








For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation MARY BLACK FOUNDATION INC		A Employer identification number 57-0843135	
Number and street (or P O box number if mail is not delivered to street address) 349 EAST MAIN STREET NO 100		Room/suite	B Telephone number (see instructions) (864) 573-9500
City or town, state or province, country, and ZIP or foreign postal code SPARTANBURG, SC 29302		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 74,073,929</b>	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify <u>(Part I, column (d) must be on cash basis )</u> )	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) (see instructions) )</small>		(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 (attach schedule)	1,360,082			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	2,781	2,781		
	4 Dividends and interest from securities . . . . .	329,806	159,183		
	5a Gross rents . . . . .	177,001	177,001		
	b Net rental income or (loss) <u>48,125</u>				
	6a Net gain or (loss) from sale of assets not on line 10	600,743			
	b Gross sales price for all assets on line 6a <u>24,529,786</u>				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	 1,861,685	1,766,432		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	4,332,098	2,105,397		
	13 Compensation of officers, directors, trustees, etc	255,757	7,674		248,084
	14 Other employee salaries and wages . . . . .	391,066	11,732		380,447
	15 Pension plans, employee benefits . . . . .	190,976	5,729		197,459
	16a Legal fees (attach schedule) . . . . .	 1,485	29		927
	b Accounting fees (attach schedule) . . . . .	 24,430	14,560		11,261
	c Other professional fees (attach schedule) . . . . .	 519,559	348,459		14,051
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	 19,885	112,922		0
	19 Depreciation (attach schedule) and depletion . . . . .	 188,034	110,467		
	20 Occupancy . . . . .	167,237	92,059		69,926
	21 Travel, conferences, and meetings . . . . .	64,863	6,157		61,241
	22 Printing and publications . . . . .	14,280	89		15,074
	23 Other expenses (attach schedule) . . . . .	 1,623,059	32,900		1,711,235
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	3,460,631	742,777		2,709,705
	25 Contributions, gifts, grants paid . . . . .	2,719,717			2,495,620
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	6,180,348	742,777		5,205,325
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-1,848,250			
	b <b>Net investment income</b> (if negative, enter -0-)		1,362,620		
c <b>Adjusted net income</b> (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	213,578	454,884	454,884
	<b>2</b> Savings and temporary cash investments . . . . .	101	101	101
	<b>3</b> Accounts receivable ▶ <u>145,486</u>			
	Less allowance for doubtful accounts ▶ _____	51,896	145,486	145,486
	<b>4</b> Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .	184,366	77,221	77,221
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	87,698	162,174	162,174
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ <u>3,431,588</u>			
Less accumulated depreciation (attach schedule) ▶ <u>1,147,105</u>	2,359,164	2,284,483	1,264,729	
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	79,148,456	70,397,115	70,397,115	
<b>14</b> Land, buildings, and equipment basis ▶ <u>3,658,212</u>				
Less accumulated depreciation (attach schedule) ▶ <u>1,316,545</u>	2,430,664	2,341,667	1,321,915	
<b>15</b> Other assets (describe ▶ _____)	353,587	250,304	250,304	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	84,829,510	76,113,435	74,073,929	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	307,421	215,634	
	<b>18</b> Grants payable . . . . .	2,344,145	2,611,461	
	<b>19</b> Deferred revenue . . . . .	13,138		
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	55,110	36,190	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	2,719,814	2,863,285	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	82,109,696	73,250,150	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	82,109,696	73,250,150	
<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	84,829,510	76,113,435		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	82,109,696
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-1,848,250
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	134,278
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	80,395,724
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	7,145,574
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	73,250,150

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , 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 )
<b>1 a PUBLICLY-TRADED SECURITIES</b>				
<b>b FROM SCHEDULE K-1S</b>		P		
<b>c FROM COMMON TRUST FUNDS</b>		P		
<b>d SALE OF PARTNERSHIP INTEREST - AHIF NON-US EQUITY</b>		P		
<b>e</b>				

(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)
<b>a</b> 11,144,421		11,832,812	-688,391
<b>b</b> 2,059,327			2,059,327
<b>c</b> 3,251,084		3,481,803	-230,719
<b>d</b> 8,074,954		9,227,755	-1,152,801
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V 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))
<b>a</b>			-688,391
<b>b</b>			2,059,327
<b>c</b>			-230,719
<b>d</b>			-1,152,801
<b>e</b>			

<b>2</b> 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 }	<b>2</b>	-12,584
<b>3</b> 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		<b>3</b>	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	4,762,589	80,231,142	0 059361
2016	4,162,401	70,214,894	0 059281
2015	4,366,003	73,213,878	0 059634
2014	4,795,925	74,292,410	0 064555
2013	3,572,844	72,543,110	0 049251

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 292082
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 058416
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	77,174,903
<b>5</b> Multiply line 4 by line 3	<b>5</b>	4,508,249
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	13,626
<b>7</b> Add lines 5 and 6	<b>7</b>	4,521,875
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	5,224,295

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

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

<b>1a</b>	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>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	13,626
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	13,626
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	13,626
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	93,587
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	22,500
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	116,087
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	102,461
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ▶ 30,000 <b>Refunded</b> ▶	<b>11</b>	72,461

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0		
<b>2</b> 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	<b>2</b>	No
<b>3</b> 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	<b>3</b>	Yes
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	Yes
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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 . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ SC		
<b>b</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 General Instruction G? If "No," attach explanation	<b>8b</b>	No
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>MARYBLACKFOUNDATION.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>KIM STRAVOLO</u> Telephone no ► <u>(864) 573-9500</u>			

Located at ► 349 EAST MAIN STREET NO 100 SPARTANBURG SC ZIP+4 ► 29302

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <u>15</u>			
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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 checked="" type="checkbox"/> Yes <input 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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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. . . . . <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . . <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>		<b>No</b>

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

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(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 Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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
KIMBERLY STRAVOLO 349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	VP/CFO 37 50	105,328	8,415	591
NATALIA SWANSON 349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	PROGRAM DIRECTOR HE/ 37 50	70,762	5,959	2,237
KEISHA GRAY 349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	PROGRAM DIRECTOR ECD 37 50	70,879	5,959	1,279
POLLY PADGETT 349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	DIRECTOR, TPP GRANT 37 50	69,285	5,737	139
AMY PAGE 349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	GRANTS MANAGER 37 50	62,735	5,270	894
<b>Total number of other employees paid over \$50,000.</b>				<b>1</b>

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
AON HEWITT CONSULTING 200 EAST RANDOLPH STREET CHICAGO, IL 60601	INVESTMENT CONSULTING	120,000
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET RM 612 COLUMBIA, SC 29208	PROJECT EVALUATION AND DATA COLLECTION	90,249
IT PROS PO BOX 160426 BOILING SPRINGS, SC 29316	IT CONSULTING	53,999

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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B** Summary of Program-Related Investments (see instructions)

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

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	76,671,141
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	413,714
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	1,265,300
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	78,350,155
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	78,350,155
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,175,252
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	77,174,903
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	3,858,745

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	3,858,745
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	13,626
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	10,337
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	23,963
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	3,834,782
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	209,381
<b>5</b>	Add lines 3 and 4.	<b>5</b>	4,044,163
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	4,044,163

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	5,205,325
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	18,970
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	5,224,295
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	13,626
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	5,210,669

**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.



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

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				4,044,163
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . . 1,059,569				
<b>c</b> From 2015. . . . . 937,586				
<b>d</b> From 2016. . . . . 497,490				
<b>e</b> From 2017. . . . . 649,066				
<b>f</b> Total of lines 3a through e. . . . .	3,143,711			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 5,224,295				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				4,044,163
<b>e</b> Remaining amount distributed out of corpus	1,180,132			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,323,843			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	4,323,843			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . . 1,059,569				
<b>b</b> Excess from 2015. . . . . 937,586				
<b>c</b> Excess from 2016. . . . . 497,490				
<b>d</b> Excess from 2017. . . . . 649,066				
<b>e</b> Excess from 2018. . . . . 1,180,132				

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2018</b>	<b>(b) 2017</b>	<b>(c) 2016</b>	<b>(d) 2015</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

<b>1</b> <b>Information Regarding Foundation Managers:</b>
<b>a</b> 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) )
<b>b</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
<b>2</b> <b>Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>
Check here <input type="checkbox"/> 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. See instructions.
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed MARY BLACK FOUNDATION INC 349 EAST MAIN STREET SPARTANBURG, SC 29302 (864) 573-9500
<b>b</b> The form in which applications should be submitted and information and materials they should include SEE HTTP://WWW.MARYBLACKFOUNDATION.ORG
<b>c</b> Any submission deadlines SEE HTTP://WWW.MARYBLACKFOUNDATION.ORG
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors SEE HTTP://WWW.MARYBLACKFOUNDATION.ORG

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<b>g</b> Fees and contracts from government agencies				
<b>2</b> Membership dues and assessments. . . .				
<b>3</b> Interest on savings and temporary cash investments . . . . .				
		14	2,781	
<b>4</b> Dividends and interest from securities. . . .				
		14	329,806	
<b>5</b> Net rental income or (loss) from real estate				
a Debt-financed property. . . . .				
b Not debt-financed property. . . . .				
		16	48,125	
<b>6</b> Net rental income or (loss) from personal property				
<b>7</b> Other investment income. . . . .	525990	20,690	14	1,832,877
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .	525990	65,484	18	535,259
<b>9</b> Net income or (loss) from special events				
<b>10</b> Gross profit or (loss) from sales of inventory				
<b>11</b> Other revenue				
a PROGRAM LOAN INTEREST				6,910
b REBATES AND REFUNDS				1,208
c _____				
d _____				
e _____				
<b>12</b> Subtotal Add columns (b), (d), and (e). .				
	86,174		2,748,848	8,118
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . <b>13</b> 2,843,140				

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

## Part XVII

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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<b>1a(2)</b>		<b>No</b>
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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>	<b>No</b>
--------------	-----------

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
--------------	--	-----------

<b>1b(5)</b>	<b>No</b>
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<b>1b(6)</b>		<b>No</b>
--------------	--	-----------

<b>1c</b>		<b>No</b>
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value  
ue

[illegible]

**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

<p><b>Sign Here</b></p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2019-11-14</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
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May the IRS discuss this return with the preparer shown below

(see instr )? ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	AMANDA ADAMS				
	Firm's name ► CHERRY BEKAERT LLP				Firm's EIN ► 56-0574444
	Firm's address ► 1111 METROPOLITAN AVE STE 900 CHARLOTTE, NC 28204				Phone no (704) 377-1678

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MOLLY TALBOT-METZ	PRESIDENT/CEO 37 50	148,624	12,348	1,500
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
KATHERINE DUNLEAVY	PRESIDENT/CEO (RETIRED) 37 50	107,133	7,971	1,323
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
A TONY FISHER	CHAIR 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
ETHAN BURROUGHS	VICE-CHAIR 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
NORMAN CHAPMAN	TREASURER 2 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
HOPE BLACKLEY	TRUSTEE 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
KAREN CALHOUN	TRUSTEE 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
ANNA CONVERSE	TRUSTEE 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
KEN COUCH	TRUSTEE 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
CARLOS JOHNSON	TRUSTEE 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
DR NAYEF SAMHAT	TRUSTEE 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
BETSY TETER	TRUSTEE 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
GREGORY WADE	TRUSTEE 1 00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ADULT LEARNING CENTER 145 NORTH CHURCH STREET 82 SPARTANBURG, SC 29306	N/A	PC	ALC OPERATING SUPPORT	30,000
ALLIANCE FOR A HEALTHIER GENERATION C/O CLINTON FOUNDATION 1633 BROADWAY 5TH FLOOR NEW YORK, NY 10019	N/A	PC	ALLIANCE FOR A HEALTHIER GENERATION TA SUPPORT	16,000
ANGELS CHARGE MINISTRY 95 ASHLEY ST SPARTANBURG, SC 29307	N/A	PC	COMMUNITY FORUM	500
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ANGELS CHARGE MINISTRY 95 ASHLEY ST SPARTANBURG, SC 29307	N/A	PC	PROGRAMS SUPPORT FOR ANGELS CHARGE MINISTRY	7,500
ARCADIA ELEMENTARY SCHOOL 375 SPRING STREET SPARTANBURG, SC 29301	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
BETHLEHEM CENTERPO BOX 3501 SPARTANBURG, SC 29304	N/A	PC	INNOVATION LAB AND FINANCIAL LITERACY PROGRAMS	10,000
<b>Total . . . . . ▶ 3a</b>				2,495,620



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BIG BROTHERS BIG SISTERS OF THE UPSTATE 161 EAST KENNEDY STREET SPARTANBURG, SC 29306	N/A	PC	TRUSTEE RECOGNITION	5,000
BIG BROTHERS BIG SISTERS OF THE UPSTATE 161 EAST KENNEDY STREET SPARTANBURG, SC 29306	N/A	PC	BIGS IN BLUE & FIRST RESPONDER MENTORING	10,000
BIRTHMATTERS701 SAXON AVE SPARTANBURG, SC 29304	N/A	PC	2018 KEY PARTNER FUNDING	29,125
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BIRTHMATTERS701 SAXON AVE SPARTANBURG, SC 29304	N/A	PC	2018 KEY PARTNER FUNDING	29,125
BIRTHMATTERS701 SAXON AVE SPARTANBURG, SC 29304	N/A	PC	2018 KEY PARTNER FUNDING	29,125
BIRTHMATTERS701 SAXON AVE SPARTANBURG, SC 29304	N/A	PC	2018 KEY PARTNER FUNDING	29,125
<b>Total . . . . .</b> ▶ <b>3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOILING SPRINGS INTERMEDIATE SCHOOL 20055 HANGING ROCK ROAD BOILING SPRINGS, SC 29316	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
CAMPBELLO GRAMLING SCHOOL 250 FAGAN AVE CAMPOBELLO, SC 29322	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
CHAPMAN CULTURAL CENTER 200 EAST SAINT JOHN STREET SPARTANBURG, SC 29306	N/A	PC	TRUSTEE RECOGNITION - TONY FISHER	5,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHAPMAN CULTURAL CENTER 200 EAST SAINT JOHN STREET SPARTANBURG, SC 29306	N/A	PC	CREATIVITY - THE MISSING PIECE	30,000
CHAPMAN CULTURAL CENTER 200 EAST SAINT JOHN STREET SPARTANBURG, SC 29306	N/A	PC	CREATIVITY - THE MISSING PIECE	30,000
CHILDREN'S ADVOCACY CENTER OF SPARTANBURG 100 WASHINGTON PLACE SPARTANBURG, SC 29302	N/A	PC	COMMITTEE RECOGNITION	1,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS 364 S PINE STREET SUITE A-110 SPARTANBURG, SC 29302	N/A	PC	ACCESS TO CANCER CARE FOR SPARTANBURG COUNTY CHILDREN	15,000
CHILDREN'S MUSEUM OF THE UPSTATE INC 300 COLLEGE ST GREENVILLE, SC 29601	N/A	PC	EARLY CHILDHOOD PROGRAMMING	31,000
CHILDREN'S MUSEUM OF THE UPSTATE INC 300 COLLEGE ST SPARTANBURG, SC 29301	N/A	PC	EARLY CHILDHOOD PROGRAMMING	31,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S MUSEUM OF THE UPSTATE INC 300 COLLEGE ST GREENVILLE, SC 29601	N/A	PC	PALMETTO BASICS COMMUNICATION CAMPAIGN	25,000
CHILDREN'S TRUST FUND OF SOUTH CAROLINA 1330 LADY STREET COLUMBIA, SC 29201	N/A	GOV	HFI TRAINING AND IMPLEMENTATION SUPPORT	18,325
CITY OF INMAN20 SOUTH MAIN STREET INMAN, SC 29349	N/A	GOV	INCREASING ACTIVE LIVING AT LEROY C MATHIS PARK THROUGH INSTALLATION OF EXERCISE EQUIPMENT	63,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF SPARTANBURG 145 WEST BROAD STREET SPARTANBURG, SC 29306	N/A	GOV	WALK AND ROLL EVENT	500
COUNCIL ON FOUNDATIONS PO BOX 75674 BALTIMORE, MD 21275	N/A	PC	2018 INCLUSIVE ECONOMIC DEVELOPMENT	1,000
GIRLS ON THE RUN OF SPARTANBURG 170 CAMELOT DR C SPARTANBURG, SC 29301	N/A	PC	PROGRAM EXPANSION AND ENGAGEMENT INITIATIVE	20,000
<b>Total . . . . .</b> ► <b>3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEALTHY SMILES OF SPARTANBURG INC PO BOX 1441 SPARTANBURG, SC 29304	N/A	PC	COMMITTEE RECOGNITION GRANT	500
HEALTHY SMILES OF SPARTANBURG INC PO BOX 1441 SPARTANBURG, SC 29304	N/A	PC	HEALTHY SMILES OF SPARTANBURG FREE PEDIATRIC DENTAL CLINICS	30,000
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	INTENSIVE PARENT EDUCATION AND SUPPORT	38,500
<b>Total . . . . . ▶ 3a</b>				2,495,620



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	HEALTHY FAMILIES INITIATIVE CONVENER	25,500
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	HEALTHY FAMILIES INITIATIVE CONVENER	25,500
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	HFI - TRIPLE P IMPLEMENTATION	5,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	HEALTHY FAMILIES INITIATIVE CONVENER	25,500
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	HEALTHY FAMILIES INITIATIVE CONVENER	25,500
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	INTENSIVE PARENT EDUCATION AND SUPPORT	38,500
<b>Total . . . . .</b> ► <b>3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
HUB CITY FARMERS' MARKET 298 MAGNOLIA ST SPARTANBURG, SC 29306	N/A	PC	2018 KEY PARTNER FUNDING	23,025
HUB CITY FARMERS' MARKET 298 MAGNOLIA ST SPARTANBURG, SC 29306	N/A	PC	2018 KEY PARTNER FUNDING	23,025
HUB CITY FARMERS' MARKET 298 MAGNOLIA ST SPARTANBURG, SC 29306	N/A	PC	2018 KEY PARTNER FUNDING	23,025
<b>Total</b> . . . . .			▶ <b>3a</b>	2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUB CITY FARMERS' MARKET 298 MAGNOLIA ST SPARTANBURG, SC 29306	N/A	PC	2018 KEY PARTNER FUNDING	23,025
IMPACT AMERICA 225 S PLEASANTBURG DR GREENVILLE, SC 29607	N/A	PC	FOCUSFIRST A HIGH-TECH VISION CARE INITIATIVE	28,125
INSTITUTE FOR CHILD SUCCESS 613 E MCBEE AVE GREENVILLE, SC 29601	N/A	PC	CONTINUATION OF EARLY CHILDHOOD DEVELOPMENT POLICIES FOR SYSTEMS-LEVEL CHANGE	23,750
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INSTITUTE FOR CHILD SUCCESS 613 E MCBEE AVE GREENVILLE, SC 29601	N/A	PC	2018 KEY PARTNER FUNDING	23,750
INSTITUTE FOR CHILD SUCCESS 613 E MCBEE AVE GREENVILLE, SC 29601	N/A	PC	2018 KEY PARTNER FUNDING	23,750
INSTITUTE FOR CHILD SUCCESS 613 E MCBEE AVE GREENVILLE, SC 29601	N/A	PC	2018 KEY PARTNER FUNDING	23,750
<b>Total . . . . .</b>			<b>3a</b>	2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INSTITUTE FOR CHILD SUCCESS 613 E MCBEE AVE GREENVILLE, SC 29601	N/A	PC	CONTINUATION OF EARLY CHILDHOOD DEVELOPMENT POLICIES FOR SYSTEMS-LEVEL CHANGE	23,750
INSTITUTE FOR CHILD SUCCESS 613 E MCBEE AVE GREENVILLE, SC 29601	N/A	PC	2018 KEY PARTNER FUNDING	23,750
LONE OAK ELEMENTARY 7314 LONE OAK RD SPARTANBURG, SC 29303	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
MEETING STREET SCHOOLS 201 E BROAD STREET SUITE 110 SPARTANBURG, SC 29306	N/A	GOV	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
MEETING STREET SCHOOLS 201 E BROAD STREET SUITE 110 SPARTANBURG, SC 29306	N/A	GOV	THE SIGHTS OF A BRIGHTER FUTURE	2,100
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD LYMAN, SC 29365	N/A	PC	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	31,250
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD LYMAN, SC 29365	N/A	PC	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD LYMAN, SC 29365	N/A	PC	MULTI-GENERATIONAL SUPPORT FOR VULNERABLE CHILDREN AND FAMILIES	31,250
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD LYMAN, SC 29365	N/A	PC	MULTI-GENERATIONAL SUPPORT FOR VULNERABLE CHILDREN AND FAMILIES	56,250
<b>Total . . . . .</b> ► <b>3a</b>				2,495,620



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD LYMAN, SC 29365	N/A	PC	MULTI-GENERATIONAL SUPPORT FOR VULNERABLE CHILDREN AND FAMILIES	56,250
NORTHSIDE DEVELOPMENT GROUP PO BOX 3362 SPARTANBURG, SC 29303	N/A	PC	MONARCH JR'S	1,350
OP EARLE ELEMENTARY SCHOOL 100 REDLAND ROAD LANDRUM, SC 29356	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OAKLAND ELEMENTARY 151 MUD CREEK ROAD INMAN, SC 29349	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	N/A	PC	2018 KEY PARTNER FUNDING	39,312
PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	N/A	PC	BIKES FOR TYKES	2,500
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	N/A	PC	HEALTHY SCHOOLS INITIATIVE RFP	32,500
PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	N/A	PC	2018 KEY PARTNER FUNDING	39,312
PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	N/A	PC	2018 KEY PARTNER FUNDING	39,313
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	N/A	PC	2018 KEY PARTNER FUNDING	39,313
RP DAWKINS MIDDLE SCHOOL 1300 E BLACKSTOCK RD MOORE, SC 29369	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
REACH OUT AND READ- SOUTH CAROLINA 18 PLOTT DR SYLVA, NC 28779	N/A	PC	REACH OUT AND READ - SPARTANBURG COUNTY INITIATIVE	39,900
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROCKERFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10036	N/A	PC	LISTEN FOR GOOD UPSTATE FAMILY RESOURCE CENTER	7,500
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	N/A	PC	ROVERS EDUCATION OUTREACH PROGRAM FOR EARLY LEARNERS	8,400
SOUTH CAROLINA EAT SMART MOVE MORE COALITION 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	N/A	PC	LEADERSHIP SUMMIT FOR HEALTHY COMMUNITIES	1,500
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPARTANBURG ALLIANCE FOR THE MENTALLY ILL 187 WEST BROAD STREET SPARTANBURG, SC 29306	N/A	PC	BUILDING CAPACITY TO HELP INDIVIDUALS AND FAMILIES WITH ILLNESS	10,000
SPARTANBURG COUNTY FIRST STEPS 900 SOUTH PINE STREET SPARTANBURG, SC 29302	N/A	PC	2018 KEY PARTNER FUNDING	31,125
SPARTANBURG COUNTY FIRST STEPS 900 SOUTH PINE STREET SPARTANBURG, SC 29302	N/A	PC	2018 KEY PARTNER FUNDING	31,125
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPARTANBURG COUNTY FIRST STEPS 900 SOUTH PINE STREET SPARTANBURG, SC 29302	N/A	PC	2018 KEY PARTNER FUNDING	31,125
SPARTANBURG COUNTY FIRST STEPS 900 SOUTH PINE STREET SPARTANBURG, SC 29302	N/A	PC	2018 KEY PARTNER FUNDING	31,125
SPARTANBURG COUNTY SCHOOL DISTRICT ONE 121 WHEELER STREET CAMPOBELLO, SC 29322	N/A	GOV	5TH ANNUAL "COLOR US ONE FUN RUN"	500
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPARTANBURG COUNTY SCHOOL DISTRICT THREE PO BOX 267 GLENDALE, SC 29346	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
SPARTANBURG COUNTY SCHOOL DISTRICT THREE PO BOX 267 GLENDALE, SC 29346	N/A	GOV	BHS AVID IMPLEMENTATION	40,000
SPARTANBURG INTERFAITH HOSPITALITY NETWORK 899 S PINE STREET SPARTANBURG, SC 29302	N/A	PC	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
<b>Total . . . . . ▶ 3a</b>				2,495,620



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPARTANBURG LIONS FOUNDATION PO BOX 647 SPARTANBURG, SC 29304	N/A	PC	SPARTANBURG LIONS FOUNDATION EARLY VISION SCREENING PROGRAM	7,150
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL RD SPARTANBURG, SC 29301	N/A	PC	GET FIT, BE ACTIVE	8,600
SPARTANBURG REGIONAL FOUNDATION 101 E WOOD STREET SPARTANBURG, SC 29303	N/A	PC	SENIOR WELLNESS PROGRAM	30,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPARTANBURG SCHOOL DISTRICT THREE PO BOX 267 GLENDALE, SC 29346	N/A	GOV	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
SPARTANBURG SCHOOL DISTRICT TWO 3231 OLD FURNACE ROAD CHESNEE, SC 29323	N/A	GOV	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
SPARTANBURG URBAN MISSIONS 147 CHAPEL STREET SPARTANBURG, SC 29303	N/A	PC	FOODSHARE SC - SPARTANBURG HUB	15,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SOUTH CAROLINA SCHOOL FOR THE DEAF AND THE BLIND FOUNDATION 355 CEDAR SPRINGS RD SPARTANBURG, SC 29302	N/A	PC	TRUSTEE RECOGNITION	5,000
THE SPARTANBURG COUNTY FOUNDATION 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	N/A	PC	TRUSTEE RECOGNITION	5,000
THE SPARTANBURG COUNTY FOUNDATION 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	N/A	PC	NORTHSIDE NEIGHBORHOOD FUND	200,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TOWN OF LYMAN SC81 GROCE ROAD LYMAN, SC 29365	N/A	GOV	TOWN OF LYMAN ALL-INCLUSIVE CHILDREN'S PLAYGROUND PARK	100,000
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304	N/A	PC	COMMITTEE RECOGNITION	1,000
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0631 SAN DIEGO, CA 92093	N/A	GOV	2019 ACTIVE LIVING CONFERENCE	5,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF SOUTH CAROLINA UPSTATE FOUNDATION 800 UNIVERSITY WAY SPARTANBURG, SC 29303	N/A	PC	CAPACITY BUILDING REQUEST FOR THE CHILD PROTECTION TRAINING CENTER	35,000
UNIVERSITY OF SOUTH CAROLINA UPSTATE FOUNDATION 800 UNIVERSITY WAY SPARTANBURG, SC 29303	N/A	PC	2018 BRIGHTER FUTURE CONFERENCE	5,000
UPSTATE AFFILIATE ORGANIZATION DBA GREENVILLE HEALTH SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	N/A	PC	HEALTHY FAMILIES - TRIPLE IMPLEMENTATION	5,000
<b>Total . . . . . ▶ 3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UPSTATE FAMILY RESOURCE CENTER 1850 OLD FURNACE ROAD BOILING SPRINGS, SC 29316	N/A	PC	PASOS SPARTANBURG A BRIDGE TO CHILD HEALTH FOR LATINO FAMILIES	74,820
UPSTATE FAMILY RESOURCE CENTER 1850 OLD FURNACE ROAD BOILING SPRINGS, SC 29316	N/A	PC	PASOS SPARTANBURG A BRIDGE TO CHILD HEALTH FOR LATINO FAMILIES	31,000
UPSTATE FAMILY RESOURCE CENTER 1850 FURNACE ROAD BOILING SPRINGS, SC 29316	N/A	PC	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
<b>Total . . . . .</b> ► <b>3a</b>				2,495,620

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UPSTATE FATHERHOOD COALITION 300 UNION STREET SUITE E SPARTANBURG, SC 29306	N/A	PC	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
UPSTATE WARRIOR SOLUTION PO BOX 27242 GREENVILLE, SC 29617	N/A	PC	COMMUNITY INTERVENTIONS FOR JUSTICE-INVOLVED VETERANS	25,000
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303	N/A	PC	2019 ETHICS BOWL	500
<b>Total . . . . . ▶ 3a</b>				2,495,620

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WOODLAND HEIGHTS ELEMENTARY 1216 JOHN B WHITE SR BLVD SPARTANBURG, SC 29306	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	39,000
YMCA OF GREATER SPARTANBURG 151 RIBAUT ST SPARTANBURG, SC 29302	N/A	PC	YOUTH DEVELOPMENT PAVILION	10,000
<b>Total . . . . . ▶ 3a</b>				2,495,620



**TY 2018 Accounting Fees Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
AUDIT AND TAX COMPLIANCE SERVICES	24,430	14,560		11,261

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2018 Depreciation Schedule**

**Name:** MARY BLACK FOUNDATION INC

**EIN:** 57-0843135

**Depreciation Schedule**

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING - 349 E MAIN STREET		950,206	328,613		0 %	23,755	0		
BUILDING RENOVATION		4,691,373	1,380,027		0 %	117,272	0		
BUILDING RENOVATION - TENANT SPACE		273,617	70,577		0 %	6,840	0		
TENANT IMPROVEMENTS		286,599	273,604		0 %	6,237	0		
EQUIPMENT, FURNITURE AND FIXTURES		348,079	222,795		0 %	33,930	0		
LAND		544,635		L		0	0		

**TY 2018 Explanation of Non-Filing with Attorney General Statement**

**Name:** MARY BLACK FOUNDATION INC

**EIN:** 57-0843135

**Statement:**

THE SC ATTORNEY GENERAL'S OFFICE NO LONGER REQUESTS A COPY OF FORM 990-PF ON AN ANNUAL BASIS. THE ATTORNEY GENERAL'S OFFICE RESERVES THE RIGHT TO REQUEST THE FORM AS NEEDED. THE FOUNDATION WILL COMPLY WITH ANY REQUESTS MADE AS NEEDED.

**TY 2018 Investments - Land Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135

<b>Category/ Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
LAND	272,318	0	272,318	100,000
BUILDING AND IMPROVEMENTS	3,100,898	1,103,462	1,997,436	1,150,000
EQUIPMENT, FURNITURE, AND FIXTURES	58,372	43,643	14,729	14,729

## TY 2018 Investments - Other Schedule

**Name:** MARY BLACK FOUNDATION INC

**EIN:** 57-0843135

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
AON LIQ. ALTERNATIVES FUND	FMV	2,463,715	2,463,715
ARTWORK	AT COST	4,709	4,709
GOLDMAN SACHS HEDGE FUND	FMV	2,751,612	2,751,612
MACQUARIE INFRASTRUCTURE PARTNERS II AIV, LP	FMV	1,513,452	1,513,452
MACQUARIE INFRASTRUCTURE PARTNERS II INTERNATIONAL, LP	FMV	2,051,332	2,051,332
STATE STREET US TREASURY INFLATION PROTECTED SECURITIES (TIPS)	FMV	3,061,173	3,061,173
STATE STREET US TOTAL MARKETS INDEX NON-LENDING COMMON TRUST FUND	FMV	17,349,841	17,349,841
TRUMBULL PROPERTY FUND LP	FMV	5,722,730	5,722,730
CREDIT OPPORTUNITIES FUND	FMV	6,812,568	6,812,568
CORE PLUS BOND FUND	FMV	7,140,192	7,140,192
STATE STREET MSCI ACWI EX USA INDEX FUND	FMV	13,135,543	13,135,543
STATE STREET MSCI CANADA SMALL CAP INDEX FUND	FMV	136,281	136,281
STATE STREET MSCI EAFE SMALL CAP INDEX FUND	FMV	1,494,448	1,494,448
STATE STREET MSCI EMERGING MARKETS SMALL CAP FUND	FMV	430,962	430,962
LANDMARK REAL ESTATE PARTNERS	FMV	342,626	342,626
RUBIK HOLDINGS LTD	FMV	1,459,229	1,459,229
STATE STREET MSCI EMERGING MARKETS INDEX NON-LENDING COMMON TRUST FUND	FMV	1,400,700	1,400,700
AON PRIVATE CREDIT OPPORTUNITIES FUND, LLC	FMV	742,457	742,457
PIMCO AAA	FMV	2,383,545	2,383,545

**TY 2018 Land, Etc.  
Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	272,317	0	272,317	100,000
BUILDING AND IMPROVEMENTS	3,100,897	1,103,462	1,997,435	1,150,000
EQUIPMENT, FURNITURE, AND FIXTURES	284,998	213,083	71,915	71,915

**TY 2018 Legal Fees Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
GENERAL GOVERNANCE AND COUNSEL	1,485	29		927

**TY 2018 Other Assets Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PROGRAM RELATED INVESTMENTS - LOAN RECEIVABLES	316,548	107,167	107,167
PROGRAM RELATED INVESTMENT - TIY 2013 LLC	12,039	12,039	12,039
PROGRAM RELATED INVESTMENT - TIY 2014 LLC	12,500	12,500	12,500
PROGRAM RELATED INVESTMENT - TIY VENTURES S 2015 LLC	12,500	12,500	12,500
DEFERRED TAX ASSET		106,098	106,098



**TY 2018 Other Decreases Schedule**

**Name:** MARY BLACK FOUNDATION INC

**EIN:** 57-0843135

Description	Amount
UNREALIZED DECLINE IN VALUE OF INVESTMENTS	7,145,574

# TY 2018 Other Expenses Schedule

**Name:** MARY BLACK FOUNDATION INC

**EIN:** 57-0843135

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TECHNOLOGY	53,497	5,299		40,755
MEALS	1,255	0		1,244
INSURANCE	24,088	5,430		18,263
DOCUMENT STORAGE	2,972	990		2,016
SUPPLIES	15,486	1,278		12,984
COMMUNICATIONS	25,086	18,503		6,092
POSTAGE	1,175	118		1,058
GRANT RELATED EXPENSES	1,487,028	0		1,617,310
TELEPHONE	7,180	718		6,796
OTHER ADMINISTRATIVE EXPENSES	5,292	564		4,717

**TY 2018 Other Income Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INCOME FROM SCHEDULE K-1S	1,853,567	1,759,522	1,853,567
PROGRAM LOAN INTEREST	6,910	6,910	6,910
REBATES AND REFUNDS	1,208		1,208

**TY 2018 Other Increases Schedule**

**Name:** MARY BLACK FOUNDATION INC

**EIN:** 57-0843135

Description	Amount
CHANGE IN DEFERRED FEDERAL EXCISE TAX	134,278

**TY 2018 Other Liabilities Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135

Description	Beginning of Year - Book Value	End of Year - Book Value
EXCISE TAX PAYABLE	15,000	30,000
TENANT DEPOSITS	6,190	6,190
PUBLIC SAFETY FUND LIABILITY	5,740	0
DEFERRED TAX LIABILITY	28,180	0

**TY 2018 Other Professional Fees Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT EXPENSES	486,815	329,766		0
OTHER PROFESSIONAL FEES	10,310	189		10,121
PROPERTY MANAGEMENT	22,434	18,504		3,930

**TY 2018 Taxes Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	19,885	0		0
FOREIGN TAXES	0	112,922		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047
		<b>2018</b>
<b>Name of the organization</b> MARY BLACK FOUNDATION INC		<b>Employer identification number</b> 57-0843135

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

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



<b>Name of organization</b> MARY BLACK FOUNDATION INC	<b>Employer identification number</b> 57-0843135
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SC CHILDREN'S TRUST 1330 LADY STREET STE 310 COLUMBIA, SC 29201	\$ 260,320	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	DEPARTMENT OF HEALTH AND HUMAN SERVICES 1101 WOOTTON PARKWAY ROCKVILLE, MD 20852	\$ 1,028,152	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	GEORGIA STATE UNIVERSITY PO BOX 3992 ATLANTA, GA 303022992	\$ 40,974	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Employer identification number

57-0843135

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

<b>Name of organization</b> MARY BLACK FOUNDATION INC	<b>Employer identification number</b> 57-0843135
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	