

**Return of Private Foundation**

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

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OMB No. 1545-0047

**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**

Name of foundation <b>PALLOTTINE FOUNDATION OF HUNTINGTON, WEST VIRGINIA</b>		A Employer identification number <b>** - ** 5504</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>949 THIRD AVENUE, SUITE 100B</b>	Room/suite	B Telephone number <b>(713) 560-7451</b>
City or town, state or province, country, and ZIP or foreign postal code <b>HUNTINGTON, WV 25701</b>		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>90,423,826.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <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)
1 Contributions, gifts, grants, etc., received .....				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments .....		308,415.	308,415.		STATEMENT 1
4 Dividends and interest from securities .....		1,298,377.	1,298,377.		STATEMENT 2
5a Gross rents .....					
b Net rental income or (loss) .....					
6a Net gain or (loss) from sale of assets not on line 10 .....		6,214,741.			
b Gross sales price for all assets on line 6a .....		34,583,615.			
7 Capital gain net income (from Part IV, line 2) .....			6,214,741.		
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 .....		139,846.	139,846.		STATEMENT 3
12 Total. Add lines 1 through 11 .....		7,961,379.	7,961,379.		
13 Compensation of officers, directors, trustees, etc. ....		176,767.	0.		176,767.
14 Other employee salaries and wages .....		245,903.	0.		245,903.
15 Pension plans, employee benefits .....		68,422.	0.		68,422.
16a Legal fees .....					
b Accounting fees .....		7,400.	0.		7,400.
c Other professional fees .....		298,253.	261,653.		36,600.
17 Interest .....					
18 Taxes .....		15,412.	0.		15,412.
19 Depreciation and depletion .....		4,890.	0.		
20 Occupancy .....		17,170.	0.		17,170.
21 Travel, conferences, and meetings .....		12,670.	0.		12,670.
22 Printing and publications .....					
23 Other expenses .....		44,572.	0.		44,572.
24 Total operating and administrative expenses. Add lines 13 through 23 .....		891,459.	261,653.		624,916.
25 Contributions, gifts, grants paid .....		3,957,640.			3,957,640.
26 Total expenses and disbursements. Add lines 24 and 25 .....		4,849,099.	261,653.		4,582,556.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....		3,112,280.			
b Net investment income (if negative, enter -0-) .....			7,699,726.		
c Adjusted net income (if negative, enter -0-) .....				N/A	

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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 .....	52,964.	2,633,216.	2,633,216.
	2 Savings and temporary cash investments .....	8,102,391.	1,642,097.	1,642,097.
	3 Accounts receivable ▶ <span style="float: right;">10,665.</span>			
	Less: allowance for doubtful accounts ▶	19,079.	10,665.	10,665.
	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 .....	10,182.	15,965.	15,965.
	10a Investments - U.S. and state government obligations <b>STMT 8</b>	7,933,474.	7,492,307.	7,656,940.
	b Investments - corporate stock <b>STMT 9</b>	36,365,340.	42,118,487.	52,089,376.
	c Investments - corporate bonds <b>STMT 10</b>	2,882,799.	2,232,967.	2,329,477.
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans .....				
13 Investments - other <b>STMT 11</b>	19,158,388.	21,489,022.	24,034,337.	
14 Land, buildings, and equipment: basis ▶ <span style="float: right;">20,699.</span>				
Less: accumulated depreciation <b>STMT 12</b> ▶ <span style="float: right;">15,269.</span>	7,521.	5,430.	5,430.	
15 Other assets (describe ▶ <b>STATEMENT 13</b> )	24,570.	6,323.	6,323.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	74,556,708.	77,646,479.	90,423,826.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	8,387.	4,124.	
	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> )	24,569.	6,323.	
	23 <b>Total liabilities</b> (add lines 17 through 22) .....	32,956.	10,447.	
<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 .....	74,523,752.	77,636,032.	
	29 <b>Total net assets or fund balances</b> .....	74,523,752.	77,636,032.	
30 <b>Total liabilities and net assets/fund balances</b> .....	74,556,708.	77,646,479.		

**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 (must agree with end-of-year figure reported on prior year's return) .....	1	74,523,752.
2 Enter amount from Part I, line 27a .....	2	3,112,280.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3 .....	4	77,636,032.
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	77,636,032.

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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 P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES	P	10/01/20	09/30/21
b PUBLICLY TRADED SECURITIES	P	10/01/20	09/30/21
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 17,618,812.		13,893,609.	3,725,203.
b 16,964,803.		14,475,265.	2,489,538.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			3,725,203.
b			2,489,538.
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	6,214,741.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. 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**  
SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			
2 Reserved .....				2
3 Reserved .....				3
4 Reserved .....				4
5 Reserved .....				5
6 Reserved .....				6
7 Reserved .....				7
8 Reserved .....				8

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	107,026.
c All other domestic foundations enter 1.39% 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	107,026.
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	107,026.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		13,824.
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	13,824.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	31.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	93,233.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		11	

**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 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: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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? 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: • By language in the governing instrument, or • 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 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 2020 or the tax year beginning in 2020? 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

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**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	11		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	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>PALLOTTINEHUNTINGTON.ORG</u>	13	X	
14 The books are in care of ▶ <u>JANELL RAY</u> Telephone no. ▶ <u>(713) 560-7451</u> Located at ▶ <u>949 THIRD AVENUE, SUITE 100B, HUNTINGTON, WV</u> ZIP+4 ▶ <u>25701</u>			
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	15	N/A	
16 At any time during calendar year 2020, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		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	1b	N/A	
Organizations relying on a current notice regarding disaster assistance, check here ▶ <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 2020?	1c		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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____, _____			
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.)	2b	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. ▶ _____, _____, _____, _____			
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 2020 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 2020.)	3b	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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 2020?	4b		X

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

<b>5a</b> During the year, did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(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	<b>5b</b>		
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?		<b>6b</b>		<b>X</b>
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			
If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>		
<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		139,375.	37,392.	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 SEE STATEMENT 16	646,456.
2 SEE STATEMENT 17	2,192,249.
3 SEE STATEMENT 18	677,689.
4 SEE STATEMENT 19	655,759.

**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 N/A	
2	
3 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	82,789,534.
b	Average of monthly cash balances .....	1b	6,909,847.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	89,699,381.
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	89,699,381.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,345,491.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	88,353,890.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	4,417,695.

**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	4,417,695.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	107,026.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	107,026.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	4,310,669.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	4,310,669.
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	4,310,669.

**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	4,582,556.
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	4,582,556.
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	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	4,582,556.

**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.



**PALLOTTINE FOUNDATION OF HUNTINGTON,  
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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7 .....				4,310,669.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only .....			3,575,152.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015 .....				
b From 2016 .....				
c From 2017 .....				
d From 2018 .....				
e From 2019 .....				
f Total of lines 3a through e .....	0.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ <u>4,582,556.</u>				
a Applied to 2019, but not more than line 2a ...			3,575,152.	
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 2020 distributable amount .....				1,007,404.
e Remaining amount distributed out of corpus .....	0.			
5 Excess distributions carryover applied to 2020 (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 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				3,303,265.
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 2015 not applied on line 5 or line 7 .....	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....	0.			
10 Analysis of line 9:				
a Excess from 2016 ...				
b Excess from 2017 ...				
c Excess from 2018 ...				
d Excess from 2019 ...				
e Excess from 2020 ...				

**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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
<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 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 **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
14TH STREET COMMUNITY CENTER 1222 14TH STREET PORTSMOUTH, OH 45662		PC	TO PROVIDE SUPPORT WITH ENGAGING A STRATEGIC PLANNING CONSULTANT TO CREATE A WRITTEN,	4,073.
CABELL-HUNTINGTON COALITION FOR THE HOMELESS 627 4TH AVENUE HUNTINGTON, WV 25701		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES FOR STAFF MEMBERS WHO WILL COMPLETE THE MENTAL	12,254.
CHILDREN'S THERAPY CLINIC INC 113 LAKEVIEW DRIVE CHARLESTON, WV 25313		PC	TO PROVIDE HELP WITH ENGAGING CONTRACT SPEECH THERAPISTS TO DELIVERY SERVICES TO ITS SPEECH THERAPY	25,000.
DEVELOPMENTAL THERAPY CENTER, INC 803 7TH AVENUE HUNTINGTON, WV 25701		PC	TO PROVIDE SUPPORT WITH THE CONTRACTING OF A WEB DESIGNER TO COMPLETE A REDESIGN OF ITS WEBSITE.	3,900.
FACING HUNGER FOOD BANK 1327 SEVENTH AVENUE HUNTINGTON, WV 25701		PC	TO PROVIDE SUPPORT WITH IMPLEMENTING A MEDICALLY INDICATED FOOD BOX (MIFB) PROGRAM FOR DIABETIC	150,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3a</b> 3,957,640.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>3b</b> 0.

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....			14	308,415.	
4 Dividends and interest from securities .....			14	1,298,377.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....			14	139,846.	
8 Gain or (loss) from sales of assets other than inventory .....	900099	6,214,741.			
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		6,214,741.		1,746,638.	0.
13 Total. Add line 12, columns (b), (d), and (e) .....			13		7,961,379.

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash .....	<b>1a(1)</b>		<b>X</b>
(2) Other assets .....	<b>1a(2)</b>		<b>X</b>
<b>b</b> Other transactions:			
(1) Sales of assets to a noncharitable exempt organization .....	<b>1b(1)</b>		<b>X</b>
(2) Purchases of assets from a noncharitable exempt organization .....	<b>1b(2)</b>		<b>X</b>
(3) Rental of facilities, equipment, or other assets .....	<b>1b(3)</b>		<b>X</b>
(4) Reimbursement arrangements .....	<b>1b(4)</b>		<b>X</b>
(5) Loans or loan guarantees .....	<b>1b(5)</b>		<b>X</b>
(6) Performance of services or membership or fundraising solicitations .....	<b>1b(6)</b>		<b>X</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	<b>1c</b>		<b>X</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **CEO**

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>MIRI D. HUNTER, CP</b>	Preparer's signature <b>MIRI D. HUNTER, C</b>	Date <b>01/26/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01297361</b>
Firm's name <b>SUTTLE &amp; STALNAKER, PLLC</b>			Firm's EIN <b>** - ***8163</b>	
Firm's address <b>1411 VIRGINIA ST., E, STE 100 CHARLESTON, WV 25301</b>			Phone no. <b>(304) 343-4126</b>	

PALLOTTINE FOUNDATION OF HUNTINGTON,  
WEST VIRGINIA

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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAITH IN ACTION OF THE GREATER KANAWHA VALLEY, INC. PO BOX 11623 CHARLESTON, WV 25339		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PILOT THE "BRIDGING THE GAP" PROGRAM TO PROVIDE AN	15,800.
FAITH IN ACTION OF THE RIVER CITIES, INC 1900 THIRD AVENUE HUNTINGTON, WV 25703		PC	TO PROVIDE SUPPORT WITH CONTRACTING WITH A CONSULTANT TO CREATE AN INTERACTIVE WEBSITE AND COORDINATING	4,288.
GOLDEN GIRL GROUP HOME PO BOX 876 CEREDO, WV 25507		PC	TO SUPPORT THE OVERTIME FOR STAFF AND CONTRACT THERAPISTS WHO WILL COLLECTIVELY PROVIDE ADDITIONAL	32,015.
HUNTINGTON CITY MISSION 624 10TH STREET HUNTINGTON, WV 25706		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO CONTRACT WITH AN IT COMPANY TO PROVIDE EQUIPMENT AND	50,000.
HUNTINGTON MUSEUM OF ART INC 2033 MCCOY ROAD HUNTINGTON, WV 25701		PC	TO PROVIDE SUPPORT WITH "ARTS IN MEDICINE" PROJECT THAT PROVIDES ART- MAKING INTERVENTIONS TO	18,080.
KANAWHA VALLEY HOME, INC 1121 VIRGINIA STREET EAST CHARLESTON, WV 25301		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PROVIDE HOT MEALS THROUGHOUT THE WEEK, INCLUDING	9,000.
KANAWHA VALLEY SENIOR SERVICES, INC 2428 KANAWHA BOUENVARD, E CHARLESTON, WV 25311		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PURCHASE PROTEIN, PRODUCE, AND PACKAGING SUPPLIES FOR	15,000.
KPCC COUNSELING 16 LEON SULLIVAN WAY, STE 300 CHARLESTON, WV 25301		PC	TO SUPPORT THE ORGANIZATION PILOT A SHORT-TERM THERAPY OPTION FOR UNDERINSURED/LOW-INCOM	12,000.
LEWIS COUNTY FAMILY RESOURCE NETWORK 240 COURT AVE WESTON, WV 26452		PC	TO PROVIDE SUPPORT WITH AT LEAST EIGHT TRY THIS WV MINI GRANTS FOR LOCAL PROJECTS IN BOONE,	30,000.
MANNA MEAL, INC 1105 QUARRIER ST CHARLESTON, WV 25301		PC	TO PROVIDE FUNDING TO PURCHASE APPROXIMATELY SIX MONTHS OF FOOD FOR ITS MOBILE FOOD PANTRY. THE MOBILE	15,000.
<b>Total from continuation sheets</b>				<b>3,762,413.</b>

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MOUNTAIN COMPREHENSIVE CARE CENTER, INC 104 SOUTH FRONT AVENUE PRESTONBURG, KY 41653		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE GAS CARDS TO DISTRIBUTE TO CLIENTS AND THEIR FAMILIES WHO	19,350.
REA OF HOPE, INC 1429 LEE ST. EAST CHARLESTON, WV 25301		PC	TO SUPPORT THE ORGANIZATION WITH FUNDING FOR RESIDENTS' DENTAL CARE COSTS. TO BE ELIGIBLE FOR DENTAL	9,250.
RECOVERY POINT WEST VIRGINIA 900 20TH STREET HUNTINGTON, WV 25703		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF IPADS, AN ANNUAL MOBILE HOTSPOT SUBSCRIPTION, A THINK	5,441.
RELIGIOUS COALITION FOR COMMUNITY RENEWAL 1516 WASHIGNTON STREET,E CHARLESTON, WV 25311		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF FOOD FOR THE RESIDENTS OF THE SAMARITAN INN.	15,000.
RLB MINISTRIES/BACKPACK BUDDIES 1632 STATE ROUTE 141 IRONTON, OH 45638		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PURCHASE FOOD FOR ITS BACKPACK PROGRAM AND EMERGENCY	18,000.
ST. VINCENT MISSION INC PO BOX 232 DAVID, KY 41616		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF CAR SEATS TO DISTRIBUTE ON AN AS NEEDED BASIS TO	3,500.
STAR CLUB, INC 523 2ND STREET ST. ALBANS, WV 25177		PC	TO SUPPORT THE ORGANIZATION PROVIDE FOOD BOXES TO CHILDREN AND THEIR FAMILIES WHO PARTICIPATE IN THE	10,200.
STEPPING STONES, INC PO BOX 539 LAVALETTE, WV 25535		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PURCHASE HARDWARE TO IMPROVE INTERNET AND	17,666.
WILLIAMSON HEALTH & WELLNESS CENTER INC PO BOX 2080 WILLIAMSON, WV 25661		PC	TO PROVIDE FUNDING FOR THE MINGO COUNTY FAMILY RESOURCE NETWORK (MCFRN). THE MCFRN WILL DEVELOP A	33,700.
FIELD OF HOPE COMMUNITY CAMPUS, INC. 11821 STATAE ROUTE 160 VINTON, OH 45686		PC	TO PROVIDE SUPPORT WITH THE ESTABLISHMENT OF RESIDENTIAL AND OUTPATIENT MENTAL HEALTH SERVICES AS A	300,000.
<b>Total from continuation sheets</b> .....				

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CABELL-HUNTINGTON HEALTH DEPARTMENT 703 7TH AVENUE HUNTINGTON, WV 25701		PC	TO PROVIDE SUPPORT WITH PILOTING AN INNOVATIVE TOBACCO CESSATION CAMPAIGN ACROSS NINE WEST	259,933.
LEGAL AID OF WEST VIRGINIA 922 QUARRIER STREET, 4THN FLOOR CHARLESTON, WV 25301		PC	TO PROVIDE SUPPORT WITH IMPLEMENTING A MEDICAL LEGAL PARTNERSHIP TO PROVIDE LEGAL SERVICES TO	288,457.
IRONTON-LAWRENCE COUNTY COMMUNITY ACTION ORGANIZATION, INC. 305 N 5TH STREET IRONTON, OH 45638		PC	TO PROVIDEM SUPPORT WITH LAUNCHING A MOBILE BEHAVIORAL HEALTH PROGRAM ACROSS LAWRENCE COUNTY TO	300,000.
AMERICAN PRINTING HOUSE FOR THE BLIND 1839 FRANKFORT AVE LOUISVILLE, KY 40206		PC	TO SUPPORT THE IMPACTFUL LIVING SUMMIT AND THE HUNTINGTON SPEAKER SERIES. FUNDING FOR	27,771.
BOONE MEMORIAL HOSPITAL 701 MADISON AVE. MADISON, WV 25130		PC	TO PROVIDE SUPPORT WITH THE BRIGHTER FUTURES/QUICK RESPONSE TEAM PROGRAM. THE BRIGHTER FUTURES/QUICK	16,000.
CAMP APPALACHIA 167 FLETCHER ROAD SCOTT DEPOT, WV 25560		PC	TO PROVIDE FUNDING TOWARD SUMMER 2021 CAMP REGISTRATIONS. CAMP APPALACHIA ALSO WILL PURCHASE	25,000.
CHARLESTON THUNDER SLED HOCKEY PO BOX 2763 CHARLESTON, WV 25330		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF ICE TIME, EQUIPMENT, AND AWARDS FOR THE HOCKEY TEAM.	10,000.
CHILDHOOD LANGUAGE CENTER 1313 QUARRIER STREET CHARLESTON, WV 25301		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF LAPTOP COMPUTERS FOR ITS SPEECH THERAPISTS.	8,240.
COMMUNITY ACTION ORGANIZATION OF SCIOTO COUNTY, INC. 433 3RD STREET PORTSMOUTH, OH 45662		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF CRIBS, DIAPERS, FOOD, AND OFFER TRANSPORTATION	9,000.
DIAPER DROP CHARITIES 1125 VIRGINIA STREET EAST CHARLESTON, WV 25301		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF DIAPERS TO DISTRIBUTE TO PARTNER AGENCIES IN BOONE, CABELL,	12,000.
<b>Total from continuation sheets</b> .....				



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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EAST KENTUCKY DREAM CENTER 1277 HIBBARD ST PIKEVILLE, KY 41501		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF FOOD FOR ITS MEAL PROGRAM. IT WILL REIMBURSE VOLUNTEERS	18,500.
FAIRFIELD COMMUNITY DEVELOPMENT CORPORATION PO BOX 1246 HUNTINGTON, WV 25701		PC	TO PROVIDE SUPPORT WITH HOSTING QUARTERLY COVID-19 AND HEALTH PREVENTION WORKSHOPS IN CONJUNCTION WITH	11,802.
GALLIA-MEIGS COMMUNITY ACTION AGENCY 8010 SR 7 N CHESHIRE, OH 45620		PC	TO PROVIDE SUPPORT WITH CONTRACTING WITH AN IT CONSULTANT THAT WILL PROVIDE THE LABOR, EQUIPMENT, AND	8,103.
GRACE FELLOWSHIP CHURCH PO BOX 1381 PIKEVILLE, KY 41502		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF FOOD FOR WEEKLY MEALS AND EMERGENCY ASSISTANCE, HYGIENE	10,020.
HAND IN HAND MINISTRIES 518 NORTH 26TH STREET AUXIER, KY 41602		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF FOOD, TOILETRIES, AND CLEANING SUPPLIES TO DISTRIBUTE TO FOOD	5,000.
HEART AND HAND OUTREACH MINISTRIES 212 D STREET SOUTH CHARLESTON, WV 25303		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF COMPUTERS AND SOFTWARE FOR STAFF USE.	5,600.
HELPING HANDS OF GREENUP COUNTY, INC, 412 MAIN STREET GREENUP, KY 41144		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF A PALLET STACKER.	2,500.
HERITAGE FARM FOUNDATION 3300 HARVEY ROAD HUNTINGTON, WV 25704		PC	TO PROVIDE SUPPORT WITH CONDUCTING MONTHLY VISITS TO PATIENTS AND FAMILIES AT HOOPS FAMILY	9,000.
IMPACT PREVENTION 22 PRIVATE DRIVE 2824, APT. B SOUTH POINT, OH 45680		PC	TO PROVIDE SUPPORT WITH THE TRI-STATE FAMILY CONNECTION COURT RESPONSE TEAM. IMPACT PREVENTION WILL	26,600.
IRONTON-LAWRENCE COUNTY COMMUNITY ACTION ORGANIZATION, INC. 305 N 5TH STREET IRONTON, OH 45638		PC	TO PROVIDE SUPPORT WITH PURCHASE OF DENTAL EQUIPMENT THAT WILL BE USED TO TREAT PATIENTS AT THREE	7,629.
<b>Total from continuation sheets</b>				

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KING DAUGHTERS MEDICAL CENTER 2200 LEXINGTON AVENUE ASHLAND, KY 41101		PC	TO PROVIDE SUPPOORT WITH YOUTH TOBACCO PREVENTION EDUCATION ACTIVITIES IN LAWRENCE AND SCIOTO COUNTIES IN	9,086.
LIBERA, INC. PO BOX 1147 DELLSLOW, WV 26531		PC	TO PROVIDE SUPPORT WITH WITH THE HEALTHY GRANDFAMILIES PROGRAM TO DISTRIBUTE LOVEPACKS TO CHILDREN	9,762.
MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO PROVIDE SUPPORT TO OPERATE A SIX-WEEK NUTRITION EDUCATION SERIES FOR INDIVIDUALS IN RECOVERY FROM	35,748.
MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO PROVIDE SUPPPORT WITH THE PURCHASE OF A FEES MONITOR AND BOXES OF THROAT SCOPES TO BE USED IN CONDUCTING	23,900.
MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO PROVIDE SUPPORT WITH THE IMPLEMENTATION OF A SENIOR ORAL HEALTH OUTREACH PROGRAM IN	50,000.
MOUNTAINEER FOOD BANK, INC. 484 ENTERPRISE DRIVE GASSAWAY, WV 26624		PC	TO PROVIDE SUPPORT WITH PLANNING AND IMPLEMENTING A MEDICALLY-INDICATED FOOD BOX PROGRAM IN	41,000.
NORTHEAST KY COMMUNITY ACTION AGENCY 21039 W US HWY 60 OLIVE HILL, KY 41164		PC	TO PROVIDE SUPPORT WITH PURCHASING A COMPUTER SERVER TO REPLACE THE ORGANIZATION'S	7,111.
POLLEN8 PO BOX 8011 SOUTH CHARLESTON, WV 25303		PC	TO PROVIDE SUPPORT ENGAGING CONSULTANTS TO PROVIDE ORGANIZATIONAL, BOARD, STAFF, LEADERSHIP,	43,000.
REGIONAL FAMILY RESOURCE NETWORK 1078 MAIN STREET ELKVIEW, WV 25071		PC	TO PROVIDE SUPPORT WITH IMPLEMENTING A HEALTH INITIATIVE FOR SENIORS FOR SIX MONTHS AT THREE LOCATIONS IN	13,428.
SAINT PETER'S EPISCOPAL CHURCH 2248 ADAMS AVE HUNTINGTON, WV 25704		PC	TO PROVIDE SUPPORT WITH VARIOUS ACTIVITIES OF THE SAINT PETER'S EPISCOPAL CHURCH	23,606.
<b>Total from continuation sheets</b> .....				

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SALVATION ARMY OF KENTUCKY AND TENNESSEE 216 W CHESTNUT STREET LOUISVILLE, KY 40201		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF TWO COMMERCIAL WASHER AND DRYER SETS FOR CLIENTS TO UTILIZE	11,000.
SQUARE ONE GJM PO BOX 272 GALLIPOLIS, OH 45631		PC	TO PROVIDE SUPPORT WITH LAUNCHING A NEW PROGRAM, "COMMUNITY MONDAYS," THAT WILL PROVIDE A MEAL AND	20,676.
THE COUNSELING CENTER 411 COURT STREET PORTSMOUTH, OH 45662		PC	TO PROVIDE SUPPORT WITH THE PURCHASE OF CARDIO EXERCISE EQUIPMENT FOR ITS FITNESS CENTERS IN	28,232.
THE GALAXY PROJECT, INC. PO BOX 442 OLIVE HILL, KY 41164		PC	TO PROVIDE SUPPORT WITH CONTRACTING WITH A CONSULTANT TO CONDUCT STRATEGIC PLANNING FOR THE	15,200.
TLCM MINISTRIES INC 2010 MOORES FLAT RD MOREHEAD, KY 40351		PC	TO PROVIDE SUPPORT WITH HOSTING TWO COMMUNITY OUTREACH CELEBRATIONS IN CARTER COUNTY. THE TWO EVENTS	4,800.
TYLER MOUNTAIN CROSS LANES COMMUNITY SERVICES 5320 FRONTIER DRIVE CROSS LANES, WV 25313		PC	TO PROVIDE SUPPORT WITH CONDUCTING A POSTCARD MAILING PROMOTING THE ORGANIZATION AND ITS	5,850.
UNLIMITED FUTURE, INC. 1650 8TH AVENUE HUNTINGTON, WV 25703		PC	TO PROVIDE SUPPORT FOR THREE PROJECT TEAM MEMBERS WHO WILL ATTEND THE COMPOST RESEARCH AND EDUCATION	15,585.
WEST VIRGINIA HEMOPHILIA FOUNDATION PO BOX 4214 MORGANTOWN, WV 26504		PC	TO PROVIDE SUPPORT WITH PROVIDING THE WEST VIRGINIA ORAL HEALTH COALITION WITH A \$10,000 CONTRACT.	10,000.
WVU FOUNDATION, INC. ONE WATERFRONT PLACE MORGANTOWN, WV 26501		PC	TO PROVIDE SUPPORT WITH THE THE CHILDREN'S VISION REHABILITATION PROGRAM WHICH WILL LAUNCH A	49,500.
MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO PROVIDE SUPPORT WITH PILOTING THE INTEGRATION OF A COMPREHENSIVE ORAL HEALTH COMPONENT INTO	300,000.
<b>Total from continuation sheets</b> .....				

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ACTIVE SOUTHERN WEST VIRGINIA 116 N HEBER ST BECKLEY, WV 25801		PC	TO PROVIDE SUPPORT CONDUCTING COMMUNITY ASSESSMENTS IN BOONE AND KANAWHA COUNTIES TO IDENTIFY RESOURCES	6,000.
AMERICAN HEART ASSOCIATION 444 LIBERTY AVE, SUITE 1300 PITTSBURGH, PA 15222		PC	TO PROVIDE SALARY AND BENEFITS SUPPORT FOR THE COMMUNITY IMPACT DIRECTOR WHO WILL CONDUCT OUTREACH	47,920.
ASCEND COUNSELING AND RECOVERY SERVICES 729 SIXTH STREET PORTSMOUTH, OH 45662		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE THE HARDWARE AND SOFTWARE FOR AN AVAYA	20,521.
BIG LAUREL LEARNING CENTER PO BOX 266 KERMIT, WV 25674		PC	TO PROVIDE THE IMPLEMENTATION A "RESILIENT MINDS, ACTIVE BODIES PROGRAM" IN PARTNERSHIP WITH	17,500.
BIG SANDY AREA COMMUNITY ACTION PROGRAM, INC. 230 COURT STREET PAINTSVILLE, KY 41240		PC	TO PROVIDE SUPPORT WITH THE GARDEN SEED PROGRAM WHICH WILL PROVIDE AND MAIL \$40 VOUCHERS TO 225	9,225.
CHILDREN'S HOME SOCIETY OF WEST VIRGINIA 203 6TH AVE HUNTINGTON, WV 25701		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO ESTABLISH AN IN-HOUSE COUNSELOR POSITION FOR THE CHILDREN'S HOME	26,300.
CITY OF HUNTINGTON FOUNDATION 800 5TH AVE HUNTINGTON, WV 25701		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE CARDIO EXERCISE EQUIPMENT FOR THE WELLNESS CENTER.	19,260.
COMMUNITY ASSISTANCE REFERRAL SERVICE, INC 2516 CARTER AVE ASHLAND, KY 41105		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR CARES DIRECT CLIENT SERVICES OF FOOD ASSISTANCE, BASIC	13,571.
CONTACT HUNTINGTON, INC 520 11TH STREET HUNTINGTON, WV 25728		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR CARES DIRECT CLIENT SERVICES OF FOOD ASSISTANCE, BASIC	25,805.
EBENEZER MEDICAL OUTREACH, INC 1448 TENTH AVENUE, SUITE 100 HUNTINGTON, WV 25701		PC	TO PROVIDE RESOURCES TO ESTABLISH A COMMUNITY GARDEN AT A SITE ACROSS THE STREET FROM ITS CLINIC.	3,500.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GOD'S HANDS AT WORK 68 KEYSTONE ROAD VINTON, OH 45686		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE OF AN INVENTORY SCANNING SYSTEM, COMPUTER	10,908.
HELPING HANDS OF GREENUP COUNTY, INC, 412 MAIN STREET GREENUP, KY 41144		PC	TO PROVIDE RESOURCES TO PURCHASE FOOD FOR ITS FOOD PANTRY TO ASSIST IT IN RESTOCKING THEIR	6,500.
HERITAGE FARM FOUNDATION 3300 HARVEY ROAD HUNTINGTON, WV 25704		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR THREE PRIVATE EVENTS AT HERITAGE FARM AND THE ASSOCIATED	14,000.
HUNGRY LAMBS FOOD INITIATIVE 622 STRATTON STREET LOGAN, WV 25601		PC	TO PROVIDE RESOURCES FOR A PROJECT WHICH WILL SUPPLY 333 BACKPACKS OF FOOD, PERSONAL HYGIENE	24,666.
IRONTON-LAWRENCE COUNTY COMMUNITY ACTION ORGANIZATION, INC. 305 N 5TH STREET IRONTON, OH 45638		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR PRINTED INFORMATIONAL MATERIALS FOR THE INTENSIVE OUTPATIENT	5,000.
KANAWHA COUNTY DENTAL HEALTH COUNCIL, INC 100 FLORIDA STREET CHARLESTON, WV 25302		PC	TO PROVIDE RESOURCES TO PURCHASE APPROXIMATELY A FIVE-MONTH SUPPLY OF PERSON PROTECTIVE	9,085.
KANAWHA VALLEY SENIOR SERVICES, INC 1710 PENNSYLVANIA AVENUE CHARLESTON, WV 25302		PC	TO PROVIDE FUNDS TO INSTALL A SERVER ROOM AT ITS NEW HEADQUARTERS. THE SERVER ROOM WILL BE	4,800.
LARRY JOE HARLESS COMMUNITY CENTER 202 LARRY JOE HARLESS DRIVE GILBERT, WV 25621		PC	TO PROVIDE FUNDING TO SUPPORT 50 ONE-YEAR MEMBERSHIPS FOR MINGO COUNTY CHILDREN TO LARRY JOE HARLESS	8,444.
LAWRENCE COUNTY HEALTH DEPARTMENT 1080 MEADOWBROOK LANE LOUISA, KY 41230		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE \$10 GAS CARDS TO PROVIDE TO RESIDENTS OF LAWRENCE	6,000.
LILY'S PLACE PO BOX 2080 HUNTINGTON, WV 25706		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR 50% OF THE SALARY AND FRINGE COST FOR A COUNSELOR TO PROVIDE	31,500.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MANNA MEAL, INC 1105 QUARRIER ST CHARLESTON, WV 25301		PC	TO PROVIDE RESOURCES TO PURCHASE FOOD, PACKAGING, PERSONAL PROTECTIVE EQUIPMENT, AND CLEANING SUPPLIES	15,000.
MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO PROVIDE \$5,000 SUBAWARDS TO COUNTY DIABETES AND HEALTH COALITIONS IN FLOYD, JOHNSON, LAWRENCE, AND	37,283.
MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO PROVIDE RESOURCES TO PURCHASE MUSICAL INSTRUMENTS, RECORDING HARDWARE AND SOFTWARE, AND INSTRUMENT STORAGE	15,175.
MACCORKLE COMMUNITY OUTREACH CENTER, INC 13 ELY FORK ROAD SUMERCO, WV 25567		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE FRESH PRODUCE AND PROTEINS AND TO PURCHASE OF A NEW	4,000.
OHIO UNIVERSITY FOUNDATION 105 RESEARCH AND TECHNOLOGY CENTER ATHENS, OH 45701		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR TWO PEOPLE FROM OHIO UNIVERSITY SOUTHERN TO ATTEND A TRAIN THE	4,958.
POLLEN8 PO BOX 8011 SOUTH CHARLESTON, WV 25303		PC	TO PROVIDE FUNDING TO ENGAGE CONTRACT FITNESS INSTRUCTORS AND OFFER FOUR EXERCISE CLASSES	11,200.
RLB MINISTRIES/BACKPACK BUDDIES 1632 STATE ROUTE 141 IRONTON, OH 45638		PC	TO PROVIDE RESOURCES TO PURCHASE FOOD SUPPLIES FOR THEIR FOOD PANTRY AND BACKPACK PROGRAM.	5,000.
REA OF HOPE, INC 1429 LEE ST. EAST CHARLESTON, WV 25301		PC	TO PROVIDE FINANCIAL ASSISTANCE FOR DENTAL CARE WILL BE PROVIDED TO REA OF HOPE RESIDENTS. TO BE	18,650.
REBUILD INC. PO BOX 7516 HUNTINGTON, WV 25777		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO FOR REBUILD TO PURCHASE FOOD AND PACKAGING FOR	6,500.
RONALD MCDONALD HOUSE OF HUNTINGTON, INC 1500 17TH STREET HUNTINGTON, WV 25701		PC	TO PROVIDE FUNDS TO PURCHASE SIX COMPUTERS AND THE WIRING NECESSARY TO MAKE THE COMPUTERS OPERATIONAL.	18,511.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SALVATION ARMY OF KENTUCKY AND TENNESSEE 216 W CHESTNUT STREET LOUISVILLE, KY 40201		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR FOOD AND FOOD-RELATED SUPPLIES FOR CLIENTS FROM BOYD, CARTER,	10,000.
SOSTENTO, INC 9 PORTLAND PL MONTCLAIR, NJ 07042		PC	TO PROVIDE RESORUCES TO PURCHASE FOUR TABLETS FOR ITS NEWEST PEER RECOVERY COACHES TO USE TO COLLECT DATA	6,600.
SOUTHERN OHIO MUSEUM CORPORATION PO BOX 990 PORTSMOUTH, OH 45662		PC	TO PROVIDE RESOURCES TO PRODUCE TWO VIGNETTES ADDRESSING BULLYING AND CYBER-BULLYING AND	5,200.
ST. VINCENT MISSION INC 6369 HWY 404 DAVID, KY 41616		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE THE SOLAR POWERED HEATING AND LIGHTING SYSTEM FOR	1,765.
THE LIFE HOUSE, INC PO BOX 503 HUNTINGTON, WV 25710		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR "THE EMPLOYMENT EMPOWERMENT PROGRAM, " WHICH WILL PROVIDE	20,000.
THE MARSHALL UNIVERSITY FOUNDATION, INC 519 JOHN MARSHALL DRIVE HUNTINGTON, WV 25703		PC	TO PROVIDE HEALTHCARE CAREER IMMERSION PROGRAMMING FOR APPROXIMATELY 30 STUDENTS WITH AT LEAST	12,000.
THINK KIDS 4801 COUNTRY CLUB BLVD SOUTH CHARLESTON, WV 25309		PC	TO PROVIDE SUPPORT TO CONDUCT OUTREACH AND SURVEY LOCAL STAKEHOLDERS IN BOONE, LINCOLN, AND LOGAN	25,000.
TYLER MOUNTAIN CROSS LANES COMMUNITY SERVICES 5320 FRONTIER DRIVE CROSS LANES, WV 25313		PC	TO PROVIDE RESOURCES TO PURCHASE MEAT, PANTRY ITEMS, AND PACKAGING SUPPLIES FOR ITS REGULAR	4,500.
UNIVERSITY PHYSICIANS & SURGEONS, INC 1600 MEDICAL CENTER DRIVE HUNTINGTON, WV 25701		PC	TO PROVIDE FUNDING WHICH WILL BE USED TO REPLENISH HOPE HOUSE'S STOCK OF BASIC HOME FURNISHINGS,	17,455.
WEST VIRGINIA FOOD & FARM COALITION 3820 MACCORKLE AVENUE SE CHARLESTON, WV 25304		PC	TO PROVIDE FUNDING WHICH WILL BE USED FOR THE FARM-TO-SENIOR PROGRAM, WHICH WILL DELIVER WEST VIRGINIA	30,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WEST VIRGINIA HEMOPHILIA FOUNDATION PO BOX 4214 MORGANTOWN, WV 26504		PC	TO PROVIDE FUNDS TO PURCHASE 29 IPADS: 25 FOR PATIENTS, THREE FOR CLINICAL PROVIDERS AT THE CHARLESTON	10,539.
WEST VIRGINIA LOCAL HEALTH, INC 176 DEER RIDGE FARM BARBOURSVILLE, WV 25504		PC	TO PROVIDE FUNDS FOR THE LOCAL HEALTH DEPARTMENTS IN CARTER, FLOYD, GREENUP, JOHNSON, AND LAWRENCE	47,000.
WEST VIRGINIA VOAD PO BOX 178 WILLIAMSON, WV 25661		PC	TO PROVIDE FUNDS FOR THE LOCAL HEALTH DEPARTMENTS IN CARTER, FLOYD, GREENUP, JOHNSON, AND LAWRENCE	25,500.
WINGS OF HOPE PO BOX 566 PORTSMOUTH, OH 45662		PC	TO PROVIDE FUNDS TO PURCHASE BREAKFAST, LUNCH, AND HYGIENE ITEMS FOR THE CHILDREN ATTENDING THE	6,230.
WV PERINATAL PARTNERSHIP 1018 KANAWHA BLVD E. STE 1100 CHARLESTON, WV 25301		PC	TO PROVIDE FUNDS TO ENGAGE A PROJECT COORDINATOR, HEATHER HILL, TO SUPPORT THE DRUG FREE MOMS AND	49,000.
YMCA OF HUNTINGTON 935 10TH AVENUE HUNTINGTON, WV 25701		PC	TO PROVIDE FUNDS TO ENGAGE APPROXIMATELY 20 PRE-DIABETIC PARTICIPANTS IN AN EVIDENCE-BASED	11,950.
FLOYD COUNTY HOMELESS SHELTER INC PO BOX 1746 PRESTONBURG, KY 41653		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	10,963.
AMERICAN RED CROSS - EASTERN KENTUCKY CHAPTER 101 BULLDOG LANE SUITE 300 HAZARD, KY 41701		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	10,000.
UNITED WAY OF THE RIVER CITIES 820 MADISON AVE HUNTINGTON, WV 25704		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	2,000.
WEST VIRGINIA VOAD 2700 EAST DUPONT AVE., SUITE 14 BELLE, WV 25015		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	10,000.
<b>Total from continuation sheets</b> .....				



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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WEST VIRGINIA STATE UNIVERSITY FOUNDATION, INC PO BOX 1000 INSTITUTE, WV 25112		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	500.
HUNTINGTON CITY MISSION 624 10TH STREET HUNTINGTON, WV 25701		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	5,500.
MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	300,000.
RONALD MCDONALD HOUSE OF HUNTINGTON, INC 1500 17TH STREET HUNTINGTON, WV 25701		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
ST. VINCENT MISSION INC PO BOX 232 DAVID, KY 41616		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
SCIOTO CHRISTIAN MINISTRY 515 EIGHTH STREET PORTSMOUTH, OH 45662		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
THE LOGAN COUNTY CHILD ADVOCACY CENTER, INC PO BOX 308 LOGAN, WV 25601		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
BRANCHES DOMESTIC VIOLENCE CENTER PO BOX 403 HUNTINGTON, WV 25708		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
CONTACT HUNTINGTON, INC PO BOX 2963 HUNTINGTON, WV 25728		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
DEVELOPMENTAL THERAPY CENTER, INC 803 7TH AVENUE HUNTINGTON, WV 25701		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
<b>Total from continuation sheets</b> .....				

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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEART AND HAND OUTREACH MINISTRIES 212 D STREET SOUTH CHARLESTON, WV 25303		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
KANAWHA VALLEY HOME, INC 1121 VIRGINIA STREET EAST CHARLESTON, WV 25301		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
MANNA MEAL, INC 1105 QUARRIER ST CHARLESTON, WV 25301		PC	TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMIC	25,000.
SPORTSUP, INC. D/B/A/UPMETRICS 350 BRANNAN STREET, SUITE 350 SAN FRANCISCO, CA 94107		PC	TO PROVIDE CORE GRANTEES INDIVIDUALIZED EVALUATION AND MARKETING SUPPORT.	32,000.
<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 - 14TH STREET COMMUNITY CENTER

TO PROVIDE SUPPORT WITH ENGAGING A STRATEGIC PLANNING CONSULTANT TO  
CREATE A WRITTEN, THREE-TO-FIVE-YEAR STRATEGIC PLAN. THE CONSULTANT  
ALSO WILL FACILITATE VIRTUAL AND IN-PERSON PLANNING SESSIONS WITH BOARD  
MEMBERS AND STAFF.

NAME OF RECIPIENT - CABELL-HUNTINGTON COALITION FOR THE HOMELESS

TO SUPPORT THE ORGANIZATION WITH RESOURCES FOR STAFF MEMBERS WHO WILL  
COMPLETE THE MENTAL HEALTH FIRST AID TRAIN THE TRAINER PROGRAM.

NAME OF RECIPIENT - CHILDREN'S THERAPY CLINIC INC

TO PROVIDE HELP WITH ENGAGING CONTRACT SPEECH THERAPISTS TO DELIVERY  
SERVICES TO ITS SPEECH THERAPY CLIENTS.

NAME OF RECIPIENT - FACING HUNGER FOOD BANK

TO PROVIDE SUPPORT WITH IMPLEMENTING A MEDICALLY INDICATED FOOD BOX  
(MIFB) PROGRAM FOR DIABETIC AND PRE-DIABETIC PATIENTS AT WHWC.

NAME OF RECIPIENT - FAITH IN ACTION OF THE GREATER KANAWHA VALLEY, INC.

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PILOT THE "BRIDGING THE  
GAP" PROGRAM TO PROVIDE AN OPPORTUNITY FOR YOUTH, AGES 16 TO 24, TO  
ENGAGE WITH CLIENTS BY PROVIDING TRANSPORTATION TO DOCTOR APPOINTMENTS,  
GROCERY STORES, AND PERSONAL CARE SERVICES.

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

TO PROVIDE SUPPORT WITH CONTRACTING WITH A CONSULTANT TO CREATE AN  
INTERACTIVE WEBSITE AND COORDINATING SERVICES BROCHURES. BOOKLETS AND  
MAGNETS WILL BE PURCHASE FOR CLIENTS TO KEEP TRACK OF MEDICATIONS.

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

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 OVERTIME FOR STAFF AND CONTRACT THERAPISTS WHO WILL COLLECTIVELY PROVIDE ADDITIONAL HOURS OF THERAPY SERVICES EACH WEEK. SUICIDE PREVENTION EDUCATION CURRICULUM WILL BE PURCHASED, STAFF WILL BE TRAINED ON THE CURRICULUM, AND THEN STAFF WILL IMPLEMENT IT WITH THE RESIDENTS.

NAME OF RECIPIENT - HUNTINGTON CITY MISSION

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO CONTRACT WITH AN IT COMPANY TO PROVIDE EQUIPMENT AND INSTALLATION OF A COMPREHENSIVE SECURITY CAMERA SYSTEM FOR ITS CAMPUS. THE CONSULTANT WILL TRAIN STAFF ON THE USE OF THE SECURITY SYSTEM.

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 - KANAWHA VALLEY HOME, INC

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PROVIDE HOT MEALS THROUGHOUT THE WEEK, INCLUDING SUNDAY POTLUCK DINNERS, FOR 6 MONTHS.

NAME OF RECIPIENT - KANAWHA VALLEY SENIOR SERVICES, INC

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PURCHASE PROTEIN, PRODUCE, AND PACKAGING SUPPLIES FOR ITS HOME DELIVERED MEAL PROGRAM.

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

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

NAME OF RECIPIENT - KPCC COUNSELING

TO SUPPORT THE ORGANIZATION PILOT A SHORT-TERM THERAPY OPTION FOR UNDERINSURED/LOW-INCOME CLIENTS WITH ACUTE MENTAL HEALTH NEEDS RESULTING FROM COVID-19 CHALLENGES. FUNDING WILL PROVIDE SALARY SUPPORT FOR THREE THERAPISTS AND TWO INTERNS WHO WILL COLLECTIVELY PROVIDE SHORT-TERM THERAPY.

NAME OF RECIPIENT - LEWIS COUNTY FAMILY RESOURCE NETWORK

TO PROVIDE SUPPORT WITH AT LEAST EIGHT TRY THIS WV MINI GRANTS FOR LOCAL PROJECTS IN BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, PUTNAM, AND WAYNE COUNTIES.

NAME OF RECIPIENT - MANNA MEAL, INC

TO PROVIDE FUNDING TO PURCHASE APPROXIMATELY SIX MONTHS OF FOOD FOR ITS MOBILE FOOD PANTRY. THE MOBILE FOOD PANTRY WILL PRIMARILY OPERATE ON THE WEST SIDE OF CHARLESTON. MANNA MEAL ALSO WILL EXPLORE POTENTIALLY EXPANDING THE MOBILE FOOD PANTRY TO INCLUDE DISTRIBUTIONS IN OTHER AREAS OF KANAWHA COUNTY.

NAME OF RECIPIENT - MOUNTAIN COMPREHENSIVE CARE CENTER, INC

TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE GAS CARDS TO DISTRIBUTE TO CLIENTS AND THEIR FAMILIES WHO ARE ACCESSING BEHAVIORAL HEALTH TREATMENT AT A MOUNTAIN COMPREHENSIVE CARE CENTER SITE OR A HOSPITAL OR RESIDENTIAL TREATMENT FACILITY AS NEEDED.

NAME OF RECIPIENT - REA OF HOPE, INC

TO SUPPORT THE ORGANIZATION WITH FUNDING FOR RESIDENTS' DENTAL CARE COSTS. TO BE ELIGIBLE FOR DENTAL ASSISTANCE, RESIDENTS MUST HAVE

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

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

SUCCESSFULLY COMPLETED THE FIRST 90 DAYS OF THE REA OF HOPE PROGRAM.  
RESIDENTS WITH THE MOST ACUTE DENTAL ISSUES WILL BE PRIORITIZED. REA OF  
HOPE ALSO WILL PURCHASE HYGIENE PRODUCTS, MEDICATIONS, AND EYEGLASSES  
FOR RESIDENTS WITH UNMET NEED.

NAME OF RECIPIENT - RECOVERY POINT WEST VIRGINIA

TO PROVIDE SUPPORT WITH THE PURCHASE OF IPADS, AN ANNUAL MOBILE HOTSPOT  
SUBSCRIPTION, A THINK PAD, CHARGERS, AND THE NECESSARY CABLES FOR ITS  
"ROUTES TO RECOVERY PROJECT."

NAME OF RECIPIENT - RLB MINISTRIES/BACKPACK BUDDIES

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PURCHASE FOOD FOR ITS  
BACKPACK PROGRAM AND EMERGENCY FOOD PANTRY. THE ORGANIZATION ALSO WILL  
PURCHASE HYGIENE SUPPLIES FOR THE BACKPACK PROGRAM AND TO HELP LOCAL  
SCHOOLS STOCK THEIR HYGIENE CLOSETS.

NAME OF RECIPIENT - ST. VINCENT MISSION INC

TO PROVIDE SUPPORT WITH THE PURCHASE OF CAR SEATS TO DISTRIBUTE ON AN  
AS NEEDED BASIS TO FAMILIES.

NAME OF RECIPIENT - STAR CLUB, INC

TO SUPPORT THE ORGANIZATION PROVIDE FOOD BOXES TO CHILDREN AND THEIR  
FAMILIES WHO PARTICIPATE IN THE AFTER SCHOOL PROGRAM. FAMILY FOOD BOXES  
WILL INCLUDE STAPLE ITEMS, RECIPES, AND INGREDIENTS FOR TWO MEALS ONCE  
PER MONTH.

NAME OF RECIPIENT - STEPPING STONES, INC

TO SUPPORT THE ORGANIZATION WITH RESOURCES TO PURCHASE HARDWARE TO

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

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

IMPROVE INTERNET AND TELECONFERENCING CAPABILITIES, UPGRADE STAFF COMPUTERS, AND ESTABLISH TELE-HEALTH SERVICES. STEPPING STONES ALSO WILL USE FUNDING TO SUPPORT LABOR COSTS FOR INSTALLING SATELLITE INTERNET SERVICE.

NAME OF RECIPIENT - WILLIAMSON HEALTH & WELLNESS CENTER INC  
TO PROVIDE FUNDING FOR THE MINGO COUNTY FAMILY RESOURCE NETWORK (MCFRN). THE MCFRN WILL DEVELOP A NEW COMMUNITY RESOURCE, "THE LIVE VIRTUAL SPOTLIGHT AND CALENDAR." THE MCFRN WILL ENGAGE A PROJECT COORDINATOR, VIDEOGRAPHER, AND WEBSITE AND GRAPHIC DESIGNERS. FUNDING ALSO WILL SUPPORT THE DEVELOPMENT OF MARKETING MATERIALS. STIPENDS WILL BE PROVIDED TO 10 COMMUNITY PARTNERS WHO PROVIDE PROJECT CONTENT AND ASSIST WITH OVERALL PROGRAM PROMOTION.

NAME OF RECIPIENT - FIELD OF HOPE COMMUNITY CAMPUS, INC.  
TO PROVIDE SUPPORT WITH THE ESTABLISHMENT OF RESIDENTIAL AND OUTPATIENT MENTAL HEALTH SERVICES AS A CORE PROGRAM.

NAME OF RECIPIENT - CABELL-HUNTINGTON HEALTH DEPARTMENT  
TO PROVIDE SUPPORT WITH PILOTING AN INNOVATIVE TOBACCO CESSATION CAMPAIGN ACROSS NINE WEST VIRGINIA COUNTIES USING THE QUIT AND STAY QUIT MONDAY (QSQM) MODEL.

NAME OF RECIPIENT - LEGAL AID OF WEST VIRGINIA  
TO PROVIDE SUPPORT WITH IMPLEMENTING A MEDICAL LEGAL PARTNERSHIP TO PROVIDE LEGAL SERVICES TO INDIVIDUALS IN SUBSTANCE USE DISORDER RECOVERY.

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NAME OF RECIPIENT - IRONTON-LAWRENCE COUNTY COMMUNITY ACTION  
ORGANIZATION, INC.

TO PROVIDE SUPPORT WITH LAUNCHING A MOBILE BEHAVIORAL HEALTH PROGRAM  
ACROSS LAWRENCE COUNTY TO PROVIDE BEHAVIORAL HEALTH CARE TO CHILDREN  
AND THEIR FAMILIES FROM THE LAWRENCE COUNTY EARLY CHILDHOOD ACADEMY,  
LOCAL PUBLIC SCHOOLS, AND THE COUNTY JUVENILE DETENTION CENTER.

NAME OF RECIPIENT - AMERICAN PRINTING HOUSE FOR THE BLIND

TO SUPPORT THE IMPACTFUL LIVING SUMMIT AND THE HUNTINGTON SPEAKER  
SERIES. FUNDING FOR THE IMPACTFUL LIVING SUMMIT IS ALLOCATED FOR  
SPEAKER STIPENDS, HOSPITALITY, AND PROMOTIONAL COSTS.

NAME OF RECIPIENT - BOONE MEMORIAL HOSPITAL

TO PROVIDE SUPPORT WITH THE BRIGHTER FUTURES/QUICK RESPONSE TEAM  
PROGRAM. THE BRIGHTER FUTURES/QUICK RESPONSE TEAM WILL PURCHASE FOOD,  
CLOTHING, AND SHELVING FOR ITS PANTRY.

NAME OF RECIPIENT - CAMP APPALACHIA

TO PROVIDE FUNDING TOWARD SUMMER 2021 CAMP REGISTRATIONS. CAMP  
APPALACHIA ALSO WILL PURCHASE PROGRAM-RELATED CAMP EQUIPMENT AND YOUTH  
MENTAL HEALTH, SUBSTANCE ABUSE, AND OUTDOOR EDUCATION CURRICULUM.

NAME OF RECIPIENT - COMMUNITY ACTION ORGANIZATION OF SCIOTO COUNTY, INC.

TO PROVIDE SUPPORT WITH THE PURCHASE OF CRIBS, DIAPERS, FOOD, AND OFFER  
TRANSPORTATION ASSISTANCE TO SUPPORT HIGH-RISK, PREGNANT WOMEN IN ITS  
INFANT VITALITY COMMUNITY INTENSIVE PILOT PROJECT.

NAME OF RECIPIENT - DIAPER DROP CHARITIES



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TO PROVIDE SUPPORT WITH THE PURCHASE OF DIAPERS TO DISTRIBUTE TO PARTNER AGENCIES IN BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, PUTNAM, AND WAYNE COUNTIES. DIAPER DROP WILL ENGAGE A CONSULTANT TO CREATE A WEBSITE FOR ITS ORGANIZATION.

NAME OF RECIPIENT - EAST KENTUCKY DREAM CENTER

TO PROVIDE SUPPORT WITH THE PURCHASE OF FOOD FOR ITS MEAL PROGRAM. IT WILL REIMBURSE VOLUNTEERS FOR TRANSPORTATION COSTS RELATED TO DELIVERING MEALS TO CLIENTS.

NAME OF RECIPIENT - FAIRFIELD COMMUNITY DEVELOPMENT CORPORATION

TO PROVIDE SUPPORT WITH HOSTING QUARTERLY COVID-19 AND HEALTH PREVENTION WORKSHOPS IN CONJUNCTION WITH COMMUNITY PARTNERS.

NAME OF RECIPIENT - GALLIA-MEIGS COMMUNITY ACTION AGENCY

TO PROVIDE SUPPORT WITH CONTRACTING WITH AN IT CONSULTANT THAT WILL PROVIDE THE LABOR, EQUIPMENT, AND SUPPLIES FOR INSTALLING AN IT NETWORK AT THE AGENCY'S NEW OFFICE SPACE.

NAME OF RECIPIENT - GRACE FELLOWSHIP CHURCH

TO PROVIDE SUPPORT WITH THE PURCHASE OF FOOD FOR WEEKLY MEALS AND EMERGENCY ASSISTANCE, HYGIENE KITS, AND LAUNDRY KITS. IT WILL DISTRIBUTE THESE ITEMS TO PERSONS EXPERIENCING HOMELESSNESS AS WELL AS STRUGGLING FAMILIES.

NAME OF RECIPIENT - HAND IN HAND MINISTRIES

TO PROVIDE SUPPORT WITH THE PURCHASE OF FOOD, TOILETRIES, AND CLEANING SUPPLIES TO DISTRIBUTE TO FOOD PANTRY CLIENTS. HAND IN HAND MINISTRIES

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ALSO WILL ALLOCATE FUNDING TO SUPPORT STAFFING COSTS ASSOCIATED WITH THESE DISTRIBUTIONS.

NAME OF RECIPIENT - HERITAGE FARM FOUNDATION

TO PROVIDE SUPPORT WITH CONDUCTING MONTHLY VISITS TO PATIENTS AND FAMILIES AT HOOPS FAMILY CHILDREN'S HOSPITAL. HERITAGE FARM FOUNDATION WILL OFFER ACTIVITIES, CRAFTS, ANIMAL ENCOUNTERS, AND REENACTMENTS TO THE PATIENTS AND FAMILIES. THE ORGANIZATION ALSO WILL HOST AT ITS HERITAGE FARM PROPERTY ONE REUNION FOR GRADUATED PATIENTS AND HOOPS CHILDREN'S HOSPITAL STAFF.

NAME OF RECIPIENT - IMPACT PREVENTION

TO PROVIDE SUPPORT WITH THE TRI-STATE FAMILY CONNECTION COURT RESPONSE TEAM. IMPACT PREVENTION WILL CONTRACT WITH A PROJECT COORDINATOR WHO WILL COORDINATE THE TRI-STATE FAMILY CONNECTION COURT RESPONSE TEAM IN THE LAWRENCE COUNTY MUNICIPAL COURT. THE COORDINATOR WILL RECRUIT AND TRAIN NEW VOLUNTEERS AND DEVELOP THE VOLUNTEER SCHEDULE. THE COORDINATOR ALSO WILL ORGANIZE AT LEAST TWO COMMUNITY EDUCATION FORUMS ON SUBSTANCE USE DISORDER FOR FAITH COMMUNITIES AND THE COMMUNITY AT LARGE. FUNDS ALSO WILL BE USED TO PURCHASE A LAPTOP FOR THE COORDINATOR, RETAIN A CONTRACT BOOKKEEPER TO MANAGE THE GRANT FUNDS, AND PRINT RESOURCE GUIDES AND BUSINESS CARDS.

NAME OF RECIPIENT - IRONTON-LAWRENCE COUNTY COMMUNITY ACTION ORGANIZATION, INC.

TO PROVIDE SUPPORT WITH PURCHASE OF DENTAL EQUIPMENT THAT WILL BE USED TO TREAT PATIENTS AT THREE FAMILY MEDICAL CENTERS LOCATIONS IN LAWRENCE COUNTY, OHIO.

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TO PROVIDE SUPPORT WITH THE PURCHASE OF DENTAL EQUIPMENT THAT WILL BE USED TO TREAT PATIENTS AT THREE FAMILY MEDICAL CENTERS LOCATIONS IN LAWRENCE COUNTY, OHIO.

NAME OF RECIPIENT - KING DAUGHTERS MEDICAL CENTER

TO PROVIDE SUPPOORT WITH YOUTH TOBACCO PREVENTION EDUCATION ACTIVITIES IN LAWRENCE AND SCIOTO COUNTIES IN OHIO AND BOYD, CARTER, AND GREENUP COUNTIES IN KENTUCKY.

NAME OF RECIPIENT - LIBERA, INC.

TO PROVIDE SUPPORT WITH WITH THE HEALTHY GRANDFAMILIES PROGRAM TO DISTRIBUTE LOVEPACKS TO CHILDREN AND THEIR FAMILIES PARTICIPATING IN THE HEALTHY GRANDFAMILIES PROGRAM IN LINCOLN AND MASON COUNTIES. LIBERA WILL PURCHASE BACKPACKS AND EDUCATIONAL MATERIALS TO FILL THE BACKPACKS. IT ALSO WILL ALLOCATE FUNDING TOWARD PRINTING AND POSTAGE FOR PROGRAM SURVEYS, PROJECT STAFFING AND ASSOCIATED TRAVEL, AND FOOD FOR VOLUNTEERS AND STAFF ASSISTING WITH THE ASSEMBLY OF THE LOVEPACKS.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION

TO PROVIDE SUPPORT TO OPERATE A SIX-WEEK NUTRITION EDUCATION SERIES FOR INDIVIDUALS IN RECOVERY FROM SUBSTANCE ABUSE DISORDER.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION

TO PROVIDE SUPPPORT WITH THE PURCHASE OF A FEES MONITOR AND BOXES OF THROAT SCOPES TO BE USED IN CONDUCTING SWALLOWING ASSESSMENTS. SWALLOWING ASSESSMENTS WILL BE CONDUCTED AT THE SPEECH AND HEARING CENTER AND LOCAL SKILLED NURSING AND ASSISTED LIVING FACILITIES. THE SPEECH AND HEARING CENTER ALSO WILL TRAIN STAFF ON UTILIZING THE NEW

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EQUIPMENT.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION  
TO PROVIDE SUPPORT WITH THE IMPLEMENTATION OF A SENIOR ORAL HEALTH  
OUTREACH PROGRAM IN BOONE, LINCOLN, LOGAN, MASON, MINGO, AND WAYNE  
COUNTIES IN PARTNERSHIP WITH CONGREGATE MEAL SITES IN EACH COUNTY.

NAME OF RECIPIENT - MOUNTAINEER FOOD BANK, INC.  
TO PROVIDE SUPPORT WITH PLANNING AND IMPLEMENTING A MEDICALLY-INDICATED  
FOOD BOX PROGRAM IN BOONE AND KANAWHA COUNTIES. THE PROJECT WILL ENGAGE  
ONE CLINICAL SITE IN BOONE COUNTY AND ONE TO TWO CLINICAL SITES IN  
KANAWHA COUNTY. PATIENTS WILL RECEIVE A DIET-SPECIFIC FOOD BOX ONCE A  
MONTH AS WELL AS RECEIVE A PRODUCE DISTRIBUTION TWO TIMES EACH MONTH.

NAME OF RECIPIENT - NORTHEAST KY COMMUNITY ACTION AGENCY  
TO PROVIDE SUPPORT WITH PURCHASING A COMPUTER SERVER TO REPLACE THE  
ORGANIZATION'S CURRENT, AGING SERVER.

NAME OF RECIPIENT - POLLEN8  
TO PROVIDE SUPPORT ENGAGING CONSULTANTS TO PROVIDE ORGANIZATIONAL,  
BOARD, STAFF, LEADERSHIP, FUNDING DEVELOPMENT, AND COMMUNICATIONS  
PLANNING ASSISTANCE. POLLEN8 ALSO WILL HIRE AN INFORMATION TECHNOLOGY  
(IT) CONSULTANT TO ASSIST WITH HARDWARE AND SOFTWARE SET-UP, MANAGEMENT  
OF DATA MIGRATION, DEVELOPMENT OF SECURE, HIPAA-COMPLIANT TECHNOLOGY  
PLATFORMS, AND IT-RELATED STAFF TRAINING.

NAME OF RECIPIENT - REGIONAL FAMILY RESOURCE NETWORK  
TO PROVIDE SUPPORT WITH IMPLEMENTING A HEALTH INITIATIVE FOR SENIORS

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FOR SIX MONTHS AT THREE LOCATIONS IN BOONE COUNTY. THE RFRN WILL PROMOTE THE PROJECT BY PURCHASING POSTCARDS AND POSTAGE. WELLNESS JOURNALS WILL ASSEMBLED FOR PARTICIPANTS. PHOTOGRAPHS WILL BE TAKEN AT EACH EVENT FOR THE WELLNESS JOURNALS. TRAIL SIGNS, FACILITY RENTAL, EDUCATIONAL RESOURCES, AND HOSPITALITY WILL BE PROVIDED AT EACH OF THE THREE LOCATION FOR THE DURATION OF THE PROJECT.

NAME OF RECIPIENT - SAINT PETER'S EPISCOPAL CHURCH

TO PROVIDE SUPPORT WITH VARIOUS ACTIVITIES OF THE SAINT PETER'S EPISCOPAL CHURCH OUTREACH TEAM. BOXES OF EVIZIO BRAND AUTO-INJECTOR NALOXONE WILL BE PURCHASED FUNDS ALSO WILL BE USED TO OFFER TWO CPR TRAININGS TO VOLUNTEERS AND PROVIDE VOLUNTEERS WITH RESUSCITATION BAGS TO USE FOR MANUAL VENTILATION IN EMERGENCY SITUATIONS. THE SAINT PETER'S EPISCOPAL CHURCH OUTREACH TEAM WILL CONSTRUCT A COMMUNITY GARDEN AND GROW AND HARVEST PRODUCE FROM THE GARDEN TO BE USED IN ITS BLESSING BOX, BY HUNTINGTON ADDICTION WELLNESS CENTER FOR ITS PLANNED RESTAURANT, AND IN OTHER OUTREACH EFFORTS. LASTLY, SAINT PETER'S EPISCOPAL CHURCH WILL PURCHASE A LAPTOP AND TWO PRINTERS TO ASSIST THE OUTREACH TEAM WITH PROGRAM MANAGEMENT.

NAME OF RECIPIENT - SALVATION ARMY OF KENTUCKY AND TENNESSEE

TO PROVIDE SUPPORT WITH THE PURCHASE OF TWO COMMERCIAL WASHER AND DRYER SETS FOR CLIENTS TO UTILIZE WHILE VISITING THE ASHLAND, KY SHELTER. SALVATION ARMY OF KENTUCKY AND TENNESSEE ALSO WILL PURCHASE FOOD FOR WEEKEND MEALS FOR SHELTER CLIENTS.

NAME OF RECIPIENT - SQUARE ONE GJM

TO PROVIDE SUPPORT WITH LAUNCHING A NEW PROGRAM, "COMMUNITY MONDAYS,"

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THAT WILL PROVIDE A MEAL AND COMMUNITY RESOURCES FOR PEOPLE IN NEED.  
EACH MONDAY, COMMUNITY SERVICE ORGANIZATIONS WILL MEET AT SQUARE ONE  
GJM TO OFFER THEIR SERVICES.

NAME OF RECIPIENT - THE COUNSELING CENTER

TO PROVIDE SUPPORT WITH THE PURCHASE OF CARDIO EXERCISE EQUIPMENT FOR  
ITS FITNESS CENTERS IN IRONTON AND PORTSMOUTH. THE EQUIPMENT WILL BE  
USED BY THE ORGANIZATION'S CLIENTS AND STAFF. ADDITIONALLY, THE  
COUNSELING CENTER WILL PURCHASE A GYM MANAGEMENT SYSTEM TO ALLOW USERS  
TO TRACK THEIR PERSONAL FITNESS INFORMATION AND TO INFORM THE DESIGN OF  
GROUP FITNESS CHALLENGES AND OTHER SHARED PROGRAMMING.

NAME OF RECIPIENT - THE GALAXY PROJECT, INC.

TO PROVIDE SUPPORT WITH CONTRACTING WITH A CONSULTANT TO CONDUCT  
STRATEGIC PLANNING FOR THE ORGANIZATION. GALAXY PROJECT ALSO WILL  
PURCHASE ONE LAPTOP AND MONITOR FOR STAFF USE. IN PARTNERSHIP WITH  
WILSON MARTIAL ARTS AND FITNESS, GALAXY PROJECT WILL HOST 12 FAMILY  
NIGHT PROGRAMS FOR YOUTH AND THEIR FAMILIES.

NAME OF RECIPIENT - TLCM MINISTRIES INC

TO PROVIDE SUPPORT WITH HOSTING TWO COMMUNITY OUTREACH CELEBRATIONS IN  
CARTER COUNTY. THE TWO EVENTS WILL BE HOSTED IN GRAYSON AND OLIVE HILL.  
THE ORGANIZATION WILL COLLECT INFORMATION ON COMMUNITY-BASED RESOURCES,  
AND THEN DESIGN, PRINT, AND DISTRIBUTE RESOURCE GUIDES THAT WILL INFORM  
PARTICIPANTS ABOUT FOOD PANTRIES, SUBSTANCE USE DISORDER SERVICES, AND  
SERVICES PROVIDED BY LOCAL CHURCHES AND OTHER NONPROFITS.

NAME OF RECIPIENT - TYLER MOUNTAIN CROSS LANES COMMUNITY SERVICES

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TO PROVIDE SUPPORT WITH CONDUCTING A POSTCARD MAILING PROMOTING THE ORGANIZATION AND ITS SERVICES TO APPROXIMATELY 10,000 TARGETED HOUSEHOLDS IN ITS SERVICE REGION. THE MAILING WILL BE SENT IN LATE AUGUST/EARLY SEPTEMBER TO REACH PEOPLE RIGHT BEFORE THE ENHANCED FEDERAL SNAP BENEFITS ARE EXPECTED TO EXPIRE.

NAME OF RECIPIENT - UNLIMITED FUTURE, INC.

TO PROVIDE SUPPORT FOR THREE PROJECT TEAM MEMBERS WHO WILL ATTEND THE COMPOST RESEARCH AND EDUCATION FOUNDATION'S COMPOSTING TRAINING IN RALEIGH, NC AND COMPLETE USCC CERTIFICATION. THE THREE TRAINED TEAM MEMBERS WILL THEN USE A TRAIN THE TRAINER MODEL TO HOLD COMMUNITY WORKSHOPS AND TRAIN COMMUNITY MEMBERS AFFILIATED WITH FIVE COMMUNITY GARDENS IN THE FAIRFIELD NEIGHBORHOOD OF HUNTINGTON. UNLIMITED FUTURE WILL PURCHASE COMPOST TOOLKITS FOR EACH OF THE FIVE COMMUNITY GARDENS.

NAME OF RECIPIENT - WEST VIRGINIA HEMOPHILIA FOUNDATION

TO PROVIDE SUPPORT WITH PROVIDING THE WEST VIRGINIA ORAL HEALTH COALITION WITH A \$10,000 CONTRACT. THROUGH THE CONTRACT, THE WEST VIRGINIA ORAL HEALTH COALITION WILL CONDUCT OUTREACH TO DENTAL PROVIDERS ABOUT JOINING THE WEST VIRGINIA HEMOPHILIA FOUNDATION'S TREATMENT NETWORK, OFFER DENTAL PROVIDERS TRAINING ON BLEEDING DISORDERS, HELP DEVELOP A CONTINUING EDUCATION PRESENTATION ON BLEEDING DISORDERS FOR DENTAL PROVIDERS, AND PROVIDE TECHNICAL ASSISTANCE TO DENTAL PROVIDERS DELIVERING TREATMENT SERVICES TO PEOPLE WITH BLEEDING DISORDERS.

NAME OF RECIPIENT - WVU FOUNDATION, INC.

TO PROVIDE SUPPORT WITH THE THE CHILDREN'S VISION REHABILITATION

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PROGRAM WHICH WILL LAUNCH A PILOT PROGRAM TO ADDRESS HEALTH AND WELLNESS NEEDS OF CHILDREN AGES 5 TO 18 WITH VISUAL IMPAIRMENTS BY PROVIDING PHYSICAL, MENTAL, AND EMOTIONAL LITERACY PROGRAMMING. ALL CHILDREN WITH VISION IMPAIRMENT FROM BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, PUTNAM, AND WAYNE COUNTIES WILL BE INVITED TO PARTICIPATE AS WELL AS THE TEACHERS AFFILIATED WITH EACH COUNTY SCHOOL SYSTEM THAT SPECIALIZE IN TEACHING VISUALLY IMPAIRED CHILDREN.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION  
TO PROVIDE SUPPORT WITH PILOTING THE INTEGRATION OF A COMPREHENSIVE ORAL HEALTH COMPONENT INTO AN EXISTING SUBSTANCE USE DISORDER RECOVERY PROGRAM TO ADDRESS SUBSTANCE USE-RELATED ORAL CAVITY DAMAGE.

NAME OF RECIPIENT - ACTIVE SOUTHERN WEST VIRGINIA  
TO PROVIDE SUPPORT CONDUCTING COMMUNITY ASSESSMENTS IN BOONE AND KANAWHA COUNTIES TO IDENTIFY RESOURCES AVAILABLE FOR SAFE PHYSICAL ACTIVITY. SURVEYS AND MEETINGS WITH PARTNER HEALTH AGENCIES, COMMUNITY MEMBERS, FAITH GROUPS, LOCAL GOVERNMENT, AND EMPLOYERS WILL HELP INFORM THE ASSESSMENTS.

NAME OF RECIPIENT - AMERICAN HEART ASSOCIATION  
TO PROVIDE SALARY AND BENEFITS SUPPORT FOR THE COMMUNITY IMPACT DIRECTOR WHO WILL CONDUCT OUTREACH EDUCATION AND DISTRIBUTE NECESSARY CLINICAL SUPPLIES TO EXISTING AND EXPANDED TARGET BP SITES IN PFH'S NINE COUNTY.

NAME OF RECIPIENT - ASCEND COUNSELING AND RECOVERY SERVICES  
TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE THE HARDWARE AND



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SOFTWARE FOR AN AVAYA TELECOMMUNICATION SYSTEM. NORTEL COMPACT ICS  
SYSTEM.

NAME OF RECIPIENT - BIG LAUREL LEARNING CENTER

TO PROVIDE THE IMPLEMENTATION A "RESILIENT MINDS, ACTIVE BODIES  
PROGRAM" IN PARTNERSHIP WITH THE KERMIT PK-8 SCHOOL. THIS PROJECT WILL  
INCLUDE TRAUMA-INFORMED CARE AND SOCIAL-EMOTIONAL LEARNING TRAINING FOR  
KERMIT TEACHERS AND BIG LAUREL LEARNING CENTER STAFF.

NAME OF RECIPIENT - BIG SANDY AREA COMMUNITY ACTION PROGRAM, INC.

TO PROVIDE SUPPORT WITH THE GARDEN SEED PROGRAM WHICH WILL PROVIDE AND  
MAIL \$40 VOUCHERS TO 225 LOW-INCOME HOUSEHOLDS IN FLOYD, JOHNSON,  
MARTIN, AND PIKE COUNTIES. PROGRAM PARTICIPANTS ALSO WILL ATTEND  
VIRTUAL EDUCATION SESSIONS TO LEARN HOW TO PRESERVE FOOD.

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

TO PROVIDE FUNDING WHICH WILL BE USED TO ESTABLISH AN IN-HOUSE  
COUNSELOR POSITION FOR THE CHILDREN'S HOME SOCIETY'S HUNTINGTON REGION.

NAME OF RECIPIENT - COMMUNITY ASSISTANCE REFERRAL SERVICE, INC

TO PROVIDE FUNDING WHICH WILL BE USED FOR CARES DIRECT CLIENT SERVICES  
OF FOOD ASSISTANCE, BASIC NEEDS SUPPLIES, SECURING IDENTIFYING  
DOCUMENTS, AND PRESCRIPTION ASSISTANCE. THIS PROJECT ALSO INCLUDES  
FUNDING FOR A SUB-GRANT TO THE NEIGHBORHOOD TO PURCHASE A NEW CARD  
PRINTER SYSTEM AND FUNDING FOR THE JOINT STORAGE CENTER.

NAME OF RECIPIENT - CONTACT HUNTINGTON, INC

TO PROVIDE FUNDING WHICH WILL BE USED FOR CARES DIRECT CLIENT SERVICES

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OF FOOD ASSISTANCE, BASIC NEEDS SUPPLIES, SECURING IDENTIFYING DOCUMENTS, AND PRESCRIPTION ASSISTANCE. THIS PROJECT ALSO INCLUDES FUNDING FOR A SUB-GRANT TO THE NEIGHBORHOOD TO PURCHASE A NEW CARD PRINTER SYSTEM AND FUNDING FOR THE JOINT STORAGE CENTER.

NAME OF RECIPIENT - EBENEZER MEDICAL OUTREACH, INC

TO PROVIDE RESOURCES TO ESTABLISH A COMMUNITY GARDEN AT A SITE ACROSS THE STREET FROM ITS CLINIC. GARDEN BEDS WILL BE INSTALLED FOR USE BY THE CLINIC, ITS PATIENTS, AND COMMUNITY MEMBERS. EDUCATIONAL MATERIALS ABOUT HEALTHIER FOOD OPTIONS AND HOME GARDENING WILL BE DISTRIBUTED TO THE CLINIC'S PATIENTS. ONCE THE GARDEN IS OPERATIONAL, EBENEZER MEDICAL OUTREACH WILL HOST AT LEAST THREE POP-UP MARKETS ACROSS THE FAIRFIELD WEST COMMUNITY.

NAME OF RECIPIENT - GOD'S HANDS AT WORK

TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE OF AN INVENTORY SCANNING SYSTEM, COMPUTER HARDWARE, SOFTWARE, PRINTING, AND WEBSITE DEVELOPMENT.

NAME OF RECIPIENT - HELPING HANDS OF GREENUP COUNTY, INC,

TO PROVIDE RESOURCES TO PURCHASE FOOD FOR ITS FOOD PANTRY TO ASSIST IT IN RESTOCKING THEIR PANTRY AFTER THE 2020 HOLIDAY SEASON. FOOD WILL BE DISTRIBUTED TO CLIENTS THROUGH HELPING HANDS OF GREENUP COUNTY'S REGULAR FOOD PANTRY OPERATIONS DURING 2021.

NAME OF RECIPIENT - HERITAGE FARM FOUNDATION

TO PROVIDE FUNDING WHICH WILL BE USED FOR THREE PRIVATE EVENTS AT HERITAGE FARM AND THE ASSOCIATED TRANSPORTATION COSTS FOR BIG AND

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LITTLE PAIRS FROM THE BIG BROTHERS BIG SISTERS OF THE TRI-STATE PROGRAM. EVENTS WILL INCLUDE EDUCATIONAL PROGRAMMING, ANIMAL THERAPY, AND TRUST BUILDING EXERCISES DESIGNED AND EXECUTED IN COLLABORATION WITH BIG BROTHERS BIGS SISTERS OF THE TRI-STATE.

NAME OF RECIPIENT - HUNGRY LAMBS FOOD INITIATIVE

TO PROVIDE RESOURCES FOR A PROJECT WHICH WILL SUPPLY 333 BACKPACKS OF FOOD, PERSONAL HYGIENE PRODUCTS, AND SUBSTANCE USE DISORDER TREATMENT INFORMATION TO INDIVIDUALS WHO ARE VISITED BY THE QRT.

NAME OF RECIPIENT - IRONTON-LAWRENCE COUNTY COMMUNITY ACTION ORGANIZATION, INC.

TO PROVIDE FUNDING WHICH WILL BE USED FOR PRINTED INFORMATIONAL MATERIALS FOR THE INTENSIVE OUTPATIENT PROGRAM.

NAME OF RECIPIENT - KANAWHA COUNTY DENTAL HEALTH COUNCIL, INC

TO PROVIDE RESOURCES TO PURCHASE APPROXIMATELY A FIVE-MONTH SUPPLY OF PERSON PROTECTIVE EQUIPMENT AND FIVE HEALTH FIRST EMERGENCY MEDICAL KITS FOR USE IN ITS FIVE DENTAL CLINICS.

NAME OF RECIPIENT - KANAWHA VALLEY SENIOR SERVICES, INC

TO PROVIDE FUNDS TO INSTALL A SERVER ROOM AT ITS NEW HEADQUARTERS. THE SERVER ROOM WILL BE LOCATED ON THE SAME FLOOR OF THE OFFICE BUILDING AS KANAWHA VALLEY SENIOR SERVICES' ADMINISTRATIVE OFFICE. THE PROJECT ALSO WILL SUPPORT THE INSTALLATION OF THE NECESSARY WIRING TO CONNECT THE SERVER TO STAFF OFFICES.

NAME OF RECIPIENT - LARRY JOE HARLESS COMMUNITY CENTER

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TO PROVIDE FUNDING TO SUPPORT 50 ONE-YEAR MEMBERSHIPS FOR MINGO COUNTY CHILDREN TO LARRY JOE HARLESS COMMUNITY CENTER. FITNESS AND AQUATIC STAFF AT THE LARRY JOE HARLESS COMMUNITY CENTER ALSO WILL COMPLETE JOB-RELATED TRAININGS AND RECERTIFICATIONS.

NAME OF RECIPIENT - LAWRENCE COUNTY HEALTH DEPARTMENT

TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE \$10 GAS CARDS TO PROVIDE TO RESIDENTS OF LAWRENCE COUNTY WHO ARE CANCER PATIENTS. THE PATIENTS WILL USE THE CARDS FOR GAS COSTS RELATED TO TRAVELING TO ONCOLOGY AND RADIATION APPOINTMENTS AT LOCATIONS OUTSIDE OF LAWRENCE COUNTY. EACH PATIENT CAN RECEIVE UP TO \$200. IN ORDER TO RECEIVE A GAS CARD, PATIENTS MUST PROVIDE THE LAWRENCE COUNTY HEALTH DEPARTMENT WITH DOCUMENTATION FROM A HEALTHCARE PROVIDER.

NAME OF RECIPIENT - LILY'S PLACE

TO PROVIDE FUNDING WHICH WILL BE USED FOR 50% OF THE SALARY AND FRINGE COST FOR A COUNSELOR TO PROVIDE BEHAVIORAL HEALTH SERVICES AT THE LILY'S PLACE FAMILY CENTER.

NAME OF RECIPIENT - MANNA MEAL, INC

TO PROVIDE RESOURCES TO PURCHASE FOOD, PACKAGING, PERSONAL PROTECTIVE EQUIPMENT, AND CLEANING SUPPLIES TO SUPPORT THEIR DAILY FEEDING PROGRAM.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION

TO PROVIDE \$5,000 SUBAWARDS TO COUNTY DIABETES AND HEALTH COALITIONS IN FLOYD, JOHNSON, LAWRENCE, AND PIKE (KY) AND LOGAN AND MINGO (WV). MARSHALL UNIVERSITY RESEARCH CORPORATION WILL PROVIDE TECHNICAL

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ASSISTANCE TO THESE COALITIONS AS THEY PILOT TEST HEALTH PROMOTION PROGRAMMING THAT MEETS COVID-RELATED SAFETY GUIDELINES. EACH COALITION WILL DEVELOP A SUSTAINABILITY PLAN FOR ITS PROGRAMMING.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION  
TO PROVIDE RESOURCES TO PURCHASE MUSICAL INSTRUMENTS, RECORDING HARDWARE AND SOFTWARE, AND INSTRUMENT STORAGE FOR USE BY THE RESIDENTS OF THE RECOVERY POINT OF HUNTINGTON. THE MARSHALL UNIVERSITY SCHOOL OF MUSIC TEAM WILL OFFER MULTIPLE SMALL GROUP CLASSES THROUGHOUT THE GRANT PERIOD TEACHING THE RECOVERY POINT OF HUNTINGTON RESIDENTS TO PLAY INSTRUMENTS AND HOW TO RECORD AND EDIT MUSIC.

NAME OF RECIPIENT - MACCORKLE COMMUNITY OUTREACH CENTER, INC  
TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE FRESH PRODUCE AND PROTEINS AND TO PURCHASE OF A NEW CHEST FREEZER FOR THE PANTRY.

NAME OF RECIPIENT - OHIO UNIVERSITY FOUNDATION  
TO PROVIDE FUNDING WHICH WILL BE USED FOR TWO PEOPLE FROM OHIO UNIVERSITY SOUTHERN TO ATTEND A TRAIN THE TRAINER IN MENTAL HEALTH FIRST AID. THESE TRAINERS IN TURN WILL PROVIDE TWO COMMUNITY MENTAL HEALTH FIRST AID TRAININGS. ATTENDANCE AT THESE TRAININGS WILL BE LIMITED TO COMMUNITY MEMBERS, AND APPROXIMATELY 20 COMMUNITY MEMBERS WILL ATTEND EACH TRAINING.

NAME OF RECIPIENT - POLLEN8  
TO PROVIDE FUNDING TO ENGAGE CONTRACT FITNESS INSTRUCTORS AND OFFER FOUR EXERCISE CLASSES WEEKLY. APPROXIMATELY 40 RESIDENTS WILL BE PROVIDED TENNIS SHOES TO USE FOR EXERCISE CLASSES OR EXCURSIONS. FOUR

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EXCURSIONS FOR 20 RESIDENTS WILL OCCUR TO EXPOSE PARTICIPANTS TO NEW,  
POTENTIAL HOBBIES.

NAME OF RECIPIENT - REA OF HOPE, INC

TO PROVIDE FINANCIAL ASSISTANCE FOR DENTAL CARE WILL BE PROVIDED TO REA  
OF HOPE RESIDENTS. TO BE ELIGIBLE FOR DENTAL ASSISTANCE, RESIDENTS MUST  
HAVE SUCCESSFULLY COMPLETED THE FIRST 90 DAYS OF THE REA OF HOPE  
PROGRAM.

NAME OF RECIPIENT - REBUILD INC.

TO PROVIDE FUNDING WHICH WILL BE USED TO FOR REBUILD TO PURCHASE FOOD  
AND PACKAGING FOR REBUILD'S LUNCH PROGRAM.

NAME OF RECIPIENT - RONALD MCDONALD HOUSE OF HUNTINGTON, INC

TO PROVIDE FUNDS TO PURCHASE SIX COMPUTERS AND THE WIRING NECESSARY TO  
MAKE THE COMPUTERS OPERATIONAL. COMPUTERS WILL BE PURCHASED FOR FIVE  
STAFF MEMBERS AND ONE VOLUNTEER. THE ORGANIZATION ALSO WILL PURCHASE  
AND INSTALL TWO FREEZERS AND ASSOCIATED WIRING IN ORDER TO BETTER STORE  
FOOD DONATIONS.

NAME OF RECIPIENT - SALVATION ARMY OF KENTUCKY AND TENNESSEE

TO PROVIDE FUNDING WHICH WILL BE USED FOR FOOD AND FOOD-RELATED  
SUPPLIES FOR CLIENTS FROM BOYD, CARTER, GREENUP, AND LAWRENCE COUNTIES.

NAME OF RECIPIENT - SOSTENTO, INC

TO PROVIDE RESORUCES TO PURCHASE FOUR TABLETS FOR ITS NEWEST PEER  
RECOVERY COACHES TO USE TO COLLECT DATA IN REAL-TIME AS THEY WORK IN  
THE COMMUNITY. TABLETS WILL BE PROVIDED TO TWO PEER RECOVERY COACHES IN

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

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

BOONE COUNTY, ONE PEER RECOVERY COACH IN LINCOLN COUNTY, AND ONE PEER RECOVERY COACH IN LOGAN COUNTY. SOSTENTO ALSO WILL CONVENE PEER RECOVERY COACHES FROM ACROSS SOUTHERN WEST VIRGINIA FOR A TRAINING THAT FOCUSES ON STRATEGIES FOR ASSISTING PEOPLE WITH MAINTAINING LONG-TERM RECOVERY.

NAME OF RECIPIENT - SOUTHERN OHIO MUSEUM CORPORATION

TO PROVIDE RESOURCES TO PRODUCE TWO VIGNETTES ADDRESSING BULLYING AND CYBER-BULLYING AND DOMESTIC VIOLENCE. THE SOUTHERN OHIO MUSEUM CORPORATION WILL UTILIZE THE FUNDING TO SUPPORT THE ARTISTIC STAFF, A TABLET AND SPEAKERS, AND STAGING COSTS ASSOCIATED WITH THE TWO PRODUCTIONS.

NAME OF RECIPIENT - ST. VINCENT MISSION INC

TO PROVIDE FUNDING WHICH WILL BE USED TO PURCHASE THE SOLAR POWERED HEATING AND LIGHTING SYSTEM FOR THE GREENHOUSE.

NAME OF RECIPIENT - THE LIFE HOUSE, INC

TO PROVIDE FUNDING WHICH WILL BE USED FOR "THE EMPLOYMENT EMPOWERMENT PROGRAM, " WHICH WILL PROVIDE FINANCIAL ASSISTANCE TO APPROXIMATELY 100 LIFEHOUSE RESIDENTS TO OBTAIN DOCUMENTATION (SOCIAL SECURITY CARDS, BIRTH CERTIFICATES, AND DMV-ISSUED IDENTIFICATION), UNIFORMS/WORKWEAR (INITIAL WORK SHIRT AND PANTS, WORK BOOTS, AND NON-SLIP SHOES FOR FOOD SERVICE JOBS), AND OTHER SUPPLIES AND MATERIALS REQUIRED FOR EMPLOYMENT.

NAME OF RECIPIENT - THE MARSHALL UNIVERSITY FOUNDATION, INC

TO PROVIDE HEALTHCARE CAREER IMMERSION PROGRAMMING FOR APPROXIMATELY 30

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

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

STUDENTS WITH AT LEAST 26 OF THE STUDENTS BEING LOW-INCOME,  
FIRST-GENERATION, MINORITY HIGH SCHOOL STUDENTS. THE MARSHALL  
UNIVERSITY SCHOOL OF PHARMACY WILL TARGET ITS STUDENT RECRUITMENT  
EFFORTS IN THE FAIRFIELD COMMUNITY OF HUNTINGTON.

NAME OF RECIPIENT - THINK KIDS

TO PROVIDE SUPPORT TO CONDUCT OUTREACH AND SURVEY LOCAL STAKEHOLDERS IN  
BOONE, LINCOLN, AND LOGAN COUNTIES ABOUT FOOD AND HEALTHCARE ACCESS  
ISSUES. IT WILL HOST FOUR TO SEVEN WEBINARS FOR COMMUNITY PARTNERS IN  
THESE COUNTIES EDUCATING LOCAL PARTNERS. THINK KIDS WILL CREATE AN  
ISSUE BRIEF HIGHLIGHTING THE WEBINARS, POTENTIAL NEXT STEPS, AND POLICY  
RECOMMENDATIONS.

NAME OF RECIPIENT - TYLER MOUNTAIN CROSS LANES COMMUNITY SERVICES

TO PROVIDE RESOURCES TO PURCHASE MEAT, PANTRY ITEMS, AND PACKAGING  
SUPPLIES FOR ITS REGULAR DISTRIBUTIONS TO CLIENTS.

NAME OF RECIPIENT - UNIVERSITY PHYSICIANS & SURGEONS, INC

TO PROVIDE FUNDING WHICH WILL BE USED TO REPLENISH HOPE HOUSE'S STOCK  
OF BASIC HOME FURNISHINGS, TOILETRIES, AND OTHER HOUSEHOLD ITEMS  
UTILIZED BY RESIDENTS. EACH RESIDENT FAMILY ALSO WILL RECEIVE  
APPROXIMATELY \$100/MONTH TO SUPPORT WORK-RELATED TRANSPORTATION AND  
\$150/MONTH FOR GROCERY PURCHASES.

NAME OF RECIPIENT - WEST VIRGINIA FOOD & FARM COALITION

TO PROVIDE FUNDING WHICH WILL BE USED FOR THE FARM-TO-SENIOR PROGRAM,  
WHICH WILL DELIVER WEST VIRGINIA PRODUCE TO SENIOR CITIZENS LIVING IN  
LOW-INCOME SENIOR HOUSING IN CABELL, MASON, AND WAYNE COUNTIES.



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

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

NAME OF RECIPIENT - WEST VIRGINIA HEMOPHILIA FOUNDATION

TO PROVIDE FUNDS TO PURCHASE 29 IPADS: 25 FOR PATIENTS, THREE FOR CLINICAL PROVIDERS AT THE CHARLESTON HEMOPHILIA TREATMENT CENTER, AND ONE FOR THE ORGANIZATION'S STAFF. PATIENTS WHO RECEIVE IPADS WILL BE FROM BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, PUTNAM, OR WAYNE COUNTIES. BY USING THE IPADS, PATIENTS WILL RECEIVE HEALTH EDUCATION INFORMATION AND THE ABILITY TO ACCESS VIRTUAL LEARNING OPPORTUNITIES FORM THE WEST VIRGINIA CHAPTER NATIONAL HEMOPHILIA FOUNDATION. PATIENTS ALSO WILL USE THEIR DEVICES TO SCHEDULE AND ATTEND TELEMEDICINE APPOINTMENTS WITH THE CHARLESTON HEMOPHILIA TREATMENT CENTER.

NAME OF RECIPIENT - WEST VIRGINIA LOCAL HEALTH, INC

TO PROVIDE FUNDS FOR THE LOCAL HEALTH DEPARTMENTS IN CARTER, FLOYD, GREENUP, JOHNSON, AND LAWRENCE (KY); GALLIA AND LAWRENCE (OH); AND LINCOLN AND WAYNE (WV) WITH A \$5,000 SUB-AWARD. EACH HEALTH DEPARTMENT WILL ALLOCATE APPROXIMATELY \$4,000 OF ITS AWARD TO TEMPORARY STAFFING COSTS AND \$1,000 TO PERSONAL PROTECTIVE EQUIPMENT COSTS RELATED TO THE COVID-19 RESPONSE. WEST VIRGINIA LOCAL HEALTH INC. WILL FISCALLY MANAGE THE GRANTS AND ALSO PROVIDE TECHNICAL ASSISTANCE TO THE LOCAL HEALTH DEPARTMENTS.

NAME OF RECIPIENT - WEST VIRGINIA VOAD

TO PROVIDE FUNDS FOR THE LOCAL HEALTH DEPARTMENTS IN CARTER, FLOYD, GREENUP, JOHNSON, AND LAWRENCE (KY); GALLIA AND LAWRENCE (OH); AND LINCOLN AND WAYNE (WV) WITH A \$5,000 SUB-AWARD. EACH HEALTH DEPARTMENT WILL ALLOCATE APPROXIMATELY \$4,000 OF ITS AWARD TO TEMPORARY STAFFING

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

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

COSTS AND \$1,000 TO PERSONAL PROTECTIVE EQUIPMENT COSTS RELATED TO THE COVID-19 RESPONSE. WEST VIRGINIA LOCAL HEALTH INC. WILL FISCALLY MANAGE THE GRANTS AND ALSO PROVIDE TECHNICAL ASSISTANCE TO THE LOCAL HEALTH DEPARTMENTS.

NAME OF RECIPIENT - WINGS OF HOPE

TO PROVIDE FUNDS TO PURCHASE BREAKFAST, LUNCH, AND HYGIENE ITEMS FOR THE CHILDREN ATTENDING THE CATCHER'S MITT PROGRAM.

NAME OF RECIPIENT - WV PERINATAL PARTNERSHIP

TO PROVIDE FUNDS TO ENGAGE A PROJECT COORDINATOR, HEATHER HILL, TO SUPPORT THE DRUG FREE MOMS AND BABIES AND HELP2QUIT PROGRAMS SERVING CLIENTS FROM BOONE, CABELL, KANAWHA, LINCOLN, LOGAN, MASON, MINGO, PUTNAM, WAYNE COUNTIES. FUNDS ALSO WILL BE USED FOR TRAVEL AND MEETING COSTS RELATED TO THE DRUG FREE MOMS AND BABIES PROGRAM AND HELP2QUIT PROGRAM OPERATIONS IN THESE SAME NINE COUNTIES.

NAME OF RECIPIENT - YMCA OF HUNTINGTON

TO PROVIDE FUNDS TO ENGAGE APPROXIMATELY 20 PRE-DIABETIC PARTICIPANTS IN AN EVIDENCE-BASED DIABETES PREVENTION CLASS SERIES. THIS PROGRAM WILL CONSIST OF 26 CLASSES ACROSS A ONE-YEAR PERIOD. PARTICIPANTS WILL RECEIVE HEALTH EDUCATION, PRINT NUTRITION EDUCATION MATERIALS, AS WELL AS \$20 GIFT CARDS AFTER EACH CLASS TO PURCHASE HEALTHY FOOD ITEMS.

NAME OF RECIPIENT - FLOYD COUNTY HOMELESS SHELTER INC

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

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

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

NAME OF RECIPIENT - AMERICAN RED CROSS - EASTERN KENTUCKY CHAPTER  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL MATURITY.  
RESOURCES TO HELP WITH THE 2021 FLOOD.

NAME OF RECIPIENT - UNITED WAY OF THE RIVER CITIES  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL MATURITY.  
PREVENTION EMPOWERMENT PARTNERSHIP'S "EGGS-TRAORDINARY" SCAVENGER HUNT  
FUNDING.

NAME OF RECIPIENT - WEST VIRGINIA VOAD  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL MATURITY.  
RESOURCES TO HELP WITH THE 2021 FLOOD.

NAME OF RECIPIENT - WEST VIRGINIA STATE UNIVERSITY FOUNDATION, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL MATURITY.  
HEALTHY GRANDFAMILIES EMERGENCY FUNDING AWARD.

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 MATURITY.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL MATURITY.

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

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

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

NAME OF RECIPIENT - SCIOTO CHRISTIAN MINISTRY  
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 - BRANCHES DOMESTIC VIOLENCE CENTER  
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 - DEVELOPMENTAL THERAPY CENTER, INC  
TO SUPPORT THE ORGANIZATION WITH RESOURCES TO BRING IT TO THE NEXT  
LEVEL OF OPERATIONAL, PROGRAMMIC, FINANCIAL, OR ORGANIZATIONAL MATURITY.

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

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

NAME OF RECIPIENT - HEART AND HAND OUTREACH MINISTRIES

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 - MANNA MEAL, INC

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

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

**2020**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>PALOTTINE FOUNDATION OF HUNTINGTON, WEST VIRGINIA</b>	Employer identification number <b>** - *** 5504</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	107,026.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	107,026.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	14,916.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	14,916.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>			(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>File with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	<b>9</b>		02/15/21	03/15/21	06/15/21	09/15/21
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>		3,729.	3,729.	3,729.	3,729.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>		6,364.			7,460.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>						
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>			2,635.		
13 Add lines 11 and 12 .....	<b>13</b>			2,635.		7,460.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				1,094.	4,823.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>		6,364.	2,635.	0.	2,637.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>			0.	1,094.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>			1,094.	3,729.	1,092.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>		2,635.			

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			\$ <b>31.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) PALLOTTINE FOUNDATION OF HUNTINGTON, WEST VIRGINIA					Identifying Number  **-***5504
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
02/15/21	3,729.	3,729.			
02/15/21	-6,364.	-2,635.			
03/15/21	3,729.	1,094.	92	.000082192	8.
06/15/21	3,729.	4,823.	3	.000082192	1.
06/18/21	-3,730.	1,093.	87	.000082192	8.
09/13/21	-3,730.	-2,637.			
09/15/21	3,729.	1,092.	153	.000082192	14.
Penalty Due (Sum of Column F).					31.

\* Date of estimated tax payment, withholding credit date or installment due date.



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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	308,415.	308,415.	
TOTAL TO PART I, LINE 3	308,415.	308,415.	

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

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENTS	1,298,377.	0.	1,298,377.	1,298,377.	
TO PART I, LINE 4	1,298,377.	0.	1,298,377.	1,298,377.	

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAINS DISTRIBUTIONS	139,846.	139,846.	
TOTAL TO FORM 990-PF, PART I, LINE 11	139,846.	139,846.	

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	7,400.	0.		7,400.
TO FORM 990-PF, PG 1, LN 16B	7,400.	0.		7,400.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BROKERAGE FEES	261,653.	261,653.		0.
OUTSIDE CONTRACT SERVICES	36,600.	0.		36,600.
TO FORM 990-PF, PG 1, LN 16C	298,253.	261,653.		36,600.

FORM 990-PF	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LICENSES	25.	0.		25.
WV UNEMPLOYMENT TAXES	1,563. 13,824.	0. 0.		1,563. 13,824.
TO FORM 990-PF, PG 1, LN 18	15,412.	0.		15,412.

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BOOKS & SUBSCRIPTIONS	1,407.	0.		1,407.
INSURANCE	4,351.	0.		4,351.
OFFICE EXPENSE	3,489.	0.		3,489.
WEBSITE & SOFTWARE	3,825.	0.		3,825.
SUPPLIES	3,527.	0.		3,527.
MISCELLANEOUS	5,771.	0.		5,771.
IT SERVICES	2,272.	0.		2,272.
OFFICE EQUIPMENT	19,908.	0.		19,908.
ADVERTISING	24.	0.		24.
OTHER FEES	-2.	0.		-2.
TO FORM 990-PF, PG 1, LN 23	44,572.	0.		44,572.

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FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT	8
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	X		7,492,307.	7,656,940.
TOTAL U.S. GOVERNMENT OBLIGATIONS			7,492,307.	7,656,940.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			7,492,307.	7,656,940.

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FORM 990-PF	CORPORATE STOCK	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	42,118,487.	52,089,376.
TOTAL TO FORM 990-PF, PART II, LINE 10B	42,118,487.	52,089,376.

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FORM 990-PF	CORPORATE BONDS	STATEMENT	10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	2,232,967.	2,329,477.
TOTAL TO FORM 990-PF, PART II, LINE 10C	2,232,967.	2,329,477.

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FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	COST	21,489,022.	24,034,337.
TOTAL TO FORM 990-PF, PART II, LINE 13		21,489,022.	24,034,337.

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


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SOFTWARE	8,400.	8,400.	0.
SOFTWARE	9,500.	6,729.	2,771.
APPLE MACBOOK PRO	2,799.	140.	2,659.
TOTAL TO FM 990-PF, PART II, LN 14	<u>20,699.</u>	<u>15,269.</u>	<u>5,430.</u>

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


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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
OPERATING LEASE RIGHT OF USE ASSET	24,570.	6,323.	6,323.
TO FORM 990-PF, PART II, LINE 15	<u>24,570.</u>	<u>6,323.</u>	<u>6,323.</u>

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


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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
OPERATING LEASE LIABILITY	24,569.	6,323.
TOTAL TO FORM 990-PF, PART II, LINE 22	<u>24,569.</u>	<u>6,323.</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 AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SISTER MARY GRACE BARILE, S.A.C. 949 THIRD AVENUE, SUITE 100B HUNTINGTON, WV 25701	CHAIR 1.00	0.	0.	0.
SISTER MARY TERENCE WALL, S.A.C. 949 THIRD AVENUE, SUITE 100B HUNTINGTON, WV 25701	VICE CHAIR 1.00	0.	0.	0.
SISTER JOANNE OBROCHTA, S.A.C. 949 THIRD AVENUE, SUITE 100B HUNTINGTON, WV 25701	BOARD MEMBER 1.00	0.	0.	0.
REV. MSGR. DEAN BORGMEYER, V.F. 949 THIRD AVENUE, SUITE 100B HUNTINGTON, WV 25701	BOARD MEMBER 1.00	0.	0.	0.
ELLEN S. CAPPELLANTI 949 THIRD AVENUE, SUITE 100B HUNTINGTON, WV 25701	SECRETARY 1.00	0.	0.	0.
THOMAS L. CRAIG 949 THIRD AVENUE, SUITE 100B HUNTINGTON, WV 25701	BOARD MEMBER 1.00	0.	0.	0.
S. DAVID CREECH 949 THIRD AVENUE, SUITE 100B HUNTINGTON, WV 25701	TREASURER 1.00	0.	0.	0.
JANELL RAY 949 THIRD AVENUE, SUITE 100B HUNTINGTON, WV 25701	CEO 40.00	139,375.	37,392.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>139,375.</u>	<u>37,392.</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

646,456.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 17

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ACTIVITY TWO

MENTAL HEALTH AND WELLNESS - THE FOUNDATION SUPPORTS PROGRAMS AND SERVICES THAT ADDRESS WELLNESS AND 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

2,192,249.

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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

677,689.

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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

655,759.

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FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 20  
PART XV, LINES 2A THROUGH 2D

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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JANELL RAY  
949 3RD AVENUE  
HUNTINGTON, WV 25701

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
(713)560-7451	CAPACITY BUILDING

EMAIL ADDRESS

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JERAY@PALLOTTINEHUNTINGTON.ORG

FORM AND CONTENT OF APPLICATIONS

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THE PALLOTTINE FOUNDATION OF HUNTINGTON (PFH) OPENS ITS FIRST YEAR OF GRANT FUNDING IN THE SPRING OF 2021 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

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REQUEST FOR PROPOSALS ISSUED - JANUARY 20, 2021; PROPOSAL SUBMISSION DEADLINE - FEBRUARY 28, 2021;

RESTRICTIONS AND LIMITATIONS ON AWARDS

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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.

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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 2021 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, 2021; PROPOSAL SUBMISSION DEADLINE - MAY 15, 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

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 2021 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, 2021; LETTER OF INQUIRY (LOI) SUBMISSION DEADLINE - JUNE 15, 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	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 2021 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, 2021; APPLICATION SUBMISSION DEADLINE - JULY 31,2021

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	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 2021 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, 2021; 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 2021 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, 2021; GRANT PERFORMANCE PERIOD - MAY 1, 2021-APRIL 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.

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 2021 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, 2021; 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)

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 2021 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, 2021; GRANT PERFORMANCE PERIOD - JULY 1,2021-JUNE 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.

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 2021 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 ANNOUNCEMENT - SEPTEMBER 1, 2021; GRANT AGREEMENTS & FUNDING AWARDS -

RESTRICTIONS AND LIMITATIONS ON AWARDS

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ANY SUBMISSION DEADLINES

SEPTEMBER 1-SEPTEMBER 30, 2021; GRANT PERFORMANCE PERIOD - OCTOBER 1, 2021-SEPTEMBER 30, 2022.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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2020 DEPRECIATION AND AMORTIZATION REPORT

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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.	8,400.		0.	8,400.
2	SOFTWARE	04/30/20	SL	2.00		16	9,500.				9,500.	1,979.		4,750.	6,729.
3	APPLE MACBOOK PRO	06/17/21	SL	5.00		16	2,799.				2,799.			140.	140.
	* TOTAL 990-PF PG 1 DEPR						20,699.				20,699.	10,379.		4,890.	15,269.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						17,900.			0.	17,900.	10,379.			15,129.
	ACQUISITIONS						2,799.			0.	2,799.	0.			140.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						20,699.			0.	20,699.	10,379.			15,269.
	ENDING ACCUM DEPR											15,269.			
	ENDING BOOK VALUE											5,430.			