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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 11-01-2019, and ending 10-31-2020

Name of foundation  
MALLOY FOUNDATION

A Employer identification number  
57-6021142

Number and street (or P.O. box number if mail is not delivered to street address)  
PO BOX 605

Room/suite

B Telephone number (see instructions)  
(843) 496-4915

City or town, state or province, country, and ZIP or foreign postal code  
CHERAW, SC 29520

C If exemption application is pending, check here

G Check all that apply:  

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

D 1. Foreign organizations, check here.....

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

H Check type of organization:  
☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 2,096,329

J Accounting method:  
☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

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)

2 Check ☐ if the foundation is not required to attach Sch. B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

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)

12 Total. Add lines 1 through 11

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule)

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

24 Total operating and administrative expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,722	6,070	6,070
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<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 . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	968,130	1,009,681	1,036,831
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	986,432	968,778	1,053,428
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,958,284	1,984,529	2,096,329	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<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 ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	1,962,951	1,990,721	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	-4,667	-6,192	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	1,958,284	1,984,529	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,958,284	1,984,529		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<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>	1,958,284
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	26,245
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,984,529
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<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>	1,984,529

**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>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) 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	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<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>	7,024
<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))
2018	99,850	2,001,620	0.049885
2017	95,000	1,885,980	0.050372
2016	84,830	1,814,370	0.046755
2015	82,000	1,677,455	0.048884
2014	81,550	1,592,252	0.051217

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.247113
<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>	0.049423
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	1,984,989
<b>5</b> Multiply line 4 by line 3	<b>5</b>	98,104
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	931
<b>7</b> Add lines 5 and 6	<b>7</b>	99,035
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	96,755

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 type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	1,863
<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>	1,863
<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>	1,863
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	2,070
<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>	0
<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>	2,070
<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>	21
<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>	186
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 186 <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. <b>\$</b> 0 <b>(2)</b> On foundation managers. <b>\$</b> 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>\$</b> 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?		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<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>	Yes	
<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>	Yes	

**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>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>WILLIAM M MALLOY JR</u> Telephone no. ► <u>(843) 496-4915</u>			

Located at ► 901 CHESTERFIELD HWY CHEREAW SCZIP+4 ► 29520

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <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 . . . . .	<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<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? . . . . .	<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.) . . . . .	<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.) . . . . .	<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**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(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				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000. ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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 . . . . . ►	0

**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>	1,988,447
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	26,770
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	2,015,217
<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>	2,015,217
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	30,228
<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>	1,984,989
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	99,249

**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>	99,249
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	1,863
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	1,863
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	97,386
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	97,386
<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>	97,386

**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>	96,755
<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>	
<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>	96,755
<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>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	96,755

**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				97,386
<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. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 96,755				
<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. . . . .				96,755
<b>e</b> Remaining amount distributed out of corpus	0			
<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>	0			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
<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. . . . .				631
<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). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

## Part XIV

<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. . . . .	<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section					
<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) 2019</b>	<b>(b) 2018</b>	<b>(c) 2017</b>	<b>(d) 2016</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.)

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**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.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

WILLIAM M MALLOY JR  
901 CHESTERFIELD HWY  
CHERAW, SC 29520  
(843) 496-4915

**b** The form in which applications should be submitted and information and materials they should include:  
N/A

**c** Any submission deadlines:  
N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
WE ARE PROHIBITED FROM MAKING CONTRIBUTIONS TO INDIVIDUALS. OUR CHARTER ALLOWS CONTRIBUTIONS ONLY TO SECTION 501(C)(3).

**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>	96,755
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated.

[illegible]



Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
EBAY INC SENIOR NOTES 6.0%			2020-07-30
GLOBE LIFE INC SER PFD STK			2020-01-22
JP MORGAN CHASE & CO SER Y NON-CUM PFD STOCK 6.125% PERPETUAL			2020-01-14
JP MORGAN CHASE & CO SER AA NON-CUM PFD STK 6.10% PERPETUAL			2020-08-17
THE ALLSTATE CORP NON-CUM PFD STK SER H 05.100% PERPETUAL			2020-06-04
THE SOUTHERN COMPANY SERIES 2015A JUNIOR SUB 6.25%			2020-01-07
WELLS FARGO & COMPANY NON CUM PFD STK CL A 5.7% PERPETUAL SER W			2020-10-21
WELLS FARGO & COMPANY NON CUM PFD CLASS A 6.00% PERPETUAL SER V			2020-10-21
DOUBLELINE TOTAL RETURN BOND N:DLTNX			2020-10-07
ISHARES CORE HIGH DIVIDEND ETF		2020-01-17	2020-08-27

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
25,754		25,000	754
16,335		15,000	1,335
25,371		25,000	371
38,372		37,500	872
31,035		30,000	1,035
7,803		7,500	303
30,589		30,000	589
27,859		27,500	359
33,021		35,000	-1,979
17,195		20,001	-2,806

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) 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	
			754
			1,335
			371
			872
			1,035
			303
			589
			359
			-1,979
			-2,806

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
THOMPSON BOND THOPX			2020-08-27
VANGUARD 500 INDEX FD ADMIRAL		2019-04-02	2020-02-10
INVESCO S&P 500 LOW VOLATILITY ETF		2013-03-13	2020-10-07
ISHARES CORE HIGH DIVIDEND ETF			2020-08-27
ISHARES CORE HIGH DIVIDEND ETF		2013-07-01	2020-07-14
IVY HIGH INCOME CL I			2020-02-10
PIMCO SHORT TERM CL A		2018-02-02	2020-02-10
THOMPSON BOND THOPX			2020-08-27
VANGUARD BALANCED INDEX FD ADMIRAL CL		2017-11-27	2020-02-12

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
57,343		61,552	-4,209
17,491		15,000	2,491
5,043		2,812	2,231
73,078		59,731	13,347
2,024		1,673	351
24,906		30,070	-5,164
49,419		50,000	-581
70,290		75,448	-5,158
18,765		15,882	2,883

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) 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	
			-4,209
			2,491
			2,231
			13,347
			351
			-5,164
			-581
			-5,158
			2,883

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

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
WILLIAM M MALLOY JR	CHAIRMAN 1.00	0	0	0
235 THIRD STREET CHERAW, SC 29520				
H MALLOY EVANS	SEC. & TREASURER 0.05	0	0	0
927 RAMBLING BRIDGE DR SPARTANBURG, SC 29307				
SUSAN MALLOY	TRUSTEE 1.00	0	0	0
235 THIRD STREET CHERAW, SC 29520				
KAPPIE GRIGGS	TRUSTEE 0.05	0	0	0
206 ELIZABETH DR CHERAW, SC 29520				
ASHLEY M DRIGGERS	TRUSTEE 1.00	0	0	0
321 THIRD STREET CHERAW, SC 29520				

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				
AMERICAN CANCER SOCIETY PO BOX 22358 OKLAHOMA CITY, OK 731231358		501(C)(3)	CONTRIBUTION TO 501(C)(3)	600
AMERICAN CANCER SOCIETY RELAY FOR LIFE 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAK PLACE JACKSONVILLE, FL 32216		501(C)(3)	CONTRIBUTION TO 501(C)(3)	400
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006		501(C)(3)	CONTRIBUTION TO 501(C)(3)	600
AMERICAN RED CROSS PEE DEE CHAPTER 1621 W PALMETTO STREET FLORENCE, SC 29501		501(C)(3)	CONTRIBUTION TO 501(C)(3)	400
AMIKIDS SAND HLLS 2381 CAMBELL LAKE ROAD PATRICK, SC 29584		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total . . . . . ▶ 3a</b>				96,755

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 & GIRLS CLUBPO BOX 93 FLORENCE, SC 29503		501(C)(3)	CONTRIBUTION TO 501(C)(3)	700
CARE SOUTH CAROLINA 201 SOUTH FIFTH STREET HARTSVILLE, SC 29551		501(C)(3)	CONTRIBUTION TO 501(C)(3)	2,000
CHERAW ARTS COMMISSION PO BOX 219 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	400
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
CHERAW CHURCH OF GOD 100 PECAN ORCHARD ROAD CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
CHERAW HIGH SCHOOL BIB 649 CHESTERFIELD HIGHWAY CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
CHERAW INTERMEDIATE SCHOOL 421 CHESTERFIELD HIGHWAY CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	400
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
CHERAW PRIMARY SCHOOL 321 HIGH STREET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	400
CHERAW RECREATION DEPARTMENT PO BOX 219 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	2,500
CHERAW RESCUE SQUADPO BOX 28 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
CHESTERFIELD COUNTY EDUCATIONAL FOUN 401 WEST BOULEVARD CHESTERFIELD, SC 29709		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
CHESTERFIELD COUNTY FIRST STEPS PO BOX 553 CHESTERFIELD, SC 29709		501(C)(3)	CONTRIBUTION TO 501(C)(3)	700
CHESTERFIELD COUNTY UNITED WAY PO BOX 433 CHESTERFIELD, SC 29709		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
CHESTERFIELD CTY HISTORIC PRESERVATION CO 230 THIRD STREET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	5,000
CHILDREN'S TRUST OF SOUTH CAROLINA 1330 LADY STREET SUITE 310 COLUMBIA, SC 29201		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
CLEMSON UNIVERSITY SCHOLARSHIP FUND PO BOX 1889 CLEMSON, SC 296331889		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	96,755

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>				
COKER COLLEGE 300 EAST COLLEGE AVENUE HARTSVILLE, SC 29550		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,500
CONNIE MAXWELL CHILDREN'S HOME PO BOX 251 CHESTERFIELD, SC 29709		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
COULTERLONG NATIONAL ALUMNI ASSOC PO BOX 21 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	4,000
<b>Total . . . . . ▶ 3a</b>				96,755

**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>				
CROSSNORE SCHOOLPO BOX 249 CROSSNORE, NC 28616		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
EASTERN CAROLINA COMMUNITY FOUNDATION 154 WEST EVANS STREET FLORENCE, SC 29503		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
ETV EDUCATIONAL FOUNDATION 401 EAST KENNEDY STREET SUITE B-1 SPARTANBURG, SC 29302		501(C)(3)	CONTRIBUTION TO 501(C)(3)	800
<b>Total . . . . . ▶ 3a</b>				96,755

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				
FAITH CHRISTIAN ACADEMY 220 GREENE STREET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	100
FIRST PRESBYTERIAN CHURCH PO BOX 552 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	3,500
FIRST PRESBYTERIAN CHURCH PO BOX 552 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	200
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
FIRST PRESBYTERIAN CHURCH PO BOX 552 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	5,000
FISHER HILL COMMUNITY BAPTIST CHURCH 3282 WEST MARKET STREET EXT CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
FOUNDRY HILL CEMETERY 105 WILLIAMS STREET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	400
<b>Total . . . . . ▶ 3a</b>				96,755

**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>				
FRANCIS MARION UNIVERDITY FOUNDATION PO BOX 100547 FLORENCE, SC 295020547		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,500
FRIENDSHIP PLACE INCPO BOX 282 GEORGETOWN, SC 29442		501(C)(3)	CONTRIBUTION TO 501(C)(3)	300
GW LONG PRESBYTERIAN CHURCH PO BOX 983 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
GOOD SAMARITAN COLONYPO BOX 38 RUBY, SC 297410038		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
GSSM BUSINESS ADVISORY COUNCIL 401 RAILROAD AVENUE HARTSVILLE, SC 29550		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
HABITAT FOR HUMANITYPO BOX 1688 MUNROE, SC 28111		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,200
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
HISTORIC CHERAW INC 230 THIRD STREET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	250
HOSPICE OF CHESTERFIELD COUNTY FOUNDATION PO BOX 293 CHESTERFIELD, SC 29709		501(C)(3)	CONTRIBUTION TO 501(C)(3)	2,400
MACEDONIA BAPTIST CHURCH 1151 MACEDONIA CHURCH ROAD CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
MCARN COMMUNITY MINISTRY 131 SECOND STEET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	2,200
MCARN COMMUNITY MINISTRY 131 SECOND STEET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
MERCY IN ME CLINICPO BOX 1684 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	3,000
<b>Total . . . . . ▶ 3a</b>				96,755

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				
MERCY MEDICINE CLINIC 500 S COIT STREET FLORENCE, SC 29501		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
MT AIRY AME ZION CHURCH PO BOX 161 CHESTERFIELD, SC 29709		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
MT HEBRON AME ZION CHURCH 224 JERSEY STREET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
MUSC FOUNDATION 18 BEE STREET MSC 450 CHARLESTON, SC 29425		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
NATIONAL CHILD SAFETY COUNCIL 258 SECOND STREET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	105
NORTH CHERAW BAPTIST CHURCH 101 HARTZELL AVENUE CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
NORTHEASTERN TECHNICAL COLLEGE 1201 CHESTERFIELD HIGHWAY CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	2,200
PATHFINDERS UNITED 104 CLYDE AVENUE CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
PATHFINDERS UNITED 104 CLYDE AVENUE CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,600
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
PATRICK RESCUE SQUADPO BOX 207 PATRICK, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	200
PEACE CENTER101 W BROAD STREET GREENVILLE, SC 29601		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
PEE DEE AREA COUNCIL BSA PO BOX 268 FLORENCE, SC 29503		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
PEE DEE COALITIONPO BOX 1351 FLORENCE, SC 29503		501(C)(3)	CONTRIBUTION TO 501(C)(3)	700
PEE DEE LAND TRUSTPO BOX 2134 FLORENCE, SC 29503		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
PEE DEE UNION BAPTIST CHURCH PO BOX 1002 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
PRESBYTERIAN COMMUNITIES OF SC 2817 ASHLAND ROAD COLUMBIA, SC 29221		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,200
PRISMA HEALTH-UPSTATE 300 EAST MCBEE AVE SUITE 503 GREENVILLE, SC 29601		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
RUBY BAPTIST CHURCHPO BOX 5 RUBY, SC 29741		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
SC HEART ASSOCIATION 181 E EVANS STREETBTC-009 SUITE 200 FLORENCE, SC 29506		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
SC HISTORICAL SOCIETY 100 MEETING STREET CHARLESTON, SC 294012215		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
SC OVARIAN CANCER FOUNDATION 110 B EDINBURGH COURT GREENVILLE, SC 29607		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
<b>Total . . . . . ▶ 3a</b>				96,755


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>				
SC STATE MUSEUM FOUNDATION 301 GERVAIS STREET COLUMBIA, SC 29201		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
SC INDEPENDENT COLLEGES & UNIVERSITIES PO BOX 12007 COLUMBIA, SC 29211		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
SC JAZZ FESTIVALPO BOX 219 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
<b>Total . . . . . ▶ 3a</b>				96,755

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 METHODIST COLLEGE 1000 POWELL MILL ROAD SPARTANBURG, SC 293015899		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
ST DAVID'S CEMETERY ASSOCIATION PO BOX 1196 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	2,000
ST DAVID'S SCHOOLPO BOX 926 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	2,100
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
STANDING IN THE GAP MINISTRIES 310 THIRD STREET CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	200
THE FOUNDATION OF FIRSTHEALTH 20 FIRST VILLAGE DRIVE PINEHURST, NC 28374		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
THE LAFAYETTE TRAIL INC 20 MIDLAND DRIVE EASTON, PA 18045		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
<b>Total . . . . . ▶ 3a</b>				96,755

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				
THOMPSON CHILD & FAMILY FOCUS 6800 ST PETERS LANE MATTHEWS, NC 28105		501(C)(3)	CONTRIBUTION TO 501(C)(3)	1,000
THORNWELL HOME 302 SOUTH BROAD STREET CLINTON, SC 29325		501(C)(3)	CONTRIBUTION TO 501(C)(3)	4,000
THORNWELL HOME 302 SOUTH BROAD STREET CLINTON, SC 29325		501(C)(3)	CONTRIBUTION TO 501(C)(3)	10,000
<b>Total . . . . . ▶ 3a</b>				96,755

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 NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
UNITED WAY OF PICKENS COUNTY PO BOX 96 EASLEY, SC 29641		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
WESLEY UNITED METHODIST CHURCH PO BOX 425 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total . . . . . ▶ 3a</b>				96,755

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>				
WESTSIDE BAPTIST CHURCH PO BOX 1417 CHERAW, SC 29520		501(C)(3)	CONTRIBUTION TO 501(C)(3)	500
<b>Total</b> . . . . .  <b>3a</b>				96,755

**TY 2019 Accounting Fees Schedule****Name:** MALLOY FOUNDATION**EIN:** 57-6021142

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	532	0		0

**TY 2019 Investments Corporate Bonds Schedule****Name:** MALLOY FOUNDATION**EIN:** 57-6021142**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
INVESTMENTS	968,778	1,053,428

**TY 2019 Investments Corporate Stock Schedule****Name:** MALLOY FOUNDATION**EIN:** 57-6021142**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
INVESTMENTS	1,009,681	1,036,831

**TY 2019 Other Expenses Schedule****Name:** MALLOY FOUNDATION**EIN:** 57-6021142**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	25	0		0

**TY 2019 Other Professional Fees Schedule****Name:** MALLOY FOUNDATION**EIN:** 57-6021142

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROFESSIONAL FEES	11,315	11,315		0

**TY 2019 Substantial Contributors  
Schedule****Name:** MALLOY FOUNDATION**EIN:** 57-6021142**Name****Address**

EDWIN MALLOY JR CHARITABLE LEAD TRUST

PO BOX 605  
CHERAW, SC 29520

**TY 2019 Taxes Schedule****Name:** MALLOY FOUNDATION**EIN:** 57-6021142

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
EXCISE TAX	2,000	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491074006171	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ 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 MALLOY FOUNDATION				Employer identification number 57-6021142	

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  
MALLOY FOUNDATIONEmployer identification number  
57-6021142**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	EDWIN MALLOY JR CHARITABLE LEAD TRUST PO BOX 605 CHERAW, SC 29520	\$ 32,438	<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.)
		\$	<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.)
		\$	<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.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization MALLOY FOUNDATION	Employer identification number 57-6021142
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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) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>

57-6021142

**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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)