIVITY ONE

FOOD INSECURITY - THE FOUNDATION SUPPORTS PROGRAMS AND SERVICES THAT ADDRESS FOOD INSECURITY CHALLENGES IN THE COMMUNITIES SERVED THROUGH MEDICALLY-TAILORED FOOD BOXES, AFTER-SCHOOL AND SUMMER FEEDING PROGRAMS, WEEKEND BACKPACK PROGRAMS, STRENGTHENING FOOD BANK AND FOOD PANTRY NETWORKS, AND CLINICAL SCREENING FOR FOOD INSECURITY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

664,924.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 17

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ACTIVITY TWO

MENTAL HEALTH - THE FOUNDATION SUPPORTS PROGRAMS AND SERVICES THAT ADDRESS MENTAL HEALTH CHALLENGES IN THE COMMUNITIES SERVED THROUGH RESIDENTIAL TREATMENT CENTER PROGRAMS, OUTPATIENT COUNSELING PROGRAMS, SCHOOL-BASED SERVICES AND THERAPY, MENTAL AND BEHAVIORAL HEALTH FOR FOSTER CHILDREN, AND MENTAL AND NEUROLOGICAL DISORDERS FOR OLDER ADULTS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

864,704.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 18

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ACTIVITY THREE

SUBSTANCE USE DISORDER - THE FOUNDATION SUPPORTS PROGRAMS AND SERVICES THAT ADDRESS SUBSTANCE USE DISORDER CHALLENGES IN THE COMMUNITIES SERVED THROUGH PEER-SUPPORT PROGRAMS, RESIDENTIAL TREATMENT PROGRAMS, OUTPATIENT TREATMENT PROGRAMS, SUBSTANCE USE DISORDER PREVENTION PROGRAMS, AND HARM REDUCTION PROGRAMS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

1,060,657.

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FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 19

ACTIVITY FOUR

CAPACITY BUILDING - THE FOUNDATION SUPPORT PROGRAM THAT ARE DESIGNED TO STRENGTHEN THE ORGANIZATIONAL INFRASTRUCTURE, MANAGEMENT, AND GOVERNANCE OF ELIGIBLE NONPROFITS. THESE GRANTS ARE NOT ABOUT EXPANDING AN ORGANIZATION'S SERVICES, ADDING A NEW PROGRAM, OR RENOVATING A BUILDING. THE IDEA OF CAPACITY BUILDING IS THAT IMPROVED INTERNAL SYSTEMS WILL SUPPORT IMPROVED AND CONTINUED HIGH-QUALITY SERVICES TO CLIENTS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

372,320.





NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY  
 949 3RD AVENUE  
 HUNTINGTON, WV 25701

TELEPHONE NUMBER                      NAME OF GRANT PROGRAM

(713)560-7451                      HEALTHY COMMUNITIES

EMAIL ADDRESS

JERAY@PALLOTTINEHUNTINGTON.ORG

FORM AND CONTENT OF APPLICATIONS

THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH) OPENS ITS FIRST YEAR OF GRANT FUNDING IN THE SPRING OF 2020 WITH TWO CYCLES CAPACITY BUILDING GRANT CYCLE (CB GRANT) AND INVITATION-ONLY GRANT CYCLE(I-O GRANT). THE GRANT APPLICATION MUST BE SUBMITTED ONLINE TO PFH AND FOLLOW THE PRESCRIBED GUIDELINES TO RECEIVE CONSIDERATION. THOSE GUIDELINES ARE - ORGANIZATION'S FULL NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - CONTACT NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE AND MISSION - ORGANIZATION'S TAX-EXEMPT STATUS VERIFICATION - DESCRIPTION OF THE PROBLEM OR NEEDS THE PROJECT WILL ADDRESS - DESIRED PROJECT GOALS AND HOW PROJECT OUTCOMES WILL BE MEASURED. EACH APPROVED GRANTEE MUST SUBMIT AN INTERIM GRANT REPORT AND FINAL GRANT REPORT WHICH INCLUDES GOAL ATTAINMENT, OUTCOMES, AND FINANCIAL REPORT.

ANY SUBMISSION DEADLINES

REQUEST FOR PROPOSALS ISSUED - MARCH 30, 2020; PROPOSAL SUBMISSION DEADLINE - MAY 15, 2020;

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH). THE APPLYING ORGANIZATION MUST SUPPORT CLIENTS IN THE REGION SERVED BY PALLOTTINE FOUNDATION OF HUNTINGTON. THAT REGION IS COMPRISED OF NINE WEST VIRGINIA COUNTIES - BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, WAYNE, AND WESTERN PUTNAM; EIGHT KENTUCKY COUNTIES - BOYD, CARTER, FLOYD, GREENUP, JOHNSON, LAWRENCE, MARTIN, AND PIKE; AND THREE OHIO COUNTIES - GALLIA, LAWRENCE, AND SCIOTO. GRANT REQUESTS FOR/OR FROM THE FOLLOWING WILL NOT BE CONSIDERED - INDIVIDUALS - ENDOWMENTS - SCHOLARSHIPS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY  
949 3RD AVENUE  
HUNTINGTON, WV 25701

TELEPHONE NUMBER                      NAME OF GRANT PROGRAM

(713)560-7451                      CORE PRIORITIES

EMAIL ADDRESS

JERAY@PALLOTTINEHUNTINGTON.ORG

FORM AND CONTENT OF APPLICATIONS

THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH) OPENS ITS FIRST YEAR OF GRANT FUNDING IN THE SPRING OF 2020 WITH TWO CYCLES CAPACITY BUILDING GRANT CYCLE (CB GRANT) AND INVITATION-ONLY GRANT CYCLE(I-O GRANT). THE GRANT APPLICATION MUST BE SUBMITTED ONLINE TO PFH AND FOLLOW THE PRESCRIBED GUIDELINES TO RECEIVE CONSIDERATION. THOSE GUIDELINES ARE - ORGANIZATION'S FULL NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - CONTACT NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE AND MISSION - ORGANIZATION'S TAX-EXEMPT STATUS VERIFICATION - DESCRIPTION OF THE PROBLEM OR NEEDS THE PROJECT WILL ADDRESS - DESIRED PROJECT GOALS AND HOW PROJECT OUTCOMES WILL BE MEASURED. EACH APPROVED GRANTEE MUST SUBMIT AN INTERIM GRANT REPORT AND FINAL GRANT REPORT WHICH INCLUDES GOAL ATTAINMENT, OUTCOMES, AND FINANCIAL REPORT.

ANY SUBMISSION DEADLINES

REQUEST FOR PROPOSALS - MAY 11, 2020; LETTER OF INQUIRY (LOI) SUBMISSION DEADLINE - JUNE 15, 2020;

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH). THE APPLYING ORGANIZATION MUST SUPPORT CLIENTS IN THE REGION SERVED BY PALLOTTINE FOUNDATION OF HUNTINGTON. THAT REGION IS COMPRISED OF NINE WEST VIRGINIA COUNTIES - BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, WAYNE, AND WESTERN PUTNAM; EIGHT KENTUCKY COUNTIES - BOYD, CARTER, FLOYD, GREENUP, JOHNSON, LAWRENCE, MARTIN, AND PIKE; AND THREE OHIO COUNTIES - GALLIA, LAWRENCE, AND SCIOTO. GRANT REQUESTS FOR/OR FROM THE FOLLOWING WILL NOT BE CONSIDERED - INDIVIDUALS - ENDOWMENTS - SCHOLARSHIPS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY  
949 3RD AVENUE  
HUNTINGTON, WV 25701

| <u>TELEPHONE NUMBER</u> | <u>NAME OF GRANT PROGRAM</u> |
|-------------------------|------------------------------|
| (713)560-7451           | CORE PRIORITIES (CONTINUED)  |

EMAIL ADDRESS

JERAY@PALLOTTINEHUNTINGTON.ORG

FORM AND CONTENT OF APPLICATIONS

THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH) OPENS ITS FIRST YEAR OF GRANT FUNDING IN THE SPRING OF 2020 WITH TWO CYCLES CAPACITY BUILDING GRANT CYCLE (CB GRANT) AND INVITATION-ONLY GRANT CYCLE(I-O GRANT). THE GRANT APPLICATION MUST BE SUBMITTED ONLINE TO PFH AND FOLLOW THE PRESCRIBED GUIDELINES TO RECEIVE CONSIDERATION. THOSE GUIDELINES ARE - ORGANIZATION'S FULL NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - CONTACT NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE AND MISSION - ORGANIZATION'S TAX-EXEMPT STATUS VERIFICATION - DESCRIPTION OF THE PROBLEM OR NEEDS THE PROJECT WILL ADDRESS - DESIRED PROJECT GOALS AND HOW PROJECT OUTCOMES WILL BE MEASURED. EACH APPROVED GRANTEE MUST SUBMIT AN INTERIM GRANT REPORT AND FINAL GRANT REPORT WHICH INCLUDES GOAL ATTAINMENT, OUTCOMES, AND FINANCIAL REPORT.

ANY SUBMISSION DEADLINES

LOI ACCEPTANCE & INVITATION TO APPLY - JULY 1, 2020; APPLICATION SUBMISSION DEADLINE - JULY 31,2020

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH). THE APPLYING ORGANIZATION MUST SUPPORT CLIENTS IN THE REGION SERVED BY PALLOTTINE FOUNDATION OF HUNTINGTON. THAT REGION IS COMPRISED OF NINE WEST VIRGINIA COUNTIES - BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, WAYNE, AND WESTERN PUTNAM; EIGHT KENTUCKY COUNTIES - BOYD, CARTER, FLOYD, GREENUP, JOHNSON, LAWRENCE, MARTIN, AND PIKE; AND THREE OHIO COUNTIES - GALLIA, LAWRENCE, AND SCIOTO. GRANT REQUESTS FOR/OR FROM THE FOLLOWING WILL NOT BE CONSIDERED - INDIVIDUALS - ENDOWMENTS - SCHOLARSHIPS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY  
 949 3RD AVENUE  
 HUNTINGTON, WV 25701

| <u>TELEPHONE NUMBER</u> | <u>NAME OF GRANT PROGRAM</u>  |
|-------------------------|-------------------------------|
| (713)560-7451           | CAPACITY BUILDING (CONTINUED) |

EMAIL ADDRESS

JERAY@PALLOTTINEHUNTINGTON.ORG

FORM AND CONTENT OF APPLICATIONS

THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH) OPENS ITS FIRST YEAR OF GRANT FUNDING IN THE SPRING OF 2020 WITH TWO CYCLES CAPACITY BUILDING GRANT CYCLE (CB GRANT) AND INVITATION-ONLY GRANT CYCLE(I-O GRANT). THE GRANT APPLICATION MUST BE SUBMITTED ONLINE TO PFH AND FOLLOW THE PRESCRIBED GUIDELINES TO RECEIVE CONSIDERATION. THOSE GUIDELINES ARE - ORGANIZATION'S FULL NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - CONTACT NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE AND MISSION - ORGANIZATION'S TAX-EXEMPT STATUS VERIFICATION - DESCRIPTION OF THE PROBLEM OR NEEDS THE PROJECT WILL ADDRESS - DESIRED PROJECT GOALS AND HOW PROJECT OUTCOMES WILL BE MEASURED. EACH APPROVED GRANTEE MUST SUBMIT AN INTERIM GRANT REPORT AND FINAL GRANT REPORT WHICH INCLUDES GOAL ATTAINMENT, OUTCOMES, AND FINANCIAL REPORT.

ANY SUBMISSION DEADLINES

FUNDING DECISION ANNOUNCEMENTS - APRIL 1, 2020; GRANT AGREEMENTS EXECUTED AND FUNDING AWARDED -

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH). THE APPLYING ORGANIZATION MUST SUPPORT CLIENTS IN THE REGION SERVED BY PALLOTTINE FOUNDATION OF HUNTINGTON. THAT REGION IS COMPRISED OF NINE WEST VIRGINIA COUNTIES - BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, WAYNE, AND WESTERN PUTNAM; EIGHT KENTUCKY COUNTIES - BOYD, CARTER, FLOYD, GREENUP, JOHNSON, LAWRENCE, MARTIN, AND PIKE; AND THREE OHIO COUNTIES - GALLIA, LAWRENCE, AND SCIOTO. GRANT REQUESTS FOR/OR FROM THE FOLLOWING WILL NOT BE CONSIDERED - INDIVIDUALS - ENDOWMENTS - SCHOLARSHIPS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY  
 949 3RD AVENUE  
 HUNTINGTON, WV 25701

| <u>TELEPHONE NUMBER</u> | <u>NAME OF GRANT PROGRAM</u>  |
|-------------------------|-------------------------------|
| (713)560-7451           | CAPACITY BUILDING (CONTINUED) |

EMAIL ADDRESS

JERAY@PALLOTTINEHUNTINGTON.ORG

FORM AND CONTENT OF APPLICATIONS

THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH) OPENS ITS FIRST YEAR OF GRANT FUNDING IN THE SPRING OF 2020 WITH TWO CYCLES CAPACITY BUILDING GRANT CYCLE (CB GRANT) AND INVITATION-ONLY GRANT CYCLE(I-O GRANT). THE GRANT APPLICATION MUST BE SUBMITTED ONLINE TO PFH AND FOLLOW THE PRESCRIBED GUIDELINES TO RECEIVE CONSIDERATION. THOSE GUIDELINES ARE - ORGANIZATION'S FULL NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - CONTACT NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE AND MISSION - ORGANIZATION'S TAX-EXEMPT STATUS VERIFICATION - DESCRIPTION OF THE PROBLEM OR NEEDS THE PROJECT WILL ADDRESS - DESIRED PROJECT GOALS AND HOW PROJECT OUTCOMES WILL BE MEASURED. EACH APPROVED GRANTEE MUST SUBMIT AN INTERIM GRANT REPORT AND FINAL GRANT REPORT WHICH INCLUDES GOAL ATTAINMENT, OUTCOMES, AND FINANCIAL REPORT.

ANY SUBMISSION DEADLINES

APRIL 1-APRIL 30, 2020; GRANT PERFORMANCE PERIOD - MAY 1, 2020-APRIL 30, 2021

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH). THE APPLYING ORGANIZATION MUST SUPPORT CLIENTS IN THE REGION SERVED BY PALLOTTINE FOUNDATION OF HUNTINGTON. THAT REGION IS COMPRISED OF NINE WEST VIRGINIA COUNTIES - BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, WAYNE, AND WESTERN PUTNAM; EIGHT KENTUCKY COUNTIES - BOYD, CARTER, FLOYD, GREENUP, JOHNSON, LAWRENCE, MARTIN, AND PIKE; AND THREE OHIO COUNTIES - GALLIA, LAWRENCE, AND SCIOTO. GRANT REQUESTS FOR/OR FROM THE FOLLOWING WILL NOT BE CONSIDERED - INDIVIDUALS - ENDOWMENTS - SCHOLARSHIPS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY  
949 3RD AVENUE  
HUNTINGTON, WV 25701

| <u>TELEPHONE NUMBER</u> | <u>NAME OF GRANT PROGRAM</u>    |
|-------------------------|---------------------------------|
| (713)560-7451           | HEALTHY COMMUNITIES (CONTINUED) |

EMAIL ADDRESS

JERAY@PALLOTTINEHUNTINGTON.ORG

FORM AND CONTENT OF APPLICATIONS

THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH) OPENS ITS FIRST YEAR OF GRANT FUNDING IN THE SPRING OF 2020 WITH TWO CYCLES CAPACITY BUILDING GRANT CYCLE (CB GRANT) AND INVITATION-ONLY GRANT CYCLE(I-O GRANT). THE GRANT APPLICATION MUST BE SUBMITTED ONLINE TO PFH AND FOLLOW THE PRESCRIBED GUIDELINES TO RECEIVE CONSIDERATION. THOSE GUIDELINES ARE - ORGANIZATION'S FULL NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - CONTACT NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE AND MISSION - ORGANIZATION'S TAX-EXEMPT STATUS VERIFICATION - DESCRIPTION OF THE PROBLEM OR NEEDS THE PROJECT WILL ADDRESS - DESIRED PROJECT GOALS AND HOW PROJECT OUTCOMES WILL BE MEASURED. EACH APPROVED GRANTEE MUST SUBMIT AN INTERIM GRANT REPORT AND FINAL GRANT REPORT WHICH INCLUDES GOAL ATTAINMENT, OUTCOMES, AND FINANCIAL REPORT.

ANY SUBMISSION DEADLINES

FUNDING DECISION ANNOUNCEMENTS - JUNE 15, 2020; GRANT AGREEMENTS EXECUTED AND FUNDING AWARDED -

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH). THE APPLYING ORGANIZATION MUST SUPPORT CLIENTS IN THE REGION SERVED BY PALLOTTINE FOUNDATION OF HUNTINGTON. THAT REGION IS COMPRISED OF NINE WEST VIRGINIA COUNTIES - BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, WAYNE, AND WESTERN PUTNAM; EIGHT KENTUCKY COUNTIES - BOYD, CARTER, FLOYD, GREENUP, JOHNSON, LAWRENCE, MARTIN, AND PIKE; AND THREE OHIO COUNTIES - GALLIA, LAWRENCE, AND SCIOTO. GRANT REQUESTS FOR/OR FROM THE FOLLOWING WILL NOT BE CONSIDERED - INDIVIDUALS - ENDOWMENTS - SCHOLARSHIPS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY  
 949 3RD AVENUE  
 HUNTINGTON, WV 25701

| <u>TELEPHONE NUMBER</u> | <u>NAME OF GRANT PROGRAM</u>    |
|-------------------------|---------------------------------|
| (713)560-7451           | HEALTHY COMMUNITIES (CONTINUED) |

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FORM AND CONTENT OF APPLICATIONS

THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH) OPENS ITS FIRST YEAR OF GRANT FUNDING IN THE SPRING OF 2020 WITH TWO CYCLES CAPACITY BUILDING GRANT CYCLE (CB GRANT) AND INVITATION-ONLY GRANT CYCLE(I-O GRANT). THE GRANT APPLICATION MUST BE SUBMITTED ONLINE TO PFH AND FOLLOW THE PRESCRIBED GUIDELINES TO RECEIVE CONSIDERATION. THOSE GUIDELINES ARE - ORGANIZATION'S FULL NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - CONTACT NAME, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS - BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE AND MISSION - ORGANIZATION'S TAX-EXEMPT STATUS VERIFICATION - DESCRIPTION OF THE PROBLEM OR NEEDS THE PROJECT WILL ADDRESS - DESIRED PROJECT GOALS AND HOW PROJECT OUTCOMES WILL BE MEASURED. EACH APPROVED GRANTEE MUST SUBMIT AN INTERIM GRANT REPORT AND FINAL GRANT REPORT WHICH INCLUDES GOAL ATTAINMENT, OUTCOMES, AND FINANCIAL REPORT.

ANY SUBMISSION DEADLINES

JUNE 15-JUNE 30, 2020; GRANT PERFORMANCE PERIOD - JULY 1,2020-JUNE 30, 2021

RESTRICTIONS AND LIMITATIONS ON AWARDS

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| <u>TELEPHONE NUMBER</u> | <u>NAME OF GRANT PROGRAM</u> |
|-------------------------|------------------------------|
| (713)560-7451           | CORE PRIORITIES (CONTINUED)  |

EMAIL ADDRESS

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FORM AND CONTENT OF APPLICATIONS

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ANY SUBMISSION DEADLINES

FUNDING DECISION ANNOUNCEMENT - SEPTEMBER 1, 2020; GRANT AGREEMENTS & FUNDING AWARDS -

RESTRICTIONS AND LIMITATIONS ON AWARDS

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FORM AND CONTENT OF APPLICATIONS

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ANY SUBMISSION DEADLINES

SEPTEMBER 1-SEPTEMBER 30, 2020; GRANT PERFORMANCE PERIOD - OCTOBER 1, 2020-SEPTEMBER 30, 2022.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH). THE APPLYING ORGANIZATION MUST SUPPORT CLIENTS IN THE REGION SERVED BY PALLOTTINE FOUNDATION OF HUNTINGTON. THAT REGION IS COMPRISED OF NINE WEST VIRGINIA COUNTIES - BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, WAYNE, AND WESTERN PUTNAM; EIGHT KENTUCKY COUNTIES - BOYD, CARTER, FLOYD, GREENUP, JOHNSON, LAWRENCE, MARTIN, AND PIKE; AND THREE OHIO COUNTIES - GALLIA, LAWRENCE, AND SCIOTO. GRANT REQUESTS FOR/OR FROM THE FOLLOWING WILL NOT BE CONSIDERED - INDIVIDUALS - ENDOWMENTS - SCHOLARSHIPS.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A - 2D (CONTINUATION)

STATEMENT 21

NAME OR DESCRIPTION OF GRANT PROGRAM

CAPACITY BUILDING

RESTRICTIONS AND LIMITATIONS ON AWARDS

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

| Asset No. | Description              | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 1         | SOFTWARE                 | 07/31/18      | SL     | 2.00 |      | 16       | 8,400.                   |            |                     |                      | 8,400.                 | 4,900.                             |                         | 3,500.                 | 8,400.                          |
| 2         | SOFTWARE                 | 04/30/20      | SL     | 2.00 |      | 16       | 9,500.                   |            |                     |                      | 9,500.                 |                                    |                         | 1,979.                 | 1,979.                          |
|           | * TOTAL 990-PF PG 1 DEPR |               |        |      |      |          | 17,900.                  |            |                     |                      | 17,900.                | 4,900.                             |                         | 5,479.                 | 10,379.                         |
|           | CURRENT YEAR ACTIVITY    |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           | BEGINNING BALANCE        |               |        |      |      |          | 8,400.                   |            |                     | 0.                   | 8,400.                 | 4,900.                             |                         |                        | 8,400.                          |
|           | ACQUISITIONS             |               |        |      |      |          | 9,500.                   |            |                     | 0.                   | 9,500.                 | 0.                                 |                         |                        | 1,979.                          |
|           | DISPOSITIONS/RETIRED     |               |        |      |      |          | 0.                       |            |                     | 0.                   | 0.                     | 0.                                 |                         |                        | 0.                              |
|           | ENDING BALANCE           |               |        |      |      |          | 17,900.                  |            |                     | 0.                   | 17,900.                | 4,900.                             |                         |                        | 10,379.                         |
|           | ENDING ACCUM DEPR        |               |        |      |      |          |                          |            |                     |                      |                        | 10,379.                            |                         |                        |                                 |
|           | ENDING BOOK VALUE        |               |        |      |      |          |                          |            |                     |                      |                        | 7,521.                             |                         |                        |                                 |