

Return of Private Foundation

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

OMB No. 1545-0047

2020

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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

Name of foundation PALLOTTINE FOUNDATION OF BUCKHANNON WEST VIRGINIA		A Employer identification number **-***2040
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 265	Room/suite	B Telephone number (713)560-7451
City or town, state or province, country, and ZIP or foreign postal code BUCKHANNON, WV 26201		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 7,999,792.	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		26,407.	26,407.		STATEMENT 1
4 Dividends and interest from securities		116,481.	116,481.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		523,378.			
b Gross sales price for all assets on line 6a 2,749,878.					
7 Capital gain net income (from Part IV, line 2)			523,378.		
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		11,214.	11,214.		STATEMENT 3
12 Total. Add lines 1 through 11		677,480.	677,480.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	54,401.	0.		54,401.
	14 Other employee salaries and wages	75,753.	0.		75,753.
	15 Pension plans, employee benefits	19,104.	0.		19,104.
	16a Legal fees STMT 4	650.	0.		650.
	b Accounting fees STMT 5	6,500.	0.		6,500.
	c Other professional fees STMT 6	24,747.	24,535.		212.
	17 Interest				
	18 Taxes STMT 7	25.	0.		25.
	19 Depreciation and depletion	1,040.	0.		
	20 Occupancy	4,800.	0.		4,800.
	21 Travel, conferences, and meetings	2,594.	0.		2,594.
	22 Printing and publications	367.	0.		367.
	23 Other expenses STMT 8	5,779.	0.		5,779.
	24 Total operating and administrative expenses. Add lines 13 through 23	195,760.	24,535.		170,185.
25 Contributions, gifts, grants paid	132,137.			132,137.	
26 Total expenses and disbursements. Add lines 24 and 25	327,897.	24,535.		302,322.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	349,583.				
b Net investment income (if negative, enter -0-)		652,945.			
c Adjusted net income (if negative, enter -0-)			N/A		

**PALLOTTINE FOUNDATION OF BUCKHANNON
WEST VIRGINIA**

Form 990-PF (2020)

** - ***2040

Page 2

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	373,459.	471,237.	471,237.
	2 Savings and temporary cash investments	157,292.	144,185.	144,185.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	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	420.	432.	432.
	10a Investments - U.S. and state government obligations STMT 9	630,614.	707,292.	711,700.
	b Investments - corporate stock STMT 10	3,455,483.	3,669,717.	4,700,174.
	c Investments - corporate bonds STMT 11	235,602.	221,455.	226,581.
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 12	1,570,072.	1,550,833.	1,741,843.
	14 Land, buildings, and equipment: basis ▶ 20,400. Less: accumulated depreciation STMT 13 ▶ 16,760.	4,680.	3,640.	3,640.
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	6,427,622.	6,768,791.	7,999,792.	
Liabilities	17 Accounts payable and accrued expenses	20,834.	12,420.	
	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 ▶)			
	23 Total liabilities (add lines 17 through 22)	20,834.	12,420.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	6,406,788.	6,756,371.	
29 Total net assets or fund balances	6,406,788.	6,756,371.		
30 Total liabilities and net assets/fund balances	6,427,622.	6,768,791.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	6,406,788.
2 Enter amount from Part I, line 27a	2	349,583.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	6,756,371.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	6,756,371.

Form 990-PF (2020)

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES	P	10/01/20	09/30/21
b PUBLICLY TRADED SECURITIES	P	10/01/20	09/30/21
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 1,297,079.		1,113,551.	183,528.
b 1,452,799.		1,112,949.	339,850.
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			183,528.
b			339,850.
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	523,378.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	N/A

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			

2 Reserved	2	
3 Reserved	3	
4 Reserved	4	
5 Reserved	5	
6 Reserved	6	
7 Reserved	7	
8 Reserved	8	

**PALLOTTINE FOUNDATION OF BUCKHANNON
WEST VIRGINIA**

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	9,076.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	9,076.
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	9,076.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a	2,521.	
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	2,521.
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	6,555.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <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 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 type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input 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 type="checkbox"/> \$ <u>0.</u>		
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 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 type="checkbox"/> <u>WV</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

**PALLOTTINE FOUNDATION OF BUCKHANNON
WEST VIRGINIA**

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 ► <u>PALLOTTINEBUCKHANNON.ORG</u>	X	
14 The books are in care of ► <u>JANELL RAY</u> Telephone no. ► <u>(713) 560-7451</u> Located at ► <u>PO BOX 265, BUCKHANNON, WV</u> ZIP+4 ► <u>26201</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		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 2020?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is 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 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)	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 2020?		X

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	208,080.
2 SEE STATEMENT 16	20,271.
3 SEE STATEMENT 17	47,660.
4 SEE STATEMENT 18	26,311.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.

**PALLOTTINE FOUNDATION OF BUCKHANNON
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	7,478,714.
b	Average of monthly cash balances	1b	313,715.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	7,792,429.
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	7,792,429.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	116,886.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,675,543.
6	Minimum investment return. Enter 5% of line 5	6	383,777.

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	383,777.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	9,076.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	9,076.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	374,701.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	374,701.
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	374,701.

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	302,322.
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	302,322.
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	Adjusted qualifying distributions. Subtract line 5 from line 4	6	302,322.

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				374,701.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016	207,586.			
c From 2017	9,550.			
d From 2018	61,830.			
e From 2019	153,105.			
f Total of lines 3a through e	432,071.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ <u>302,322.</u>				
a Applied to 2019, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2020 distributable amount				302,322.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	72,379.			72,379.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	359,692.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	359,692.			
10 Analysis of line 9:				
a Excess from 2016 ...	135,207.			
b Excess from 2017 ...	9,550.			
c Excess from 2018 ...	61,830.			
d Excess from 2019 ...	153,105.			
e Excess from 2020 ...				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
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 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 (2020)

** - ***2040 Page 11

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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
a Paid during the year				
CATHOLIC CHARITIES WV 2000 MAIN STREET WHEELING, WV 26003		PC	TO SUPPORT HEALTHY COMMUNITIES AND CAPACITY BUILDING PROGRAMS. TO SUPPORT WELLNESS	5,700.
CENTERS AGAINST VIOLENCE PO BOX 2062 ELKINS, WV 26241		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	12,000.
CHAPEL HILL UNITED METHODIST CHURCH 88 S KANAWHA ST BUCKHANNON, WV 26201		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM. TO SUPPORT THE CHURCH	3,500.
LEWIS COUNTY FAMILY RESOURCE NETWORK 240 COURT AVENUE WESTON, WV 26452		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	6,000.
LEWIS COUNTY SENIOR CITIZENS CENTER, INC. 171 W 2ND ST WESTON, WV 26452		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	8,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				132,137.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

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
MARSHALL UNIVERSITY RESERCH CORPORATION 1 JOHN MARSHALL DRIVE HUNTINGTON, WV 25755		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM. TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	12,000.
MID OHIO VALLEY REGIONAL COUNCIL PO BOX 247 PARKERSBURG, WV 26102		PC	TO SUPPORT THE SPIRITUAL& PASTORAL CARE PROGRAM.	8,000.
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET, PO BOX 1519 MORGANTOWN, WV 26505		PC	TO SUPPORT THE HEALTHY COMMUNITIES PROGRAM. TO SUPPORT THE HEALTHY COMMUNITIES PROGRAM.	3,000.
MOUNTAIN CAP OF WV 26 N. KANAWHA ST. STE 201 BUCKHANNON, WV 26201		PC	TO SUPPORT THE LEADERSHIP EDUCATION AND CAPACITY BUILDING PROGRAMS.	9,958.
MOUNTAINEER FOOD BANK 484 ENTERPRISE DR. GASSAWAY, WV 26624		PC	TO SUPPORT THE HEALTHY COMMUNITIES AND CAPACITY BUILDING PROGRAMS.	10,619.
NICHOLAS COUNTY FAMILY RESOURCE NETWORK 503 BROAD STREET, PO BOX 406 SUMMERVILLE, WV 26651		PC	TO SUPPORT SPISITUAL & PASTORAL CARE PROGRAM.	2,000.
THE COMMITTEE ON AGING FOR RANDOLPH COUNTY PO BOX 727, #1 FIFTH STREET ELKINS, WV 26241		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	10,000.
UPSHUR PARISH HOUSE 68 COLLEGE AVE BUCKHANNON, WV 26201		PC	TO SUPPORT THE HEALTHY COMMUNITIES PROGRAM.	12,000.
WEST VIRGINIA FOOD & FARM COALITION, INC. 3820 MCCORKLE AVENUE SE CHARLESTON, WV 25304		PC	TO SUPPORT HEALTHY COMMUNITIES, LEADERSHIP EDUCATION, AND CAPACITY BUILDING PROGRAMS.	8,967.
WEST VIRGINIA HEMPOHILIA FOUNDATION PO BOX 4214 MORGANTOWN, WV 26504		PC	TO SUPPORT LEADERSHIP EDUCATION PROGRAM.	3,500.
Total from continuation sheets				96,937.

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
WEST VIRGINIA RURAL HEALTH ASSOCIATION PO BOX 908 BARBOURSVILLE, WV 25504		PC	TO SUPPORT LEADERSHIP EDUCATION PROGRAM.	2,500.
RANDOLPH COUNTY FAMILY RESOURCE NETWORK 142 ROBERT E. LEE AVE ELKINS, WV 26241		PC	REFUND OF PY SUPPORT.	-3,257.
HEART AND HAND HOUSE, INC. PO BOX 128 PHILIPPI, WV 26416		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	7,200.
NEW VISION RENEWABLE ENERGY 734 WILLIS AVENUE BRIDGEPORT, WV 26330		PC	TO SUPPORT CAPACITY BUILDING AND SPIRITUAL & PASTORAL CARE PROGRAMS.	6,450.
TUCKER COUNTY FAMILY RESOURCE NETWORK 100 EDUCATION LANE PARSONS, WV 26287		PC	TO SUPPORT CAPACITY BUILDING PROGRAM.	4,000.
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 - CATHOLIC CHARITIES WV

TO SUPPORT HEALTHY COMMUNITIES AND CAPACITY BUILDING PROGRAMS.

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.

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	26,407.	26,407.	
TOTAL TO PART I, LINE 3	26,407.	26,407.	

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	116,481.	0.	116,481.	116,481.	
TO PART I, LINE 4	116,481.	0.	116,481.	116,481.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAIN DISTRIBUTIONS	11,214.	11,214.	
TOTAL TO FORM 990-PF, PART I, LINE 11	11,214.	11,214.	

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	650.	0.		650.
TO FM 990-PF, PG 1, LN 16A	650.	0.		650.

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	6,500.	0.		6,500.
TO FORM 990-PF, PG 1, LN 16B	6,500.	0.		6,500.

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	24,535.	24,535.		0.
CONSULTING	212.	0.		212.
TO FORM 990-PF, PG 1, LN 16C	24,747.	24,535.		212.

FORM 990-PF	TAXES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LICENSES	25.	0.		25.
TO FORM 990-PF, PG 1, LN 18	25.	0.		25.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MEMBERSHIPS AND DUES	1,769.	0.		1,769.
INSURANCE	453.	0.		453.
WEBSITE SERVICES	1,897.	0.		1,897.
TELEPHONE & TELECOMMUNICATIONS	674.	0.		674.
TAXES	912.	0.		912.

MISCELLANEOUS	74.	0.	74.
TO FORM 990-PF, PG 1, LN 23	5,779.	0.	5,779.

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		707,292.	711,700.
TOTAL U.S. GOVERNMENT OBLIGATIONS			707,292.	711,700.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			707,292.	711,700.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	3,669,717.	4,700,174.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,669,717.	4,700,174.

FORM 990-PF CORPORATE BONDS STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	221,455.	226,581.
TOTAL TO FORM 990-PF, PART II, LINE 10C	221,455.	226,581.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	COST	1,550,833.	1,741,843.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,550,833.	1,741,843.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	13
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MANAGEMENT SOFTWARE	10,000.	10,000.	0.
SOFTWARE	5,200.	5,200.	0.
SOFTWARE	5,200.	1,560.	3,640.
TOTAL TO FM 990-PF, PART II, LN 14	20,400.	16,760.	3,640.

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

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.
MS. TRISH COLLETT 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	42,917.	11,484.	0.
MR. IVAR (SKIP) GJOLBERG PO BOX 265 BUCKHANNON, WV 26201	BOARD MEMBER 1.00	0.	0.	0.
DR. THERESA POLING, PHD, MSN, FNP PO BOX 265 BUCKHANNON, WV 26201	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>42,917.</u>	<u>11,484.</u>	<u>0.</u>

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 15

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

208,080.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 16

ACTIVITY TWO

LEADERSHIP 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

20,271.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 17

ACTIVITY THREE

CAPACITY BUILDING -WHATEVER IS NEEDED TO BRING A NONPROFIT TO THE NEXT LEVEL OF OPERATIONAL, PROGRAMMATIC, FINANCIAL, OR ORGANIZATIONAL MATURITY, SO IT MAY MORE EFFECTIVELY AND EFFICIENTLY ADVANCE ITS MISSION INTO THE FUTURE. CAPACITY BUILDING IS NOT A ONE-TIME EFFORT TO IMPROVE SHORT-TERM EFFECTIVENESS, BUT A CONTINUOUS IMPROVEMENT STRATEGY TOWARD THE CREATION OF A SUSTAINABLE AND EFFECTIVE ORGANIZATION.GRANTS ARE DESIGNED TO STRENGTHEN THE ORGANIZATIONAL INFRASTRUCTURE, MANAGEMENT, AND GOVERNANCE OF ELIGIBLE NONPROFITS. THESE GRANTS ARE NOT ABOUT EXPANDING AN ORGANIZATION'S SERVICES, ADDING A NEW PROGRAM, OR RENOVATING A BUILDING. THE IDEA OF CAPACITY BUILDING IS THAT IMPROVED INTERNAL SYSTEMS WILL SUPPORT IMPROVED AND CONTINUED HIGH-QUALITY SERVICES TO CLIENTS.

EXPENSES

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

47,660.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 18

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

26,311.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY
 PO BOX 265
 BUCKHANNON, WV 26201

TELEPHONE NUMBER NAME OF GRANT PROGRAM

(713)560-7451 CORE PRIORITIES

EMAIL ADDRESS

JERAY@PALLOTTINESAC.ORG

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.

ANY SUBMISSION DEADLINES

REQUEST FOR PROPOSALS ISSUED - MAY 11, 2021; LETTER OF INQUIRY (LOI) DEADLINE -JUNE 15, 2021

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF 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.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY
PO BOX 265
BUCKHANNON, WV 26201

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

EMAIL ADDRESS
JERAY@PALLOTTINESAC.ORG

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.

ANY SUBMISSION DEADLINES

LOI APPROVAL AND INVITATION TO APPLY - JULY 1, 2021; APPLICATION SUBMISSION DEADLINE - JULY 31, 2021

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF 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.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY
 PO BOX 265
 BUCKHANNON, WV 26201

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

EMAIL ADDRESS

JERAY@PALLOTTINESAC.ORG

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.

ANY SUBMISSION DEADLINES

GRANT AGREEMENTS EXECUTED AND FUNDING AWARDED - SEPTEMBER 1 - SEPTEMBER 30, 2021

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF 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.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY
 PO BOX 265
 BUCKHANNON, WV 26201

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

EMAIL ADDRESS

JERAY@PALLOTTINESAC.ORG

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.

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF 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.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY
PO BOX 265
BUCKHANNON, WV 26201

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

EMAIL ADDRESS
JERAY@PALLOTTINESAC.ORG

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.

ANY SUBMISSION DEADLINES

AWARDED -

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE GRANTEE MUST BE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PUBLIC CHARITY WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 509(A)(1) OR (2) OF THE CODE, GRANT REQUEST MUST BE FOR A PROGRAM, PROJECT, OR SERVICE THAT IS COMPATIBLE WITH THE MISSION, VISION, VALUES, AND FUNDING PRIORITIES OF THE PALLOTTINE FOUNDATION OF 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.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JANELL RAY
 PO BOX 265
 BUCKHANNON, WV 26201

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

EMAIL ADDRESS

JERAY@PALLOTTINESAC.ORG

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.

ANY SUBMISSION DEADLINES

FUNDING DECISION ANNOUNCEMENTS - JUNE 15, 2021; GRANT AGREEMENT EXECUTED/FUNDING AWARDED -

RESTRICTIONS AND LIMITATIONS ON AWARDS

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ANY SUBMISSION DEADLINES

JUNE 15 - JUNE 30, 2021; GRANT PERFORMANCE PERIOD - JULY 1, 2021 - JUNE 30, 2022

RESTRICTIONS AND LIMITATIONS ON AWARDS

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