

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491321044770

Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation  
MARY BLACK FOUNDATION INC

Number and street (or P.O. box number if mail is not delivered to street address)  
349 EAST MAIN STREET NO 100

City or town, state or province, country, and ZIP or foreign postal code  
SPARTANBURG, SC 29302

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 81,228,382

J Accounting method:

☐ Cash

☒ Accrual

☐ Other (specify) (Part I, column (d) must be on cash basis.)

A Employer identification number  
57-0843135

B Telephone number (see instructions)  
(864) 573-9500

C If exemption application is pending, check here

D 1. Foreign organizations, check here.....  
2. Foreign organizations meeting the 85% test, check here and attach computation ...

E If private foundation status was terminated under section 507(b)(1)(A), check here .....

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....

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) (see instructions).)

	(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)	1,605,276		
	2 Check if the foundation is not required to attach Sch. B			
	3 Interest on savings and temporary cash investments	64	64	
	4 Dividends and interest from securities	304,180	75,304	
	5a Gross rents	189,279	189,279	
	b Net rental income or (loss) 58,265			
	6a Net gain or (loss) from sale of assets not on line 10	2,176,677		
	b Gross sales price for all assets on line 6a 13,774,981			
	7 Capital gain net income (from Part IV, line 2)		2,579,141	
	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) (attach schedule)				
11 Other income (attach schedule)	1,967,850	1,966,440		
12 Total. Add lines 1 through 11	6,243,326	4,810,228		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	168,420	5,054	163,367
	14 Other employee salaries and wages	476,439	14,292	448,469
	15 Pension plans, employee benefits	202,609	6,077	191,526
	16a Legal fees (attach schedule)	340	10	854
	b Accounting fees (attach schedule)	24,957	15,372	6,180
	c Other professional fees (attach schedule)	374,785	179,357	7,817
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	39,584	89,439	0
	19 Depreciation (attach schedule) and depletion	186,739	110,130	
	20 Occupancy	174,051	92,396	81,655
	21 Travel, conferences, and meetings	63,911	10,888	50,575
	22 Printing and publications	16,972	160	16,066
	23 Other expenses (attach schedule)	1,777,569	185,737	1,740,705
	24 Total operating and administrative expenses. Add lines 13 through 23	3,506,376	708,912	2,707,214
	25 Contributions, gifts, grants paid	2,258,968		2,563,980
	26 Total expenses and disbursements. Add lines 24 and 25	5,765,344	708,912	5,271,194
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	477,982		
	b Net investment income (if negative, enter -0-)		4,101,316	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

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 . . . . .	454,884	541,913	541,913
	<b>2</b> Savings and temporary cash investments . . . . .	101	19,072	19,072
	<b>3</b> Accounts receivable ▶ <u>1,543,729</u>			
	Less: allowance for doubtful accounts ▶ _____	145,486	1,543,729	1,543,729
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .	77,221	89,767	89,767
	<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 . . . . .	162,174	68,282	68,282
	<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>3,430,215</u>			
Less: accumulated depreciation (attach schedule) ▶ <u>1,226,835</u>	2,284,483	2,203,380	1,260,686	
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	70,397,115	74,365,717	74,365,717	
<b>14</b> Land, buildings, and equipment: basis ▶ <u>3,651,511</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>1,406,641</u>	2,341,667	2,244,870	1,302,177	
<b>15</b> Other assets (describe ▶ _____)	250,304	2,037,039	2,037,039	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	76,113,435	83,113,769	81,228,382	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	215,634	176,794	
	<b>18</b> Grants payable . . . . .	2,611,461	2,306,449	
	<b>19</b> Deferred revenue . . . . .			
	<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 ▶ _____)	36,190	43,682	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	2,863,285	2,526,925	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	73,250,150	80,586,844	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	73,250,150	80,586,844	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	76,113,435	83,113,769		

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 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	73,250,150
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	477,982
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	6,992,530
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	80,720,662
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	133,818
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	80,586,844

**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</b> FROM COMMON TRUST FUNDS	P		
<b>b</b> PUBLICLY TRADED SECURITIES	P		
<b>c</b> FROM SCHEDULE K-1S	P		
<b>d</b>			
<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> 5,166,409		5,641,472	-475,063
<b>b</b> 5,911,308		5,507,325	403,983
<b>c</b> 2,697,264		47,043	2,650,221
<b>d</b>			
<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>			-475,063
<b>b</b>			403,983
<b>c</b>			2,650,221
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="text-align: left; font-size: 0.8em;">             If gain, also enter in Part I, line 7              If (loss), enter -0- in Part I, line 7           </div> <div style="font-size: 2em; margin-left: 5px;">}</div> </div>	<b>2</b>	2,579,141
<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	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="text-align: left; font-size: 0.8em;">             If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-              in Part I, line 8           </div> <div style="font-size: 2em; margin-left: 5px;">}</div> </div>	<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))
2018	5,210,669	77,174,903	0.067518
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

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.310349
<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>	0.062070
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	74,850,779
<b>5</b> Multiply line 4 by line 3	<b>5</b>	4,645,988
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	41,013
<b>7</b> Add lines 5 and 6	<b>7</b>	4,687,001
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	7,278,534

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>	41,013
<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>	41,013
<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>	41,013
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	30,000
<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>	24,500
<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>	54,500
<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>	13,487
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ▶ 13,487 <b>Refunded</b> ▶	<b>11</b>	0

**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? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>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.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ 0 <b>(2)</b> 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? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	Yes	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	Yes	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		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? . . . . .	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	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? <i>If "No," attach explanation</i> . . . . .		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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .		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 SCZIP+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 . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2019, 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>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input 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 2019? . . . . . <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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <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.) . . . . . <input type="checkbox"/>	<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 2019 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 2019.) . . . . . <input type="checkbox"/>	<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 2019?	<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 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	VP/CFO	109,500	9,104	2,368
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	37.50			
KEISHA GRAY	PROGRAM DIRECTOR	78,280	6,503	1,521
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	ECD 37.50			
NATALIA SWANSON	PROGRAM DIRECTOR	76,750	6,503	1,231
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	HE/ 37.50			
POLLY PADGETT	DIRECTOR, TPP GRANT	71,125	5,737	498
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	37.50			
AMY PAGE	GRANTS MANAGER	65,410	5,428	703
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302	37.50			
<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	INVESTMENT CONSULTING	120,000
200 EAST RANDOLPH STREET CHICAGO, IL 60601		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		0

<b>Part IX-A</b>	<b>Summary of Direct Charitable Activities</b>
------------------	--

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	
2	
3	
4	

**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

1 DURING THE YEAR, THE FOUNDATION ISSUED A NOTE TO THE NORTHSIDE DEVELOPMENT CORPORATION FOR THE OPERATIONS AND INITIATIVES RELATED TO THE TK GREGG COMMUNITY CENTER, THE NORTHSIDE AFFORDABLE HOUSING PROJECT, AND THE NORTHSIDE COMMON PROJECT, ALL LOCATED IN THE CITY OF SPARTANBURG.	2,000,000
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	2,000,000

**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>	73,980,929
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	746,980
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	1,262,730
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	75,990,639
<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>	75,990,639
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,139,860
<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>	74,850,779
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	3,742,539

**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>	3,742,539
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	41,013
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	2,216
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	43,229
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	3,699,310
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	150,386
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	3,849,696
<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>	3,849,696

**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>	5,271,194
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	2,000,000
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	7,340
<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>	7,278,534
<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>	41,013
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	7,237,521

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				3,849,696
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	1,059,569			
<b>b</b> From 2015. . . . .	937,586			
<b>c</b> From 2016. . . . .	497,490			
<b>d</b> From 2017. . . . .	649,066			
<b>e</b> From 2018. . . . .	1,180,132			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	4,323,843			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 7,278,534				
<b>a</b> Applied to 2018, 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 2019 distributable amount. . . . .				3,849,696
<b>e</b> Remaining amount distributed out of corpus	3,428,838			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	7,752,681			
<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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				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 2014 not applied on line 5 or line 7 (see instructions). . . . .	1,059,569			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	6,693,112			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	937,586			
<b>b</b> Excess from 2016. . . . .	497,490			
<b>c</b> Excess from 2017. . . . .	649,066			
<b>d</b> Excess from 2018. . . . .	1,180,132			
<b>e</b> Excess from 2019. . . . .	3,428,838			

**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 2019, 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			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<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 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 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>	2,563,980
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3b</b>	1,362,730

Enter gross amounts unless otherwise indicated.

1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions.)
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments. . . .					
3	Interest on savings and temporary cash investments . . . . .			14	64	
4	Dividends and interest from securities. . . .			14	304,180	
5	Net rental income or (loss) from real estate:					
a	Debt-financed property. . . . .					
b	Not debt-financed property. . . . .			16	58,265	
6	Net rental income or (loss) from personal property					
7	Other investment income. . . . .					1,959,459
8	Gain or (loss) from sales of assets other than inventory . . . . .	525990	13,574	18	2,163,103	
9	Net income or (loss) from special events:					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
a	PROGRAM LOAN INTEREST _____					6,981
b	REBATES AND REFUNDS _____					1,410
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e). . .		13,574		2,525,612	1,967,850
13	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)					<b>4,507,036</b>

[illegible]

## Part XVII

	Yes	No
--	-----	----

--	--	--

1a(1)	No
1a(2)	No

--	--	--

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

1b(2)	No
-------	----

1b(3)	No
-------	----

1b(4)	No
-------	----

1b(5)	No
-------	----

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

1c		No
----	--	----

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>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.</p>	
---	--

<p><b>Sign Here</b></p> <p>*****</p> <hr/> <p>Signature of officer or trustee</p>	<p>2020-11-16</p> <hr/> <p>Date</p>	<p>*****</p> <hr/> <p>Title</p>
---	-------------------------------------	---------------------------------

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00748038
	AMANDA ADAMS				
	Firm's name ▶ CHERRY BEKAERT LLP				Firm's EIN ▶ 56-0574444
	Firm's address ▶ 110 EAST COURT STREET SUITE 500 GREENVILLE, SC 29601				Phone no. (864) 233-3981

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
ETHAN BURROUGHS	CHAIR 1.00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
ANNA CONVERSE	VICE CHAIR/CHAIR-ELECT 1.00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
NORMAN CHAPMAN	SECRETARY/TREASURER 2.00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
DR KOFI APPIAH	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				
KEN COUCH	TRUSTEE 1.00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
HOPE LOGAN	TRUSTEE 1.00	0	0	0
349 EAST MAIN STREET SUITE 100 SPARTANBURG, SC 29302				
SCOTT NEELY	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				
MOLLY TALBOT-METZ	PRESIDENT/CEO 37.50	167,450	14,629	1,902
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>				
ALLIANCE FOR A HEALTHIER GENERATION INC C/O CLINTON FOUNDATION 1633 BROADWAY 5TH FLOOR NEW YORK CITY, NY 10019	N/A	PC	AHG TA SUPPORT	16,000
ARCADIA ELEMENTARY SCHOOL 375 SPRING STREET SPARTANBURG, SC 29301	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	1,500
BALLET GUILD OF SPARTANBURG INC 200 EAST SAINT JOHN STREET SPARTANBURG, SC 29306	N/A	PC	COMMUNITY PROJECT WEST AFRICAN DANCE	2,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

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	NATIONAL CONFERENCE	2,000
BIRTHMATTERS701 SAXON AVE SPARTANBURG, SC 29304	N/A	PC	2019 KEY PARTNER FUNDING	119,730
BOILING SPRINGS INTERMEDIATE SCHOOL 2055 HANGING ROCK ROAD BOILING SPRINGS, SC 29316	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	1,500
<b>Total . . . . . ▶ 3a</b>				2,563,980



**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>				
BOYS AND GIRLS CLUBS OF THE UPSTATE PO BOX 2794 SPARTANBURG, SC 29304	N/A	PC	HEALTHY KIDS, HEALTHY COMMUNITIES	40,000
CAMPOBELLO GRAMLING SCHOOL 250 FAGAN AVE CAMPOBELLO, SC 29322	N/A	PC	HEALTHY SCHOOLS INITIATIVE RFP	1,500
CHAPMAN CULTURAL CENTER 200 E ST JOHN STREET SPARTANBURG, SC 29306	N/A	PC	CREATIVITY - THE MISSING PIECE	54,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

**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 130 MAGNOLIA ST SPARTANBURG, SC 29306	N/A	PC	EXPANSION OF EARLY CHILDHOOD PROGRAMMING	36,800
CHILDREN'S TRUST FUND OF SOUTH CAROLINA 1330 LADY STREET COLUMBIA, SC 29201	N/A	PC	HFI TRAINING AND IMPLEMENTATION SUPPORT	50,125
CHRISTMAS IN ACTIONPO BOX 5852 SPARTANBURG, SC 29304	N/A	PC	WHEEL CHAIR RAMPS FOR HEALTH AND SAFETY	18,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

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	DRUG INCINERATOR SYSTEM FOR THE SPARTANBURG COMMUNITY	20,000
CITY OF SPARTANBURG 145 WEST BROAD STREET SPARTANBURG, SC 29306	N/A	GOV	32ND ANNUAL DR. MARTIN LUTHER KING, JR. UNITY WEEK CELEBRATION AND REI PHASE I	4,000
EARLY LEARNING CENTER AT PARK HILLS 301 CRESCENT AVENUE SPARTANBURG, SC 29306	N/A	PC	EARLY CHILDHOOD DEVELOPMENT	3,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

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>				
EMERGE FAMILY THERAPY CENTER & TEACHING CLINIC 138 DILLON DR SPARTANBURG, SC 29307	N/A	PC	MEETING STREET ACADEMY: PLAY THERAPY FOR PRESCHOOLERS AND FAMILY THERAPY SERVICES	25,000
GIRLS ON THE RUN OF SPARTANBURG 170 CAMELOT DR C SPARTANBURG, SC 29301	N/A	PC	PROGRAM EXPANSION AND ENGAGEMENT INITIATIVE	15,000
GOFORTH RECOVERYPO BOX 6560 SPARTANBURG, SC 29302	N/A	PC	GOFORTH RECOVERY	25,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

**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	102,000
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	INTENSIVE PARENT EDUCATION AND SUPPORT THROUGH LEVEL 4 TRIPLE P	73,000
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	N/A	PC	HFI - TRIPLE P IMPLEMENTATION	5,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

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 248 N CHURCH S SPARTANBURG, SC 29306	N/A	PC	2019 KEY PARTNER FUNDING	87,650
HUB CITY FARMERS' MARKET 248 N CHURCH ST SPARTANBURG, SC 29306	N/A	PC	FARMERS MARKET CONFERENCE	600
IMPACT AMERICA 225 S PLEASANTBURG DR SUITE B9 GREENVILLE, SC 29607	N/A	PC	FOCUSFIRST: A HIGH-TECH VISION CARE INITIATIVE	31,250
<b>Total . . . . . ▶ 3a</b>				2,563,980

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	2019 KEY PARTNER FUNDING	142,500
JAMES F BYRNES HIGH SCHOOL 150 EAST MAIN STREET DUNCAN, SC 29334	N/A	GOV	D5 COMMUNITY HEALTH AND WELLNESS 5K COLOR RUN/WALK	500
LONE OAK ELEMENTARY 7314 LONE OAK RD SPARTANBURG, SC 29303	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	1,500
<b>Total . . . . . ▶ 3a</b>				2,563,980

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>				
MEETING STREET SCHOOLS 201 E BROAD STREET SUITE 110 SPARTANBURG, SC 29306	N/A	GOV	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
MIDDLE TYGER COMMUNITY CENTER 84 GROCE RD LYMAN, SC 29365	N/A	PC	MULTI-GENERATIONAL SUPPORT FOR VULNERABLE CHILDREN AND FAMILIES	225,000
MIDDLE TYGER COMMUNITY CENTER 84 GROCE RD LYMAN, SC 29365	N/A	PC	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
<b>Total . . . . . ▶ 3a</b>				2,563,980



**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>				
MOBILE MEAL SERVICE OF SPARTANBURG COUNTY INC PO BOX 461 SPARTANBURG, SC 29304	N/A	PC	COMBI OVEN	40,000
OP EARLE ELEMENTARY SCHOOL 100 REDLAND ROAD LANDRUM, SC 29356	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	1,500
OAKLAND ELEMENTARY SCHOOL 151 MUD CREEK ROAD INMAN, SC 29349	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	1,500
<b>Total . . . . .</b> ► <b>3a</b>				2,563,980

**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 226 S SPRING ST SPARTANBURG, SC 29306	N/A	PC	URBAN TRAILS SYSTEM	200,000
PARTNERS FOR ACTIVE LIVING 226 S SPRING ST SPARTANBURG, SC 29306	N/A	PC	2019 KEY PARTNER FUNDING	182,250
PARTNERS FOR ACTIVE LIVING 226 S SPRING ST SPARTANBURG, SC 29306	N/A	PC	HEALTHY SCHOOLS INITIATIVE CONVENER	32,500
<b>Total . . . . . ▶ 3a</b>				2,563,980

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>				
PINEVIEW HILLS NEIGHBORHOOD ASSOCIATION PO BOX 544 SPARTANBURG, SC 29304	N/A	PC	COMBATING OBESITY WITH HEALTHY EATING AND EXERCISE	70,100
RP DAWKINS MIDDLE SCHOOL 1300 E BLACKSTOCK RD MOORE, SC 29369	N/A	GOV	HEALTHY SCHOOLS INITITATIVE RFP	1,500
REACH OUT AND READ - SOUTH CAROLINA 18 PLOTT DR SYLVA, NC 28779	N/A	PC	REACH OUT AND READ-SPARTANBURG COUNTY INITIATIVE	40,900
<b>Total . . . . . ▶ 3a</b>				2,563,980

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>				
SAFE HOMES-RAPE CRISIS COALITION 236 UNION STREET SPARTANBURG, SC 29302	N/A	PC	EMERGENCY SHELTER VICTIM ADVOCATE	20,000
SOUTH CAROLINA WATERFOWL ASSOCIATION 9833 OLD RIVER RD SPARTANBURG, SC 29125	N/A	PC	CAMP LEOPOLD SCHOLARSHIP PROGRAM	10,000
SPARTANBURG ACADEMIC MOVEMENT 349 E MAIN STREET SUITE 101 SPARTANBURG, SC 29302	N/A	PC	PLANNING AND IMPLEMENTATION OF EXPANDED DEVELOPMENTAL SCREENING SYSTEMS IN SPARTANBURG COUNTY	60,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

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	2019 KEY PARTNER FUNDING	156,500
SPARTANBURG COUNTY PUBLIC LIBRARIES SYSTEM 151 S CHURCH STREET SPARTANBURG, SC 29306	N/A	GOV	LENA TECHNOLOGY	31,800
SPARTANBURG COUNTY SCHOOL DISTRICT SEVEN 610 DUPRE DRIVE SPARTANBURG, SC 29307	N/A	GOV	GENERAL SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

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 FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
SPARTANBURG COUNTY SCHOOL DISTRICT TWO 3231 OLD FURNACE ROAD CHESNEE, SC 29323	N/A	GOV	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
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>				2,563,980

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 SEVEN 610 DUPRE DRIVE SPARTANBURG, SC 29307	N/A	GOV	NEW SPARTANBURG HIGH SCHOOL WALKING TRAIL	124,625
SPARTANBURG URBAN MISSION CDC 147 CHAPEL STREET SPARTANBURG, SC 29303	N/A	PC	FOODSHARE SC- SPARTANBURG HUB	15,000
ST LUKE'S FREE MEDICAL CLINIC PO BOX 3466 SPARTANBURG, SC 29304	N/A	PC	PROVISION AND DELIVERY OF PRIMARY CARE	40,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

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 CHARLES LEA CENTER FOUNDATION INC 195 BURDETTE STREET SPARTANBURG, SC 29307	N/A	PC	CHARLES LEA CENTER RESIDENTIAL HEALTH KITS	10,500
THE CLEVELAND ACADEMY OF LEADERSHIP 151 FRANKLIN STREET SPARTANBURG, SC 29303	N/A	PC	1ST ANNUAL NORTHSIDE 5K RACE AND FUN RUN	500
THE SPARTANBURG COUNTY FOUNDATION 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	N/A	PC	NORTHSIDE NEIGHBORHOOD FUND	200,000
<b>Total . . . . . ▶ 3a</b>				2,563,980



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>				
TOGETHER SC ALLIES FOR GOOD 400 ARBOR LAKE DRIVE STE B-500 COLUMBIA, SC 29223	N/A	PC	2019 NONPROFIT SUMMIT	7,000
TOWN OF DUNCAN 153 WEST MAIN STREET DUNCAN, SC 29334	N/A	GOV	HEALING THE TOWN OF DUNCAN	48,000
UNITED WAY ASSOCIATION OF SC 914 RICHLAND STREET SUITE A200 COLUMBIA, SC 29201	N/A	PC	SC COUNTS CENSUS INITIATIVE	5,000
<b>Total . . . . . ▶ 3a</b>				2,563,980

**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>				
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304	N/A	PC	COMMUNITY RESOURCE COORDINATOR	29,000
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304	N/A	PC	RESOURCE CARDS	2,000
UNIVERSITY OF SOUTH CAROLINA UPSTATE FOUNDATION 800 UNIVERSITY WAY USC UPSTATE SPARTANBURG, SC 29303	N/A	PC	10TH ANNUAL CONFERENCE IN CHILD ABUSE PREVENTION AND ADVOCACY	5,000
<b>Total . . . . .</b> ► <b>3a</b>				2,563,980

**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 RD BOILING SPRINGS, SC 29316	N/A	PC	LATINO COMMUNITY HEALTH NEEDS ASSESSMENT	7,500
UPSTATE FAMILY RESOURCE CENTER 1850 OLD FURNACE RD BOILING SPRINGS, SC 29316	N/A	PC	PASOS SPARTANBURG: A BRIDGE TO CHILD HEALTH FOR LATINO FAMILIES	71,150
UPSTATE FAMILY RESOURCE CENTER 1850 OLD FURNACE RD BOILING SPRINGS, SC 29316	N/A	PC	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
<b>Total . . . . .</b> ► <b>3a</b>				2,563,980

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 RD BOILING SPRINGS, SC 29316	N/A	PC	5K FAMILY FUN COLOR RUN	500
UPSTATE FATHERHOOD COALITION 300 UNION STREET SUITE E SPARTANBURG, SC 29306	N/A	PC	HEALTHY FAMILIES INITIATIVE TRIPLE P IMPLEMENTATION	5,000
UPSTATE FOREVER 201 E BROAD ST SUITE 1C SPARTANBURG, SC 29306	N/A	PC	JEFF SPECK EVENT SPONSORSHIP	2,500
<b>Total . . . . . ▶ 3a</b>				2,563,980

**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 WORKFORCE FUTURES CORPORATION PO BOX 5313 SPARTANBURG, SC 29304	N/A	PC	2019 WALK AND ROLL EVENT	1,000
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303	N/A	PC	2020 ETHICS BOWL	500
WOODLAND HEIGHTS ELEMENTARY 1216 JOHN B WHITE SR SPARTANBURG, SC 29306	N/A	GOV	HEALTHY SCHOOLS INITIATIVE RFP	1,500
<b>Total . . . . .</b> ► <b>3a</b>				2,563,980

**TY 2019 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	24,957	15,372		6,180

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

# **TY 2019 Depreciation Schedule**

**Name:** MARY BLACK FOUNDATION INC

**EIN:** 57-0843135

**Depreciation Schedule**

<b>Description of Property</b>	<b>Date Acquired</b>	<b>Cost or Other Basis</b>	<b>Prior Years' Depreciation</b>	<b>Computation Method</b>	<b>Rate / Life (# of years)</b>	<b>Current Year's Depreciation Expense</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Cost of Goods Sold Not Included</b>
BUILDING - 349 E. MAIN STREET		950,206	352,369		0 %	23,755	0		
BUILDING RENOVATION		4,691,373	1,497,299		0 %	117,284	0		
BUILDING RENOVATION - TENANT SPACE		273,617	77,418		0 %	6,840	0		
TENANT IMPROVEMENTS		286,598	279,840		0 %	6,238	0		
EQUIPMENT, FURNITURE AND FIXTURES		335,297	239,811		0 %	32,622	0		
LAND		544,635		L		0	0		

**TY 2019 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 2019 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	3,100,897	1,180,521	1,920,376	1,150,000
EQUIPMENT, FURNITURE, AND FIXTURES	57,000	46,314	10,686	10,686

## TY 2019 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	2,570,126	2,570,126
AON PRIVATE CREDIT OPPORTUNITIES FUND, LLC	FMV	1,442,754	1,442,754
ARTWORK	AT COST	4,709	4,709
CORE PLUS BOND FUND	FMV	7,709,145	7,709,145
CREDIT OPPORTUNITIES FUND	FMV	7,590,579	7,590,579
LANDMARK REAL ESTATE PARTNERS	FMV	677,966	677,966
MACQUARIE INFRASTRUCTURE PARTNERS II AIV, LP	FMV	1,588	1,588
MACQUARIE INFRASTRUCTURE PARTNERS II INTERNATIONAL, LP	FMV	1,754,712	1,754,712
PIMCO AAA	FMV	1,248,436	1,248,436
RUBIK HOLDINGS LTD	FMV	200,551	200,551
STATE STREET MSCI ACWI EX USA INDEX FUND	FMV	15,330,096	15,330,096
STATE STREET MSCI CANADA SMALL CAP INDEX FUND	FMV	165,402	165,402
STATE STREET MSCI EAFE SMALL CAP INDEX FUND	FMV	1,727,650	1,727,650
STATE STREET MSCI EMERGING MARKETS INDEX NON-LENDING COMMON TRUST FUND	FMV	371,644	371,644
STATE STREET MSCI EMERGING MARKETS SMALL CAP FUND	FMV	492,553	492,553
STATE STREET US TOTAL MARKETS INDEX NON-LENDING COMMON TRUST FUND	FMV	21,792,690	21,792,690
STATE STREET US TREASURY INFLATION PROTECTED SECURITIES (TIPS)	FMV	3,546,151	3,546,151
TRUMBULL PROPERTY FUND LP	FMV	5,084,842	5,084,842
AON OPPORTUNITIES ALTERNATIVES SP	FMV	2,654,123	2,654,123

**TY 2019 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	1,180,521	1,920,376	1,150,000
EQUIPMENT, FURNITURE, AND FIXTURES	278,297	226,120	52,177	52,177

**TY 2019 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	340	10		854

## TY 2019 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	107,167	2,000,000	2,000,000
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		

**TY 2019 Other Decreases Schedule**

**Name:** MARY BLACK FOUNDATION INC

**EIN:** 57-0843135

Description	Amount
CHANGE IN DEFERRED FEDERAL EXCISE TAX	133,818

**TY 2019 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	58,267	5,227		56,014
MEALS	2,405	0		2,358
INSURANCE	22,166	5,409		15,686
DOCUMENT STORAGE	2,913	971		1,960
SUPPLIES	9,664	965		9,767
COMMUNICATIONS	13,867	3,162		11,028
POSTAGE	1,028	103		925
GRANT RELATED EXPENSES	1,614,418	0		1,629,188
TELEPHONE	8,303	830		7,232
OTHER ADMINISTRATIVE EXPENSES	4,606	0		4,479

# Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COPIER	2,298	230		2,068
SCHEDULE K-1 EXPENSES	37,634	168,840		0



**TY 2019 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	1,959,459	1,959,459	1,959,459
PROGRAM LOAN INTEREST	6,981	6,981	6,981
REBATES AND REFUNDS	1,410		1,410

**TY 2019 Other Increases Schedule**

**Name:** MARY BLACK FOUNDATION INC  
**EIN:** 57-0843135

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	6,992,530

**TY 2019 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	30,000	9,584
TENANT DEPOSITS	6,190	6,378
DEFERRED TAX LIABILITY	0	27,720

**TY 2019 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>
OTHER PROFESSIONAL FEES	4,082	122		3,960
PROPERTY MANAGEMENT	23,979	20,122		3,857
INVESTMENT EXPENSES	346,724	159,113		0

**TY 2019 Taxes Schedule****Name:** MARY BLACK FOUNDATION INC**EIN:** 57-0843135

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	39,584	0		0
FOREIGN TAXES	0	89,439		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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047  <b>2019</b>
	Name of the organization 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).

Name of organization  
MARY BLACK FOUNDATION INC

Employer identification number  
57-0843135

**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	\$ 182,188	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	DEPARTMENT OF HEALTH AND HUMAN SERVICES 1101 WOOTTON PARKWAY ROCKVILLE, MD 20852	\$ 1,347,960	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	GEORGIA STATE UNIVERSITY PO BOX 3992 ATLANTA, GA 303022992	\$ 40,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	SPARTANBURG COUNTY SCHOOL DISTRICT 7 610 DUPRE DRIVE SPARTANBURG, SC 29307	\$ 34,978	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization MARY BLACK FOUNDATION INC	Employer identification number 57-0843135
---	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-		\$	



Name of organization MARY BLACK FOUNDATION INC	Employer identification number 57-0843135
---	--

Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_**

Use duplicate copies of Part III if additional space is needed.

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