

**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 <b>PALLOTTINE FOUNDATION OF BUCKHANNON WEST VIRGINIA</b>		<b>A Employer identification number</b>  <b>** - ** 2040</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 265</b>	Room/suite	<b>B Telephone number</b> <b>(713) 560-7451</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BUCKHANNON, WV 26201</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> 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		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>7,096,549.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received	4,987,679.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	41,625.	41,625.		STATEMENT 1
	<b>4</b> Dividends and interest from securities	37,098.	37,098.		STATEMENT 2
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	183,350.			
	<b>b</b> Gross sales price for all assets on line 6a <b>1,705,000.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		183,350.		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss)					
<b>11</b> Other income	103.	103.		STATEMENT 3	
<b>12 Total.</b> Add lines 1 through 11	5,249,855.	262,176.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	11,282.	0.		11,282.
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees				
	<b>b</b> Accounting fees <b>STMT 4</b>	2,000.	0.		2,000.
	<b>c</b> Other professional fees <b>STMT 5</b>	8,919.	8,919.		0.
	<b>17</b> Interest				
	<b>18</b> Taxes <b>STMT 6</b>	26.	0.		26.
	<b>19</b> Depreciation and depletion	2,600.	0.		
	<b>20</b> Occupancy	707.	0.		707.
	<b>21</b> Travel, conferences, and meetings	7,957.	0.		7,957.
	<b>22</b> Printing and publications	2,273.	0.		2,273.
	<b>23</b> Other expenses <b>STMT 7</b>	8,337.	0.		8,337.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	44,101.	8,919.		32,582.
	<b>25</b> Contributions, gifts, grants paid	169,908.			169,908.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	214,009.	8,919.		202,490.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements	5,035,846.				
<b>b Net investment income</b> (if negative, enter -0-)		253,257.			
<b>c Adjusted net income</b> (if negative, enter -0-)			N/A		

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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	7,375.	1,322,796.	1,322,796.
	2 Savings and temporary cash investments	58,326.	176,770.	176,770.
	3 Accounts receivable			
	Less: allowance for doubtful accounts	56,169.		
	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	108.	108.	108.
	10a Investments - U.S. and state government obligations STMT 8	302,794.	894,154.	907,824.
	b Investments - corporate stock STMT 9	1,010,095.	2,895,174.	3,027,941.
	c Investments - corporate bonds STMT 10	405,188.	308,443.	316,827.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 11	0.	1,351,186.	1,343,200.	
14 Land, buildings, and equipment: basis STMT 12	15,200.			
Less: accumulated depreciation STMT 12	14,117.	3,683.	1,083.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	1,843,738.	6,949,714.	7,096,549.	
Liabilities	17 Accounts payable and accrued expenses	649.	10,873.	
	18 Grants payable	107,781.	167,687.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	108,430.	178,560.		
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	1,735,308.	6,771,154.		
30 Total net assets or fund balances	1,735,308.	6,771,154.		
31 Total liabilities and net assets/fund balances	1,843,738.	6,949,714.		

**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	1,735,308.
2 Enter amount from Part I, line 27a	2	5,035,846.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	6,771,154.
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	6,771,154.

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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 592,780.		597,118.	-4,338.
b 1,112,220.		924,532.	187,688.
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			-4,338.
b			187,688.
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	183,350.
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	109,114.	2,033,339.	.053662
2016	305,181.	1,940,076.	.157304
2015	93,779.	1,918,590.	.048879
2014			
2013			

2 Total of line 1, column (d) .....	2	.259845
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	.086615
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 .....	4	2,914,506.
5 Multiply line 4 by line 3 .....	5	252,440.
6 Enter 1% of net investment income (1% of Part I, line 27b) .....	6	2,533.
7 Add lines 5 and 6 .....	7	254,973.
8 Enter qualifying distributions from Part XII, line 4 .....	8	202,490.

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 type="checkbox"/> and enter 1% of Part I, line 27b		1	5,065.
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	5,065.
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	5,065.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	2,120.	
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	2,120.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	43.	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	2,988.	
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 2019 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 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 <span style="float: right;">STMT 13</span>	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		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 <b>▶ PALLOTTINEBUCKHANNON.ORG</b>	X	
14 The books are in care of <b>▶ JANELL RAY</b> Telephone no. <b>▶ (713) 560-7451</b> Located at <b>▶ PO BOX 265, BUCKHANNON, WV</b> ZIP+4 <b>▶ 26201</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 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 <b>▶</b>		X

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A
Organizations relying on a current notice regarding disaster assistance, check here <b>▶</b> <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 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)

<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			
<b>b</b> 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 14		9,023.	2,259.	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 15	109,890.
2	
SEE STATEMENT 16	69,829.
3	
SEE STATEMENT 17	8,589.
4	
SEE STATEMENT 18	14,182.

**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.

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**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	2,356,255.
b	Average of monthly cash balances .....	1b	602,634.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	2,958,889.
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	2,958,889.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	44,383.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	2,914,506.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	145,725.

**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	145,725.
2a	Tax on investment income for 2018 from Part VI, line 5 .....	2a	5,065.
b	Income tax for 2018. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	5,065.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	140,660.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	140,660.
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	140,660.

**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	202,490.
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	202,490.
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	202,490.

**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 BUCKHANNON  
WEST VIRGINIA

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

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7 .....				140,660.
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only .....			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013 .....				
<b>b</b> From 2014 .....				
<b>c</b> From 2015 .....				
<b>d</b> From 2016 .....	207,586.			
<b>e</b> From 2017 .....	9,550.			
<b>f</b> Total of lines 3a through e .....	217,136.			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 202,490.				
<b>a</b> Applied to 2017, but not more than line 2a ..			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2018 distributable amount .....				140,660.
<b>e</b> Remaining amount distributed out of corpus .....	61,830.			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	278,966.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 .....				0.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a .....	278,966.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2014 .....				
<b>b</b> Excess from 2015 .....				
<b>c</b> Excess from 2016 .....	207,586.			
<b>d</b> Excess from 2017 .....	9,550.			
<b>e</b> Excess from 2018 .....	61,830.			

**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	
<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 19**

**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 BUCKHANNON  
WEST VIRGINIA

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)				
<b>a Paid during the year</b>				
MOUNTAIN CAP OF WV - CHILD ADVOCACY CENTER 26 N. KANAWHA ST. STE 201 BUCKHANNON, WV 26201		PC	TO SUPPORT THE CHILD ADVOCACY CENTER PROGRAMS.	8,050.
CATHOLIC CHARITIES WV 2000 MAIN STREET WHEELING, WV 26003		PC	TO SUPPORT WELLNESS WORKS FOOD PANTRIES-COMPREHENSIVE CASE MANAGEMENT PROGRAM TO HELP	10,000.
UPSHUR COUNTY FAMILY RESOURCE NETWORK PO BOX 2115 BUCKHANNON, WV 26201		PC	TO SUPPORT THE COMMUNITY BABY SHOWER PROJECT.	1,000.
WEBSTER COUNTY FAMILY RESOURCE NETWORK PO BOX 389 WEBSTER SPRINGS, WV 26288		PC	TO SUPPORT THE HEALTHY WAYS=HEALTHY DAYS PROGRAM.	5,083.
WEBSTER COUNTY HEALTH DEPARTMENT 112 BELL STREET, SUITE C WEBSTER SPRINGS, WV 26288		PC	TO SUPPORT WOMEN'S DAY OUT 2020 PROJECT.	895.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>169,908.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				
				<b>0.</b>





PALLOTTINE FOUNDATION OF BUCKHANNON  
WEST VIRGINIA

\*\* - \*\*\*2040

**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
WOMEN'S AID IN CRISIS, INC. PO BOX 2062 ELKINS, WV 26241		PC	TO SUPPORT THE VICTIM'S ASSISTANCE FUND PROGRAM.	20,000.
MOUNTAINEER FOOD BANK 484 ENTERPRISE DR. GASSAWAY, WV 26624		PC	TO SUPPORT THE FRESH INITIATIVE POP UP MARKETS.	8,920.
WEST VIRGINIA WESLEYAN COLLEGE 59 COLLEGE ABE. BUCKHANNON, WV 26201		PC	TO SUPPORT THE WV RECOVERS PROGRAM.	15,000.
CHAPEL HILL UNITED METHODIST CHURCH 88 S KANAWHA ST BUCKHANNON, WV 26201		PC	TO SUPPORT WEDNESDAY NIGHT DINNER PROGRAM. TO SUPPORT THE CHURCH	4,000.
KASSON PARENT TEACHER ORGANIZATION 19 KASSON RD MOATSVILLE, WV 26405		PC	TO SUPPORT THE MINDFULNESS FOR THE CLASSROOM PROJECT.	9,375.
LEWIS COUNTY SENIOR CENTER 171 W 2ND ST WESTON, WV 26452		PC	TO SUPPORT THE COMPUTER CLASSROOM PROJECT.	2,730.
UPSHUR PARISH HOUSE 68 COLLEGE AVE BUCKHANNON, WV 26201		PC	TO SUPPORT THE HOLIDAY MEAL DISTRIBUTION PROGRAM.	10,000.
YOUTH HEALTH SERVICES 971 HARRISON AVE ELKINS, WV 26241		PC	TO SUPPORT THE PCIT EXPANSION PROJECT.	2,256.
MOUNTAIN HOSPICE, INC. 1002 S CRIM AVE BUCKHANNON, WV 26250		PC	TO SUPPORT THE CAMP GOOD GREIF AND COMMUNITY BEREAVEMENT PROGRAMS.	4,900.
ROCK CAVE ELEMENTARY 12292 ROUTE 20 SOUTH RD TOCK CAVE, WV 26234		PC	TO SUPPORT THE ROCK CAVE SCHOOL GARDEN PROJECT.	5,880.
<b>Total from continuation sheets</b>				<b>144,880.</b>

PALLOTTINE FOUNDATION OF BUCKHANNON  
WEST VIRGINIA

\*\* - \*\*\*2040

**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
UPSHUR COUNTY PUBLIC LIBRARY 1150 ROUTE 20 SOUTH RD BUCKHANNON, WV 26201		PC	TO SUPPORT THE LEARN TO LIVE WELL @ YOUR LIBRARY PROJECT. TO SUPPORT THE ORGANIZATION	10,000.
COMMITTEE ON AGING FOR RANDOLPH COUNTY PO BOX 727, #1 5TH ATREET ELKINS, WV 26241		PC	TO SUPPORT SENIOR CENTER NUTRITION PROGRAM-MEALS FOR SENIOR, AGES 60 AND OVER, THROUGHOUT	10,000.
MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO SUPPORT THE COMMUNITY HEALTH WORKER-HIGH RISK DIABETES PATIENTS PROJECT AND WISDOM	28,598.
MID OHIO VALLEY REGIONAL COUNCIL 709 MARKET ST PARKERSBURG, WV 26101		PC	TO SUPPORT THE SENIOR COMPANION PROGRAM.	7,000.
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET, PO BOX 151 MORGANTOWN, WV 26505		PC	TO SUPPORT THE LIGHT HARM REDUCTIN PROGRAM.	4,000.
WEST VIRGINIA NONPROFIT ASSOCIATION PO BOX 1452 LEWISBURG, WV 24901		PC	TO SUPPORT WITH WORKSHOP FACILITATION AND MEETING EXPENSES.	2,221.
<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 - CATHOLIC CHARITIES WV

TO SUPPORT WELLNESS WORKS FOOD PANTRIES-COMPREHENSIVE CASE MANAGEMENT PROGRAM TO HELP FAMILIES IMPROVE HEALTH AND WELL-BEING. WELLNESS WORKS PROGRAM INCORPORATES THE DISTRIBUTION OF NUTRITIONALLY SOUND FOOD ITEMS AND WRITTEN EDUCATIONAL MATERIALS FOR INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS, INCLUDING DIABETES, HEART DISEASE, AND HIGH CHOLESTEROL.

NAME OF RECIPIENT - COMMITTEE ON AGING FOR RANDOLPH COUNTY

TO SUPPORT SENIOR CENTER NUTRITION PROGRAM-MEALS FOR SENIOR, AGES 60 AND OVER, THROUGHOUT RANDOLPH COUNTY FOR NUTRITION SITES AT RANDOLPH COUNTY SENIOR CENTER IN ELKINS AND SAELLITE LOCATIONS THROUGHOUT THE COUNTY.

NAME OF RECIPIENT - MARSHALL UNIVERSITY RESEARCH CORPORATION

TO SUPPORT THE COMMUNITY HEALTH WORKER-HIGH RISK DIABETES PATIENTS PROJECT AND WISDOM TOOTH PROJECT.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**PALLOTTINE FOUNDATION OF BUCKHANNON  
WEST VIRGINIA**

Employer identification number

**\*\* - \*\*\* 2040**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>PALLOTTINE FOUNDATION OF BUCKHANNON WEST VIRGINIA</b>	Employer identification number <b>** - ***2040</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PALLOTTINE HEALTH SERVICES  2900 1ST AVE  HUNTINGTON, WV 25702	\$ 4,987,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PALOTTINE FOUNDATION OF BUCKHANNON WEST VIRGINIA</b>	Employer identification number  <b>** - ***2040</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>PALLOTTINE FOUNDATION OF BUCKHANNON WEST VIRGINIA</b>	Employer identification number <p style="text-align: center;">** - *** 2040</p>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM **990-PF**

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

**2018**

Name **PALOTTINE FOUNDATION OF BUCKHANNON  
WEST VIRGINIA**

Employer identification number  
**\*\* - \*\*\* 2040**

**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.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	5,065.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
	<b>2b</b>		
	<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>	5,065.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: 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> .....		<b>4</b>	2,103.
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>	2,103.

**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.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	02/15/19	03/15/19	06/15/19	09/15/19
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>	526.	526.	525.	526.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>				
<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>				
13 Add lines 11 and 12 .....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		526.	1,052.	1,577.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		526.	1,052.	
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>	526.	526.	525.	526.
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>				

**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.**

LHA For Paperwork Reduction Act Notice, see separate instructions.

**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 4/15/2018 and before 7/1/2018 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2018 and before 10/1/2018 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019 .....	<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 6/30/2019 and before 10/1/2019 .....	<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 9/30/2019 and before 1/1/2020 .....	<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 12/31/2019 and before 3/16/2020 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<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>43.</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 INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	41,625.	41,625.	
TOTAL TO PART I, LINE 3	41,625.	41,625.	

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	37,098.	0.	37,098.	37,098.	
TO PART I, LINE 4	37,098.	0.	37,098.	37,098.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAINS	103.	103.	
TOTAL TO FORM 990-PF, PART I, LINE 11	103.	103.	

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	2,000.	0.		2,000.
TO FORM 990-PF, PG 1, LN 16B	2,000.	0.		2,000.



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	8,919.	8,919.			0.
TO FORM 990-PF, PG 1, LN 16C	8,919.	8,919.			0.

FORM 990-PF	TAXES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LICENSES	26.	0.			26.
TO FORM 990-PF, PG 1, LN 18	26.	0.			26.

FORM 990-PF	OTHER EXPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MEMBERSHIPS AND DUES	1,357.	0.			1,357.
INSURANCE	32.	0.			32.
STAFF DEVELOPMENT	1,838.	0.			1,838.
WEBSITE SERVICES	1,088.	0.			1,088.
SUPPLIES	242.	0.			242.
TELEPHONE & TELECOMMUNICATIONS	185.	0.			185.
TAXES	3,595.	0.			3,595.
TO FORM 990-PF, PG 1, LN 23	8,337.	0.			8,337.

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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		894,154.	907,824.
TOTAL U.S. GOVERNMENT OBLIGATIONS			894,154.	907,824.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			894,154.	907,824.

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FORM 990-PF	CORPORATE STOCK	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	2,895,174.	3,027,941.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,895,174.	3,027,941.

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FORM 990-PF	CORPORATE BONDS	STATEMENT	10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	308,443.	316,827.
TOTAL TO FORM 990-PF, PART II, LINE 10C	308,443.	316,827.

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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	1,351,186.	1,343,200.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,351,186.	1,343,200.



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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 14  
    TRUSTEES AND FOUNDATION MANAGERS

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SR. MARY GRACE BARILE, S.A.C. PO BOX 265 BUCKHANNON, WV 26201	CHAIR 1.00	0.	0.	0.
SR. FRANCESCA LOWIS, S.A.C. PO BOX 265 BUCKHANNON, WV 26201	VICE CHAIR/SECRETARY 1.00	0.	0.	0.
MR. S. DAVID CREECH PO BOX 265 BUCKHANNON, WV 26201	TREASURER 1.00	0.	0.	0.
MR. MICHAEL TILLMAN PO BOX 265 BUCKHANNON, WV 26201	BOARD MEMBER 1.00	0.	0.	0.
MR. BRYSON VANNOSTRAND, AIA PO BOX 265 BUCKHANNON, WV 26201	BOARD MEMBER 1.00	0.	0.	0.
MS. DAYA WRIGHT PO BOX 265 BUCKHANNON, WV 26201	BOARD MEMBER 1.00	0.	0.	0.
MR. R. DENNIS XANDER PO BOX 265 BUCKHANNON, WV 26201	BOARD MEMBER 1.00	0.	0.	0.
JANELL RAY PO BOX 265 BUCKHANNON, WV 26201	EXECUTIVE DIRECTOR 40.00	9,023.	2,259.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		9,023.	2,259.	0.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 15

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ACTIVITY ONE

HEALTH & WELLNESS - SERVICES THAT PROMOTE A HEALTHY QUALITY OF LIFE INCLUDING BUT NOT LIMITED TO - DIABETES MANAGEMENT AND TREATMENT PROGRAMS - PRENATAL SERVICES FOR LOW INCOME/UNINSURED/UNDERINSURED - ORAL HEALTH AND HYGIENE EDUCATION PROGRAMS - TRANSPORTATION AND ACCESS TO HEALTHCARE SERVICES IN THIS CATEGORY, FUNDING PROVIDED SERVICES TO FOOD BANKS AND PANTRIES, ORAL HEALTH CARE PREVENTION AND TREATMENT FOR SENIORS, A HEALTHY HOME CARE PROGRAM FOR LOW-INCOME SENIORS, AND A HIGH-RISK DIABETES CASE MANAGEMENT PROGRAM

EXPENSES

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

109,890.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 16

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ACTIVITY TWO

LIFESTYLE EDUCATION - SERVICES THAT TARGET LIFESTYLE CONDITIONS THAT THREATEN OUR COMMUNITY INCLUDING BUT NOT LIMITED TO - OBESITY PREVENTION AND TREATMENT PROGRAMS - SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS - DOMESTIC VIOLENCE PREVENTION PROGRAMS - HOMELESS ASSISTANCE PROGRAMS IN THIS CATEGORY, FUNDING WAS PROVIDED FOR ADULT AND CHILD DOMESTIC ABUSE SERVICES VICTIMS FUND, A COMMUNITY BABY SHOWER, ELEMENTARY SCHOOL NUTRITIONAL EDUCATION, COMPREHENSIVE COMMUNITY HEALTHY COOKING PROGRAMS, FAMILY EDUCATIONAL SESSIONS, AND CHILD ABUSE PREVENTION COMMUNITY EDUCATION PROGRAMS

EXPENSES

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

69,829.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 17

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ACTIVITY THREE

LEADERSHIP DEVELOPMENT - SERVICES THAT PROMOTE IMPROVED HEALTHCARE LEADERSHIP CAPABILITIES FOR 501(C)(3) ORGANIZATIONS IN THE COMMUNITY INCLUDING BUT NOT LIMITED TO - NONPROFIT MANAGEMENT TRAINING - FUNDRAISING AND MARKETING FOR NONPROFIT ORGANIZATIONS - TEAM BUILDING FOR NONPROFIT ORGANIZATIONS - COLLABORATIVE COMMUNITY PARTNERSHIP. FUNDING IN THIS CATEGORY PROVIDED TRAINING FOR CONGREGATIONAL LEADERS AND TEAMS DEVELOPING CHURCH HEALTH MINISTRIES AND STAFF TRAINING FOR CHILD ADVOCACY CENTERS

EXPENSES

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

8,589.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 18

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ACTIVITY FOUR

SPIRITUAL AND PASTORAL CARE - SERVICES THAT HELP MEET THE RELIGIOUS, SPIRITUAL, EMOTIONAL AND PASTORAL NEEDS OF THE COMMUNITY, INCLUDING BUT NOT LIMITED TO - HOSPICE AND PALLIATIVE CARE PROGRAMS - ALZHEIMERS'S AND DEMENTIA SUPPORT SERVICES - SENIOR ADULTS CARE AND SERVICES - BEREAVEMENT AND GRIEF COUNSELING. FUNDING IN THIS CATEGORY PROVIDED MILEAGE REIMBURSEMENT FOR VOLUNTEERS MAKING HOME VISITS TO SENIORS NEEDING ASSISTANCE WITH A VARIETY OF PERSONAL CARE CHALLENGES

EXPENSES

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

14,182.

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FORM 990-PF

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

STATEMENT 19

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY  
PO BOX 265  
BUCKHANNON, WV 26201

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TELEPHONE NUMBER

(713)560-7451

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EMAIL ADDRESS

JERAY@PALLOTTINESAC.ORG

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FORM AND CONTENT OF APPLICATIONS

THE GRANT APPLICATION MUST BE SUBMITTED ONLINE TO PFB 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.

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ANY SUBMISSION DEADLINES

2019 DEADLINES LETTER OF INQUIRY - JUNE 15, 2019, APPLICATIONS - AUGUST 15, 2019

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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 BUCKHANNON (PFB). THE APPLYING ORGANIZATION MUST SUPPORT CLIENTS IN THE REGION SERVED BY ST. JOSEPH'S HOSPITAL IN BUCKHANNON, WEST VIRGINIA, SPECIFICALLY BARBOUR, LEWIS, RANDOLPH, UPSHUR, AND WEBSTER COUNTIES. GRANT REQUESTS FOR/OR FROM THE FOLLOWING WILL NOT BE CONSIDERED - INDIVIDUALS - ENDOWMENTS - SCHOLARSHIPS OR CAPITAL PROJECTS.

