

Return of Private Foundation

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

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OMB No. 1545-0052

2018

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**

| | | |
|---|--|--|
| Name of foundation PALLOTTINE FOUNDATION OF HUNTINGTON, WEST VIRGINIA | | A Employer identification number ** - ** 5504 |
| Number and street (or P.O. box number if mail is not delivered to street address) 949 THIRD AVENUE, SUITE 100B | Room/suite | B Telephone number (713) 560-7451 |
| City or town, state or province, country, and ZIP or foreign postal code HUNTINGTON, WV 25701 | | 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 checked="" 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) \$ 77,229,312. | 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 | | 1,250,724. | 1,250,724. | | STATEMENT 1 |
| 4 Dividends and interest from securities | | 1,076,847. | 1,076,847. | | STATEMENT 2 |
| 5a Gross rents | | | | | |
| b Net rental income or (loss) | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | -176,102. | | | |
| b Gross sales price for all assets on line 6a 36,626,683. | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | 0. | | |
| 8 Net short-term capital gain | | | | | |
| 9 Income modifications | | | | | |
| 10a Gross sales less returns and allowances | | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) | | | | | |
| 11 Other income | | -1,475,287. | 1,693. | | STATEMENT 3 |
| 12 Total. Add lines 1 through 11 | | 676,182. | 2,329,264. | | |
| 13 Compensation of officers, directors, trustees, etc. | | 239,183. | 0. | | 239,183. |
| 14 Other employee salaries and wages | | | | | |
| 15 Pension plans, employee benefits | | | | | |
| 16a Legal fees STMT 4 | | 5,573. | 0. | | 5,573. |
| b Accounting fees STMT 5 | | 2,300. | 0. | | 2,300. |
| c Other professional fees STMT 6 | | 289,326. | 203,196. | | 86,130. |
| 17 Interest | | | | | |
| 18 Taxes STMT 7 | | 26,133. | 0. | | 26,133. |
| 19 Depreciation and depletion | | 4,200. | 0. | | |
| 20 Occupancy | | 13,120. | 0. | | 13,120. |
| 21 Travel, conferences, and meetings | | 15,262. | 0. | | 15,262. |
| 22 Printing and publications | | | | | |
| 23 Other expenses STMT 8 | | 38,009. | 0. | | 38,009. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | | 633,106. | 203,196. | | 425,710. |
| 25 Contributions, gifts, grants paid | | 1,938,945. | | | 1,938,945. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | | 2,572,051. | 203,196. | | 2,364,655. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | | -1,895,869. | | | |
| b Net investment income (if negative, enter -0-) | | | 2,126,068. | | |
| c Adjusted net income (if negative, enter -0-) | | | | N/A | |

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WEST VIRGINIA**

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| Part II Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only. | Beginning of year | End of year | |
|--|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 8,876. | 68,187. | 68,187. |
| | 2 Savings and temporary cash investments | 29,559,088. | 4,819,044. | 4,819,044. |
| | 3 Accounts receivable ▶ 7,304. | | | |
| | Less: allowance for doubtful accounts ▶ | 649. | 7,304. | 7,304. |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | 5,366. | 5,366. |
| | 10a Investments - U.S. and state government obligations STMT 9 | 9,222,170. | 10,321,483. | 10,908,910. |
| | b Investments - corporate stock STMT 10 | 28,713,526. | 41,262,896. | 41,205,952. |
| | c Investments - corporate bonds STMT 11 | 10,771,951. | 3,597,317. | 3,821,872. |
| | 11 Investments - land, buildings, and equipment: basis ▶ | | | |
| Less: accumulated depreciation ▶ | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other STMT 12 | 0. | 16,270,034. | 16,347,395. | |
| 14 Land, buildings, and equipment: basis ▶ 8,400. | | | | |
| Less: accumulated depreciation STMT 13 ▶ 4,900. | 7,700. | 3,500. | 3,500. | |
| 15 Other assets (describe ▶ STATEMENT 14) | 0. | 41,782. | 41,782. | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 78,283,960. | 76,396,913. | 77,229,312. | |
| Liabilities | 17 Accounts payable and accrued expenses | 44,984. | 12,024. | |
| | 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 ▶ STATEMENT 15) | 0. | 41,782. | |
| 23 Total liabilities (add lines 17 through 22) | 44,984. | 53,806. | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> | | | |
| | and complete lines 24 through 26, and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> | | | |
| | and complete lines 27 through 31. | | | |
| 27 Capital stock, trust principal, or current funds | 0. | 0. | | |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | 78,238,976. | 76,343,107. | | |
| 30 Total net assets or fund balances | 78,238,976. | 76,343,107. | | |
| 31 Total liabilities and net assets/fund balances | 78,283,960. | 76,396,913. | | |

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 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 78,238,976. |
| 2 Enter amount from Part I, line 27a | 2 | -1,895,869. |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 76,343,107. |
| 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 30 | 6 | 76,343,107. |

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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 | 10/01/18 | 09/30/19 |
| b PUBLICLY TRADED SECURITIES | P | 10/01/18 | 09/30/19 |
| 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 788,883. | | 812,312. | -23,429. |
| b 35,837,800. | | 35,990,473. | -152,673. |
| 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 | | | -23,429. |
| b | | | -152,673. |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|--|---|----------|-----------|
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | -176,102. |
| 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). If (loss), enter -0- in Part I, line 8 | | 3 | N/A |

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

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

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

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

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

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|---|---------------------------------------|---|--|
| 2017 | 33,032. | 28,841,364. | .001145 |
| 2016 | 0. | 0. | .000000 |
| 2015 | | | |
| 2014 | | | |
| 2013 | | | |

| | | |
|---|----------|-------------|
| 2 Total of line 1, column (d) | 2 | .001145 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | 3 | .000573 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | 4 | 75,740,781. |
| 5 Multiply line 4 by line 3 | 5 | 43,399. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 21,261. |
| 7 Add lines 5 and 6 | 7 | 64,660. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 2,364,655. |

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

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

| | | | |
|--|----|---------|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 21,261. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 21,261. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 21,261. |
| 6 Credits/Payments: | | | |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 | 6a | 25,802. | |
| 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 | 25,802. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | 0. | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 4,541. | |
| 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax <input checked="" type="checkbox"/> 4,541. Refunded <input type="checkbox"/> | 11 | 0. | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|---|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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 Form 1120-POL 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 checked="" type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u> | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u> | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? SEE STATEMENT 16 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 Form 990-T for this year? N/A | | |
| 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 checked="" type="checkbox"/> <u>WV</u> | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? 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 |

PALLOTTINE FOUNDATION OF HUNTINGTON,
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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 | | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address PALLOTTINEHUNTINGTON.ORG | X | |
| 14 The books are in care of JANELL RAY Telephone no. (713) 560-7451 Located at 949 THIRD AVENUE, SUITE 100B, HUNTINGTON, WV ZIP+4 25701 | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year | | N/A |
| 16 At any time during calendar year 2018, 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 | | X |

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

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

| | Yes | No |
|---|---|--------------------------|
| 1a During the year, did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | | N/A |
| Organizations relying on a current notice regarding disaster assistance, check here | | <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 2018? | | 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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions.) | | N/A |
| c If the provisions of section 4942(a)(2) are being applied to any 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 2018 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) | | N/A |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? | | X |

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

| | | | | |
|---|---|---|------------|-----------|
| 5a During the year, did the foundation pay or incur any amount to: | | | Yes | No |
| (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 | If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions | N/A | 5b | |
| | Organizations relying on a current notice regarding disaster assistance, check here | <input type="checkbox"/> | | |
| c | 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). | | | |
| 6a | 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 | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 6b | X |
| | If "Yes" to 6b, file Form 8870. | | | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | N/A | 7b | |
| 8 | 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 17 | | 208,904. | 30,530. | 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 18 | 385,142. |
| 2 | |
| SEE STATEMENT 19 | 384,342. |
| 3 | |
| SEE STATEMENT 20 | 736,122. |
| 4 | |
| SEE STATEMENT 21 | 520,399. |

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 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| Total. Add lines 1 through 3 | 0. |

PALLOTTINE FOUNDATION OF HUNTINGTON,
WEST VIRGINIA

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 | 57,529,173. |
| b | Average of monthly cash balances | 1b | 19,365,021. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 76,894,194. |
| 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 | 76,894,194. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,153,413. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 75,740,781. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 3,787,039. |

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

| | | | |
|----|---|----|------------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 3,787,039. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | 2a | 21,261. |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 21,261. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 3,765,778. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 3,765,778. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 3,765,778. |

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 | 2,364,655. |
| 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 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 2,364,655. |
| 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 | 21,261. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 2,343,394. |

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,
WEST VIRGINIA**

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 3,765,778. |
| 2 Undistributed income, if any, as of the end of 2018: | | | | |
| a Enter amount for 2017 only | | | 1,400,952. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2018: | | | | |
| a From 2013 | | | | |
| b From 2014 | | | | |
| c From 2015 | | | | |
| d From 2016 | | | | |
| e From 2017 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ <u>2,364,655.</u> | | | | |
| a Applied to 2017, but not more than line 2a ... | | | 1,400,952. | |
| 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 2018 distributable amount | | | | 963,703. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2018 (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 2017. Subtract line 4a from line 2a. Taxable amount - see instr. ... | | | 0. | |
| f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 | | | | 2,802,075. |
| 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 2013 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2014 ... | | | | |
| b Excess from 2015 ... | | | | |
| c Excess from 2016 ... | | | | |
| d Excess from 2017 ... | | | | |
| e Excess from 2018 ... | | | | |

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 2018, 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) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed _____ | | | | | |
| b 85% of line 2a _____ | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed _____ | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities _____ | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____ | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets _____ | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____ | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed _____ | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____ | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____ | | | | | |
| (3) Largest amount of support from an exempt organization _____ | | | | | |
| (4) 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 22

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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Form 990-PF (2018)

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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) | | | | |
| a Paid during the year | | | | |
| 3 BETTIES FOUNDATION, INC. 3325 W DUPONT AVE BELLE, WV 25015 | | PC | TO SUPPORT ORGANIZATION WITH TECHNOLOGY UPGRADES-ONE DESKTOP COMPUTER. | 825. |
| ALZHEIMER'S ASSOCIATION 1601 2ND AVENUE CHARLESTON, WV 25387 | | PC | TO SUPPORT ORGANIZATION WITH THE VOLUNTEER-POWERED PROJECT. | 4,869. |
| CABELL COUNTY COMMUNITY SERVICE ORGANIZATION, INC 724 10TH AVE HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION WITH THE FINANCIAL SYSTEMS DEVELOPMENT. | 6,125. |
| CABELL COUNTY FAMILY RESOURCE NETWORK, INC 1002 3RD AVENUE, FL 3 HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION WITH IT UPDATES AND SUPPORT. | 8,000. |
| CABELL-HUNTINGTON COALITION FOR THE HOMELESS 627 4TH AVENUE HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION WITH STAFF DEVELOPMENT TRAINING-NON-VIOLENT CRISIS INTERVENTION. | 7,774. |
| Total | SEE CONTINUATION SHEET(S) | | | 1,938,945. |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| Total | | | | 0. |

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 |
|--|--|--------------------------------------|---|-------------------|
| CENTER FOR RURAL HEALTH DEVELOPMENT, INC 75 CHASE DRIVE HURRICANE, WV 25526 | | PC | TO SUPPORT THE ORGANIZATION WITH THE BOARD RETREAT AND STRATEGIC PLAN DEVELOPMENT. | 5,940. |
| CONTACT HUNTINGTON INC PO BOX 2963 HUNTINGTON, WV 25728 | | PC | TO SUPPORT THE ORGANIZATION WITH FINANCIAL AND BOARD DEVELOPMENT. | 8,850. |
| DEVELOPMENTAL THERAPY CENTER, INC 803 7TH AVENUE HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION WITH THE BUILDING HOME PROJECT. | 25,000. |
| FAITH IN ACTION OF THE RIVER CITIES, INC 1900 THIRD AVENUE HUNTINGTON, WV 25703 | | PC | TO SUPPORT THE ORGANIZATION WITH INCREASING VOLUNTEER SERVICES AND ADMINISTRATIVE | 5,720. |
| FUTURE OF NURSING WEST VIRGINIA 100 ASSOCIATION DRIVE CHARLESTON, WV 25311 | | PC | TO SUPPORT THE ORGANIZATION WITH THREE COMPUTERS, SOFTWARE, AND ACCESSORIES. | 5,000. |
| HARVEST FOR THE HUNGRY 120 N. 5TH STREET IRONTON, OH 45638 | | PC | TO SUPPORT THE ORGANIZATION WITH TECHNOLOGY UPGRADES- THREE COMPUTERS, ONE PRINTER, UPDATED | 5,595. |
| HEART AND HAND OUTREACH MINISTRIES 212 D STREET SOUTH CHARLESTON, WV 25303 | | PC | TO SUPPORT THE ORGANIZATION WITH THE DESIGN AND IMPLEMENTATION OF A NEW WEBSITE. | 3,500. |
| HELPING HANDS OF GREENUP COUNTY INC 412 MAIN STREET PO BOX 633 GREENUP, KY 41144 | | PC | TO SUPPORT THE ORGANIZATION WITH TECHNOLOGY UPGRADES. | 6,000. |
| HUNTINGTON CITY MISSION 624 10TH STREET HUNTINGTON, WV 25706 | | PC | TO SUPPORT THE ORGANIZATION WITH COMPUTERS AND PRINTERS - SIX LAPTOP COMPUTERS AND MS OFFICE FOR 15 | 9,315. |
| INSPIRING DREAMS NETWORK 4035 RIDGEVIEW LANE HURRICANE, WV 25526 | | PC | TO SUPPORT THE ORGANIZATION WITH STRATEGIC COMMUNICATION, PLANNING AND BOARD | 7,846. |
| Total from continuation sheets | | | | 1,911,352. |

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 |
|---|--|--------------------------------------|--|---------|
| KANAWHA VALLEY HOME, INC 1121 VIRGINIA STREET EAST CHARLESTON, WV 25301 | | PC | TO SUPPORT THE ORGANIZATION WITH INFORMATION TECHNOLOGY UPDATES. | 5,901. |
| LILY'S PLACE 1320 7TH AVENUE HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION WITH TECHNOLOGY IMPROVEMENTS - SIX LAPTOPS, ONE IPAD, AND | 10,679. |
| MANNA MEAL, INC 1105 QUARRIER ST CHARLESTON, WV 25301 | | PC | TO SUPPORT THE ORGANIZATION WITH TRAINING AND TRAVEL FOR STAFF AND BOARD. | 7,640. |
| NEIGHBORS HELPING NEIGHBORS 2516 CARTER AVENUE ASHLAND, KY 41101 | | PC | TO SUPPORT THE ORGANIZATION WITH STREAMLINING COLLABORATION PROJECT. | 10,000. |
| REA OF HOPE, INC 1429 LEE ST. EAST CHARLESTON, WV 25301 | | PC | TO SUPPORT THE ORGANIZATION WITH PEER RECOVERY SUPPORT SPECIALIST TRAINING FOR 5 STAFF MEMBERS | 8,475. |
| RLB MINISTRIES/BACKPACK BUDDIES 1632 STATE ROUTE 141 IRONTON, OH 45638 | | PC | TO SUPPORT THE ORGANIZATION WITH IT MODERNIZATION PROJECT. | 10,000. |
| RONALD MCDONALD HOUSE CHARITIES OF HUNTINGTON, INC 1500 17TH STREET HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION WITH VOLUNTEER MANAGEMENT PROGRAM- TWO IPADS, VOLUNTEER MANAGEMENT | 4,778. |
| STAR CLUB, INC 523 2ND STREET ST. ALBANS, WV 25177 | | PC | TO SUPPORT THE ORGANIZATION WITH STAFF TRAINING, TRAVEL, & SOFTWARE UPGRADES. | 3,700. |
| STEPPING STONES, INC PO BOX 539 LVALETTE, WV 25535 | | PC | TO SUPPORT THE ORGANIZATION WITH STRATEGIC PLANNING FOR BOARD AND STAFF. | 10,000. |
| THE BIG IDEA CAMP, CORP PO BOX 143 ASHLAND, KY 41105 | | PC | TO SUPPORT THE ORGANIZATION WITH IMAC WITH RETINA DISPLAY FOR VIDEO EDITING, SOFTWARE, AND CANON | 4,898. |
| Total from continuation sheets | | | | |

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 |
|--|--|--------------------------------------|--|--------|
| THE LOGAN COUNTY CHILD ADVOCACY CENTER, INC PO BOX 308 LOGAN, WV 25601 | | PC | TO SUPPORT THE ORGANIZATION WITH STAFF TRAINING. | 1,811. |
| THE UNDERPRIVILEGED CHILDREN FOUNDATION, INC 716 LEE STREET EAST CHARLESTON, WV 25301 | | PC | TO SUPPORT THE ORGANIZATION WITH WEBSITE STRATEGIC PLAN DEVELOPMENT. | 4,625. |
| TRI-STATE LOCAL FOODS, INC 1650 8TH AVENUE HUNTINGTON, WV 25704 | | PC | TO SUPPORT THE ORGANIZATION WITH THE WILD RAMP 2.0: TECHNOLOGY, STAFF, AND EQUIPMENT TO IMPROVE | 9,881. |
| TUG VALLEY RECOVERY SHELTER ASSOCIATION, INC PO BOX 677 WILLIAMSON, WV 25661 | | PC | TO SUPPORT THE ORGANIZATION WITH NEW PHONE SYSTEM, STAFF TRAINING, AND STRATEGIC PLAN DEVELOPMENT. | 3,278. |
| TYLER MOUNTAIN CROSS LANES COMMUNITY SERVICES 5320 FRONTIER DRIVE CROSS LANES, WV 25313 | | PC | TO SUPPORT THE ORGANIZATION WITH OFFICE COMPUTERS AND WEBSITE UPGRADE. | 3,940. |
| WAYNE COUNTY COMMUNITY SERVICES ORGANIZATION, INC 3609 HUGHES STREET HUNTINGTON, WV 25704 | | PC | TO SUPPORT THE ORGANIZATION WITH NEW WORDPRESS WEBSITE. | 4,500. |
| WEST VIRGINIA CHILD ADVOCACY NETWORK 601 MORRIS ST CHARLESTON, WV 25301 | | PC | TO SUPPORT THE ORGANIZATION WITH A PARTICIPATORY APPROACH TO CAPACITY BUILDING AT CHILD ADVOCACY | 9,100. |
| WV HEALTH RIGHT, INC 1520 WASHINGTON ST. EAST CHARLESTON, WV 25311 | | PC | TO SUPPORT THE ORGANIZATION WITH STAFF DEVELOPMENT - LUNCH AND LEARN PROGRAMS. | 6,000. |
| WEST VIRGINIA INSTITUTE FOR SPIRITUALITY 1601 VIRGINIA STREET EAST CHARLESTON, WV 25311 | | PC | TO SUPPORT THE ORGANIZATION WITH RURAL OUTREACH - PRESENTER & TRAVEL FEES AND TRAINING FOR | 8,833. |
| WEST VIRGINIA RURAL HEALTH ASSOCIATION PO BOX 2073 SHADY SPRING, WV 25918 | | PC | TO SUPPORT THE ORGANIZATION WITH COUNTY SUBSTANCE ABUSE COALITION - NINE ATTENDEES AT 2020 | 4,860. |
| Total from continuation sheets | | | | |

PALLOTTINE FOUNDATION OF HUNTINGTON,
WEST VIRGINIA

** - ***5504

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 VOAD PO BOX 178 WILLIAMSON, WV 25661 | | PC | TO SUPPORT THE ORGANIZATION WITH STAFF/ORGANIZATIONAL DEVELOPMENT AND NEW WEBSITE DEVELOPMENT. | 10,250. |
| CABELL-HUNTINGTON COALITION FOR THE HOMELESS 627 4TH AVENUE HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION CREATE A UNIQUE RESOURCE CENTER THAT WILL PROVIDE NEEDED SUPPORTIVE | 299,200. |
| CATHOLIC CHARITIES WEST VIRGINIA 2000 MAIN STREET WHEELING, WV 26003 | | PC | TO SUPPORT THE ORGANIZATION EXPAND ITS CURRENT PROGRAM MODEL TO FOCUS ON PROVIDING LONG-TERM | 275,980. |
| FACING HUNGER FOOD BANK HUNTINGTON HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION IMPLEMENT A BACK PACK PROGRAM IN SEVEN WV COUNTIES (CABELL, LINCOLN, | 300,000. |
| PARTNERS IN HEALTH NETWORK, INC 405 CAPITOL STREET, SUITE 1009 CHARLESTON, WV 25301 | | PC | TO SUPPORT THE ORGANIZATION DELIVER THE NATIONAL, EVIDENCE BASED CATCH MY BREATH (CMB), ANTI-VAPING | 276,307. |
| UNIVERSITY PHYSICIANS & SURGEONS INC 1600 MEDICAL CENTER DR HUNTINGTON, WV 25701 | | PC | TO SUPPORT THE ORGANIZATION WITH THE HOPE HOUSE WHICH WILL SERVE AS A STEP-DOWN RESIDENCE TO PROVIDE | 300,000. |
| WEST VIRGINIA PERINATAL PARTNERSHIP, INC 1018 KANAWHA BVD, EAST SUITE 1100 CHARLESTON, WV 25301 | | PC | TO SUPPORT THE ORGANIZATION WITH THE HEALTHY BEGINNINGS PROJECT- IMPROVE HEALTH OUTCOMES FOR | 158,950. |
| WEST VIRGINIA LOCAL HEALTH, INC 176 DEER RIDGE FARM BARBOURSVILLE, WV 25504 | | PC | TO SUPPORT THE ORGANIZATION TO DEVELOP STRATEGIES TO ESTABLISH A REGIONAL | 75,000. |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

Part XV | **Supplementary Information**

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

NAME OF RECIPIENT - FAITH IN ACTION OF THE RIVER CITIES, INC
TO SUPPORT THE ORGANIZATION WITH INCREASING VOLUNTEER SERVICES AND
ADMINISTRATIVE PROFICIENCY PROJECT WITH TWO NEW COMPUTERS, IT SECURITY
AND DATA MIGRATION, WEBSITE DEVELOPMENT.

NAME OF RECIPIENT - HARVEST FOR THE HUNGRY
TO SUPPORT THE ORGANIZATION WITH TECHNOLOGY UPGRADES- THREE COMPUTERS,
ONE PRINTER, UPDATED SOFTWARE, AND ANCILLARY COMPUTER EQUIPMENT.

NAME OF RECIPIENT - HUNTINGTON CITY MISSION
TO SUPPORT THE ORGANIZATION WITH COMPUTERS AND PRINTERS - SIX LAPTOP
COMPUTERS AND MS OFFICE FOR 15 USERS.

NAME OF RECIPIENT - INSPIRING DREAMS NETWORK
TO SUPPORT THE ORGANIZATION WITH STRATEGIC COMMUNICATION, PLANNING AND
BOARD DEVELOPMENT.

NAME OF RECIPIENT - LILY'S PLACE
TO SUPPORT THE ORGANIZATION WITH TECHNOLOGY IMPROVEMENTS - SIX LAPTOPS,
ONE IPAD, AND NEW PHONE SYTEM.

NAME OF RECIPIENT - REA OF HOPE, INC
TO SUPPORT THE ORGANIZATION WITH PEER RECOVERY SUPPORT SPECIALIST
TRAINING FOR 5 STAFF MEMBERS AND ADDITIONAL BOARD TRAINING ASSISTANCE.

NAME OF RECIPIENT - RONALD MCDONALD HOUSE CHARITIES OF HUNTINGTON, INC
TO SUPPORT THE ORGANIZATION WITH VOLUNTEER MANAGEMENT PROGRAM- TWO
IPADS, VOLUNTEER MANAGEMENT SOFTWARE, AND INTERNET ACCESS FOR VOLUNTEER

Part XV | **Supplementary Information**

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

OFFICE.

NAME OF RECIPIENT - THE BIG IDEA CAMP, CORP

TO SUPPORT THE ORGANIZATION WITH IMAC WITH RETINA DISPLAY FOR VIDEO
EDITING, SOFTWARE, AND CANON VIDEO CAMERA.

NAME OF RECIPIENT - TRI-STATE LOCAL FOODS, INC

TO SUPPORT THE ORGANIZATION WITH THE WILD RAMP 2.0: TECHNOLOGY, STAFF,
AND EQUIPMENT TO IMPROVE FOOD ACCESS PROJECT.

NAME OF RECIPIENT - WEST VIRGINIA CHILD ADVOCACY NETWORK

TO SUPPORT THE ORGANIZATION WITH A PARTICIPATORY APPROACH TO CAPACITY
BUILDING AT CHILD ADVOCACY CENTERS.

NAME OF RECIPIENT - WEST VIRGINIA INSTITUTE FOR SPIRITUALITY

TO SUPPORT THE ORGANIZATION WITH RURAL OUTREACH - PRESENTER & TRAVEL
FEES AND TRAINING FOR 10 PARTICIPANTS.

NAME OF RECIPIENT - WEST VIRGINIA RURAL HEALTH ASSOCIATION

TO SUPPORT THE ORGANIZATION WITH COUNTY SUBSTANCE ABUSE COALITION -
NINE ATTENDEES AT 2020 RURAL HEALTH CONFERENCE.

NAME OF RECIPIENT - CABELL-HUNTINGTON COALITION FOR THE HOMELESS

TO SUPPORT THE ORGANIZATION CREATE A UNIQUE RESOURCE CENTER THAT WILL
PROVIDE NEEDED SUPPORTIVE SERVICES TO TRANSITIONAL YOUTH (AGES 16-24)
TO HELP THEM SUCCESSFULLY TRANSITION TO ADULTHOOD.

NAME OF RECIPIENT - CATHOLIC CHARITIES WEST VIRGINIA

Part XV | **Supplementary Information**

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

TO SUPPORT THE ORGANIZATION EXPAND ITS CURRENT PROGRAM MODEL TO FOCUS ON PROVIDING LONG-TERM EDUCATION AND CAREER DEVELOPMENT SUPPORTIVE SERVICES TO THOSE IN RECOVERY FROM SUBSTANCE USE DISORDER AND/OR MENTAL HEALTH ISSUES.

NAME OF RECIPIENT - FACING HUNGER FOOD BANK

TO SUPPORT THE ORGANIZATION IMPLEMENT A BACK PACK PROGRAM IN SEVEN WV COUNTIES (CABELL, LINCOLN, LOGAN, MASON, MINGO, PUTNAM AND WAYNE); 4 IN KENTUCKY (BOYD, GREENUP, LAWRENCE & MARTIN); & LAWRENCE CO., OH.

NAME OF RECIPIENT - PARTNERS IN HEALTH NETWORK, INC

TO SUPPORT THE ORGANIZATION DELIVER THE NATIONAL, EVIDENCE BASED CATCH MY BREATH (CMB), ANTI-VAPING CURRICULUM TO AT LEAST 6 COUNTIES, 10 SCHOOLS, AND 2,400 STUDENTS OVER THE NEXT TWO YEARS.

NAME OF RECIPIENT - UNIVERSITY PHYSICIANS & SURGEONS INC

TO SUPPORT THE ORGANIZATION WITH THE HOPE HOUSE WHICH WILL SERVE AS A STEP-DOWN RESIDENCE TO PROVIDE SAFE AND SUPPORTIVE HOUSING ALONG WITH ONGOING TREATMENT FOR FAMILIES WHO HAVE EXPERIENCED SUBSTANCE USE DISORDERS (SUD) BY EXPANDING THE CONTINUUM OF CARE PROVIDED AT PROJECT HOPE FOR WOMEN & CHILDREN.

NAME OF RECIPIENT - WEST VIRGINIA PERINATAL PARTNERSHIP, INC

TO SUPPORT THE ORGANIZATION WITH THE HEALTHY BEGINNINGS PROJECT- IMPROVE HEALTH OUTCOMES FOR MOTHERS AND BABIES IN SOUTHERN WEST VIRGINIA BY IMPROVING THE CARE OF PREGNANT AND PARENTING WOMEN WITH SUBSTANCE USE DISORDER (SUD) AND THEIR FAMILIES AND REDUCING SMOKING IN PREGNANCY AND NICOTINE/SMOKING HARMS TO BABIES AND YOUNG CHILDREN.

Part XV | **Supplementary Information**

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

NAME OF RECIPIENT - WEST VIRGINIA LOCAL HEALTH, INC

TO SUPPORT THE ORGANIZATION TO DEVELOP STRATEGIES TO ESTABLISH A
REGIONAL INFRASTRUCTURE THAT ENABLES READY AND ONGOING COLLABORATION
ACROSS COUNTRY AND STATE LINES.

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 | 1,250,724. | 1,250,724. | |
| TOTAL TO PART I, LINE 3 | 1,250,724. | 1,250,724. | |

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 | 1,076,847. | 0. | 1,076,847. | 1,076,847. | |
| TO PART I, LINE 4 | 1,076,847. | 0. | 1,076,847. | 1,076,847. | |

FORM 990-PF OTHER INCOME STATEMENT 3

| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| CAPITAL GAINS | 1,693. | 1,693. | |
| REFUND OF PY CONTRIBUTIONS | -1,476,980. | 0. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | -1,475,287. | 1,693. | |

FORM 990-PF LEGAL FEES STATEMENT 4

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| LEGAL | 5,573. | 0. | | 5,573. |
| TO FM 990-PF, PG 1, LN 16A | 5,573. | 0. | | 5,573. |

| FORM 990-PF | ACCOUNTING FEES | | | STATEMENT 5 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING | 2,300. | 0. | | 2,300. |
| TO FORM 990-PF, PG 1, LN 16B | 2,300. | 0. | | 2,300. |

| FORM 990-PF | OTHER PROFESSIONAL FEES | | | STATEMENT 6 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| BROKERAGE FEES | 203,196. | 203,196. | | 0. |
| OUTSIDE CONTRACT SERVICES | 86,130. | 0. | | 86,130. |
| TO FORM 990-PF, PG 1, LN 16C | 289,326. | 203,196. | | 86,130. |

| FORM 990-PF | TAXES | | | STATEMENT 7 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| LICENSES | 26. | 0. | | 26. |
| WV UNEMPLOYMENT | 648. | 0. | | 648. |
| TAXES | 25,303. | 0. | | 25,303. |
| PENALTIES | 156. | 0. | | 156. |
| TO FORM 990-PF, PG 1, LN 18 | 26,133. | 0. | | 26,133. |

| FORM 990-PF | OTHER EXPENSES | | | STATEMENT 8 |
|-------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| BOOKS & SUBSCRIPTIONS | 630. | 0. | | 630. |
| INSURANCE | 1,613. | 0. | | 1,613. |
| OFFICE EXPENSE | 6,331. | 0. | | 6,331. |
| WEBSITE & SOFTWARE | 3,789. | 0. | | 3,789. |
| SUPPLIES | 6,724. | 0. | | 6,724. |
| ADVERTISING | 251. | 0. | | 251. |
| EQUIPMENT RENTAL AND MAINTENANCE | 600. | 0. | | 600. |
| MISCELLANEOUS | 2,424. | 0. | | 2,424. |
| IT SERVICES | 6,372. | 0. | | 6,372. |
| OFFICE EQUIPMENT | 9,275. | 0. | | 9,275. |
| TO FORM 990-PF, PG 1, LN 23 | 38,009. | 0. | | 38,009. |

| FORM 990-PF | U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS | | | STATEMENT 9 |
|--|--|----------------|-------------|----------------------|
| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
| MORGAN STANLEY INVESTMENTS | X | | 10,321,483. | 10,908,910. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | | 10,321,483. | 10,908,910. |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS | | | | |
| TOTAL TO FORM 990-PF, PART II, LINE 10A | | | 10,321,483. | 10,908,910. |

| FORM 990-PF | CORPORATE STOCK | | STATEMENT 10 |
|---|-----------------|--|----------------------|
| DESCRIPTION | | | FAIR MARKET VALUE |
| | BOOK VALUE | | |
| MORGAN STANLEY INVESTMENTS | 41,262,896. | | 41,205,952. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 41,262,896. | | 41,205,952. |

| FORM 990-PF | CORPORATE BONDS | STATEMENT | 11 |
|---|-----------------|------------|-------------------|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| MORGAN STANLEY INVESTMENTS | | 3,597,317. | 3,821,872. |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | | 3,597,317. | 3,821,872. |

| FORM 990-PF | OTHER INVESTMENTS | STATEMENT | 12 |
|--|-------------------|-------------|-------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| MORGAN STANLEY INVESTMENTS | COST | 16,270,034. | 16,347,395. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 16,270,034. | 16,347,395. |

| FORM 990-PF | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | STATEMENT | 13 |
|------------------------------------|--|--------------------------|------------|
| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
| SOFTWARE | 8,400. | 4,900. | 3,500. |
| TOTAL TO FM 990-PF, PART II, LN 14 | 8,400. | 4,900. | 3,500. |

| FORM 990-PF | OTHER ASSETS | STATEMENT | 14 |
|------------------------------------|----------------------------|------------------------|-------------------|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| OPERATING LEASE RIGHT OF USE ASSET | 0. | 41,782. | 41,782. |
| TO FORM 990-PF, PART II, LINE 15 | 0. | 41,782. | 41,782. |

| FORM 990-PF | OTHER LIABILITIES | STATEMENT | 15 |
|--|-------------------|------------|----|
| DESCRIPTION | BOY AMOUNT | EOY AMOUNT | |
| OPERATING LEASE LIABILITY | 0. | 41,782. | |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 0. | 41,782. | |

| FORM 990-PF | STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED PART VII-A, LINE 2 | STATEMENT | 16 |
|-------------|---|-----------|----|
|-------------|---|-----------|----|

EXPLANATION

ADDITIONAL DIRECT CHARITABLE ACTIVITY- IN 2018 THE ORGANIZATION ADDED CAPACITY BUILDING AS A FOCUS AREA, SUPPORTING PROGRAMS AND SERVICES THAT WILL ASSIST NONPROFITS IMPROVE THEIR ORGANIZATIONAL EFFECTIVENESS AND ADVANCE THEIR MISSION, INCLUDING, BUT NOT LIMITED TO STAFF TRAINING AND DEVELOPMENT, SOFTWARE AND HARDWARE UPGRADES, WEBSITE DEVELOPMENT, BOARD TRAINING AND DEVELOPMENT, AND STRATEGIC, MARKETING, AND COMMUNICATION PLANS.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 17
 TRUSTEES AND FOUNDATION MANAGERS

| 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 | EXECUTIVE DIRECTOR 40.00 | 208,904. | 30,530. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | <u>208,904.</u> | <u>30,530.</u> | <u>0.</u> |

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 18

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

385,142.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 19

ACTIVITY TWO

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

EXPENSES

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

384,342.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 20

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

736,122.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 21

ACTIVITY FOUR

TOBACCO USE PREVENTION AND CESSATION - THE FOUNDATION SUPPORTS PROGRAMS AND SERVICES THAT ADDRESS TOBACCO USE PREVENTION AND CESSATION CHALLENGES IN THE COMMUNITIES SERVED THROUGH SCHOOL-BASED PREVENTION AND CESSATION PROGRAMS, WORKPLACE PREVENTION AND CESSATION PROGRAMS, CESSATION PROGRAMS FOR PREGNANT WOMEN, AND COMMUNITY TOBACCO EDUCATION PROGRAMS.

EXPENSES

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

520,399.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 22

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY
949 3RD AVENUE
HUNTINGTON, WV 25701

TELEPHONE NUMBER

(713)560-7451

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 2019 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

CB GRANT: OPENS 5/15/19, APPLICATIONS DUE 6/30/19; I-O GRANT: OPENS 6/1/19, APPLICATIONS DUE 7/15/19

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.

