

Return of Private Foundation

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

OMB No. 1545-0047

2021

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 2021 or tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**

Name of foundation PALLOTTINE FOUNDATION OF BUCKHANNON WEST VIRGINIA		A Employer identification number 47-4572040
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) ▶ \$ 6,403,210.	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, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	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	20,211.	20,211.		STATEMENT 1
	4 Dividends and interest from securities	123,676.	123,676.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	321,636.			
	b Gross sales price for all assets on line 6a	3,725,463.			
	7 Capital gain net income (from Part IV, line 2)		321,636.		
	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	9,277.	9,277.		STATEMENT 3	
12 Total. Add lines 1 through 11	474,800.	474,800.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	58,888.	0.		58,888.
	14 Other employee salaries and wages	114,662.	0.		114,662.
	15 Pension plans, employee benefits	44,023.	0.		44,023.
	16a Legal fees STMT 4	2,948.	0.		2,948.
	b Accounting fees STMT 5	7,000.	0.		7,000.
	c Other professional fees STMT 6	22,650.	22,650.		0.
	17 Interest				
	18 Taxes STMT 7	25.	0.		25.
	19 Depreciation and depletion	5,440.	0.		
	20 Occupancy	5,757.	0.		5,757.
	21 Travel, conferences, and meetings	10,453.	0.		10,453.
	22 Printing and publications	2,384.	0.		2,384.
	23 Other expenses STMT 8	25,242.	0.		25,242.
	24 Total operating and administrative expenses. Add lines 13 through 23	299,472.	22,650.		271,382.
	25 Contributions, gifts, grants paid	113,463.			113,463.
26 Total expenses and disbursements. Add lines 24 and 25	412,935.	22,650.		384,845.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	61,865.				
b Net investment income (if negative, enter -0-)		452,150.			
c Adjusted net income (if negative, enter -0-)			N/A		

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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	471,237.	1,301,358.	1,301,358.
	2 Savings and temporary cash investments	144,185.	97,447.	97,447.
	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	432.	852.	852.
	10a Investments - U.S. and state government obligations STMT 9	707,292.	619,908.	548,225.
	b Investments - corporate stock STMT 10	3,669,717.	2,975,117.	2,760,092.
	c Investments - corporate bonds STMT 11	221,455.	215,708.	183,350.
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 12	1,550,833.	1,624,673.	1,508,286.
	14 Land, buildings, and equipment: basis ▶ 25,800. Less: accumulated depreciation STMT 13 ▶ 22,200.	3,640.	3,600.	3,600.
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	6,768,791.	6,838,663.	6,403,210.	
Liabilities	17 Accounts payable and accrued expenses	12,420.	20,427.	
	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)	12,420.	20,427.	
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	6,756,371.	6,818,236.	
29 Total net assets or fund balances	6,756,371.	6,818,236.		
30 Total liabilities and net assets/fund balances	6,768,791.	6,838,663.		

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	6,756,371.
2 Enter amount from Part I, line 27a	2	61,865.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	6,818,236.
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	6,818,236.

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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	10/01/21	09/30/22
b PUBLICLY TRADED SECURITIES	P	10/01/21	09/30/22
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 1,030,087.		1,143,251.	-113,164.
b 2,695,376.		2,260,576.	434,800.
c			
d			
e			

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-113,164.
b			434,800.
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	321,636.
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 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)	1	6,285.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	6,285.
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	6,285.
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	9,080.
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	9,080.
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 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,795.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> 2,795. Refunded <input type="checkbox"/>	11	0.

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Part VI-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?	1a		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.	1b		X
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.			
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	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If "Yes," attach the statement required by <i>General Instruction T</i> .			
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?	6	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 XIV	7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <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	8b	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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ <u>PALLOTTINEBUCKHANNON.ORG</u>			
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15		N/A
16 At any time during calendar year 2021, 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?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

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Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?		
(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.)	1a(5)	X
	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A
c Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
d 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 2021?	1d	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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
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.)	2b	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?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 2021.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b	X

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

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

Part VII 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		49,000.	9,888.	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 VII 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 VIII-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	303,445.
2 SEE STATEMENT 16	0.
3 SEE STATEMENT 17	6,784.
4 SEE STATEMENT 18	74,621.

Part VIII-B Summary of Program-Related Investments

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

Part IX 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	6,546,258.
b	Average of monthly cash balances	1b	925,426.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	7,471,684.
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	7,471,684.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	112,075.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	7,359,609.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	367,980.

Part X 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 IX, line 6	1	367,980.
2a	Tax on investment income for 2021 from Part V, line 5	2a	6,285.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	6,285.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	361,695.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	361,695.
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 XII, line 1	7	361,695.

Part XI 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	384,845.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	384,845.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				361,695.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	135,207.			
b From 2017	9,550.			
c From 2018	61,830.			
d From 2019	153,105.			
e From 2020				
f Total of lines 3a through e	359,692.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$	384,845.			
a Applied to 2020, 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 2021 distributable amount				361,695.
e Remaining amount distributed out of corpus	23,150.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	382,842.			
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 2020. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				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 2016 not applied on line 5 or line 7	135,207.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	247,635.			
10 Analysis of line 9:				
a Excess from 2017 ...	9,550.			
b Excess from 2018 ...	61,830.			
c Excess from 2019 ...	153,105.			
d Excess from 2020 ...				
e Excess from 2021 ...	23,150.			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV 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

Form 990-PF (2021)

WEST VIRGINIA

47-4572040 Page 11

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
a Paid during the year				
CATHOLIC CHARITIES WEST VIRGINIA 2000 MAIN STREET WHEELING, WV 26003		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM. TO SUPPORT WELLNESS WORKS FOOD PANTRIES-COMPREHENSIVE	10,000.
BARBOUR COUNTY SENIOR CENTER 47 CHURCH STREET PHILIPPI, WV 26416		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	10,000.
BROWNTON HELPING HANDS 1300 BER MOUNTAIN ROAD FLEMINGTON, WV 26347		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM. TO SUPPORT THE CHURCH	4,000.
HEART AND HAND HOUSE, INC. PO BOX 128 PHILIPPI, WV 26416		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	11,495.
HIGHLAND COMMUNITY BUILDERS 2280 RANDOLPH AVE ELKINS, WV 26241		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	9,000.
Total	SEE CONTINUATION SHEET(S)			113,463.
b Approved for future payment				
NONE				
Total				0.

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

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

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

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

b If "Yes," complete the following schedule.

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	<table border="1" style="width: 100%;"> <tr> <td style="padding: 2px;">May the IRS discuss this return with the preparer shown below? See instr.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	May the IRS discuss this return with the preparer shown below? See instr.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
May the IRS discuss this return with the preparer shown below? See instr.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of officer or trustee	EXECUTIVE DIRECTOR			
Date	Title			

Paid Preparer Use Only	Print/Type preparer's name MIRI D. HUNTER, CPAMIRI D. HUNTER, C	Preparer's signature MIRI D. HUNTER, C	Date 02/08/23	Check <input type="checkbox"/> if self-employed	PTIN P01297361
	Firm's name ▶ SUTTLE & STALNAKER, PLLC			Firm's EIN ▶ 55-0538163	
	Firm's address ▶ 1411 VIRGINIA ST., E, STE 100 CHARLESTON, WV 25301			Phone no. (304) 343-4126	

PALLOTTINE FOUNDATION OF BUCKHANNON
WEST VIRGINIA

47-4572040

Part XIV 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
MID OHIO VALLEY REGIONAL COUNCIL PO BOX 247 PARKERSBURG, WV 26102		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM. TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	13,000.
NEW VISION RENEWABLE ENERGY PO BOX 425 PHILIPPI, WV 26416		PC	TO SUPPORT THE HEALTHY COMMUNITIES PROGRAM.	3,200.
NICHOLAS COUNTY FAMILY RESOURCE NETWORK 503 BROAD STREET SUMMERVILLE, WV 26651		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	6,000.
THE COMMITTEE ON AGING FOR RANDOLPH COUNTY PO BOX 727 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.	9,600.
WEST VIRGINIA VOLUNTARY ORGANZATIONS ACTIVE PO BOX 178 WILLIAMSON, WV 25661		PC	TO SUPPORT THE HEALTHY COMMUNITIES PROGRAM.	15,000.
WEST VIRGINIA HEMPOHILIA FOUNDATION PO BOX 4214 MORGANTOWN, WV 26504		PC	TO SUPPORT THE HEALTHY COMMUNITIES PROGRAM.	5,000.
YMCA OF NORTH CENTRAL WEST VIRGINIA 1 LOWNDES HILL PARK RD CLARKSBURG, WV 26301		PC	TO SUPPORT THE HEALTHY COMMUNITIES PROGRAM.	2,119.
LEWIS COUNTY SENIOR CENTER 171 W 2ND ST. WESTON, WV 26452		PC	TO SUPPORT HEALTHY COMMUNITIES PROGRAM.	5,049.
Total from continuation sheets				68,968.

Part XIV Supplementary Information

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

NAME OF RECIPIENT - CATHOLIC CHARITIES WEST VIRGINIA

TO SUPPORT HEALTHY COMMUNITIES PROGRAM.

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	20,211.	20,211.	
TOTAL TO PART I, LINE 3	20,211.	20,211.	

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	123,676.	0.	123,676.	123,676.	
TO PART I, LINE 4	123,676.	0.	123,676.	123,676.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GAINS	9,277.	9,277.	
TOTAL TO FORM 990-PF, PART I, LINE 11	9,277.	9,277.	

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	2,948.	0.		2,948.
TO FM 990-PF, PG 1, LN 16A	2,948.	0.		2,948.

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	7,000.	0.		7,000.
TO FORM 990-PF, PG 1, LN 16B	7,000.	0.		7,000.

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	22,650.	22,650.		0.
TO FORM 990-PF, PG 1, LN 16C	22,650.	22,650.		0.

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	3,724.	0.		3,724.
INSURANCE	757.	0.		757.
WEBSITE SERVICES	2,438.	0.		2,438.
TELEPHONE & TELECOMMUNICATIONS	806.	0.		806.
TAXES	15,635.	0.		15,635.
MISCELLANEOUS	1,423.	0.		1,423.

SUPPLIES	459.	0.	459.
TO FORM 990-PF, PG 1, LN 23	25,242.	0.	25,242.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT	9
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	X		619,908.	548,225.
TOTAL U.S. GOVERNMENT OBLIGATIONS			619,908.	548,225.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			619,908.	548,225.

FORM 990-PF	CORPORATE STOCK	STATEMENT	10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	2,975,117.	2,760,092.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,975,117.	2,760,092.

FORM 990-PF	CORPORATE BONDS	STATEMENT	11
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	215,708.	183,350.
TOTAL TO FORM 990-PF, PART II, LINE 10C	215,708.	183,350.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY INVESTMENTS	COST	1,624,673.	1,508,286.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,624,673.	1,508,286.

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.	5,200.	0.
SOFTWARE	5,400.	1,800.	3,600.
TOTAL TO FM 990-PF, PART II, LN 14	25,800.	22,200.	3,600.

FORM 990-PF PART VII - 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.
DR. MOLLY CLEVER, PH.D. 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	49,000.	9,888.	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 VII		<u>49,000.</u>	<u>9,888.</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 VIII-A, LINE 1

303,445.

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 VIII-A, LINE 2

0.

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 VIII-A, LINE 3

6,784.

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 VIII-A, LINE 4

74,621.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 19
PART XIV, LINES 2A THROUGH 2D

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

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 - JANUARY 14, 2022; PROPOSAL SUBMISSION DEADLINE - FEBRUARY 11, 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	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 - MARCH 21, 2022; GRANT AGREEMENTS EXECUTED AND FUNDING AWARDED -

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

MARCH 21-31, 2022; GRANT PERFORMANCE PERIOD - APRIL 1, 2022-MARCH 31, 2023

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.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	MANAGEMENT SOFTWARE	09/30/16	SL	24.00		16	10,000.				10,000.	10,000.		0.	10,000.
2	SOFTWARE	02/28/18	SL	24.00		16	5,200.				5,200.	5,200.		0.	5,200.
3	SOFTWARE	12/19/19	SL	24.00		16	5,200.				5,200.	1,560.		3,640.	5,200.
4	SOFTWARE	02/01/22	SL	2.00		16	5,400.				5,400.			1,800.	1,800.
	* TOTAL 990-PF PG 1 DEPR						25,800.				25,800.	16,760.		5,440.	22,200.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						20,400.			0.	20,400.	16,760.			20,400.
	ACQUISITIONS						5,400.			0.	5,400.	0.			1,800.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						25,800.			0.	25,800.	16,760.			22,200.
	ENDING ACCUM DEPR											22,200.			
	ENDING BOOK VALUE											3,600.			