** PUBLIC DISCLOSURE COPY **

EXTENDED TO NOVEMBER 15, 2023

OMB No. 1545-0047 **Return of Private Foundation** Form **990-PF** 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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2022 or tax year beginning and ending Name of foundation A Employer identification number MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED 56-0690140 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 500 W. 5TH ST 800 336-748-9222 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ... WINSTON-SALEM, NC 27101 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash X Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 177, 340, 979. (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 140,928. 1 Contributions, gifts, grants, etc., received N/A2 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 68,057.68,057. 1,946,794. 1,946,794. 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 8,908,560. **6a** Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ______ 52,604,341. 8,908,560. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) -59,397,335. 1,335,398. STATEMENT 1 11 Other income 48,332,996. 12,258,809. 12 Total. Add lines 1 through 11 659,881. 25,850. 634,031. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 874,016. 34,238. 839,778. 326,186. 12,319. 313,867. 15 Pension plans, employee benefits 13,712. 13,712. 16a Legal fees STMT 2 0. Administrative Expenses b Accounting fees STMT 3 54,200. 32,520. 21,680. c Other professional fees STMT 4 2,382,757. 2,087,092. 289,645.

1,029.

293,638.

 $15, \overline{112}$

18,160.

306,274.

416,694.

<u>5,361,</u>659.

21,766,670.

27,128,329.

-75,461,325.

39.

571.

686.

50,394.

18,314.

5,693.

2,267,716.

2,267,716.

9,991,093.

N/A

990.

97,489.

17,474.

287,960.

411,002.

2,92<u>7,628.</u>

21,796,670.

24,724,298.

17 Interest

22 Printing and publications

24 Total operating and administrative

26 Total expenses and disbursements.

Add lines 24 and 25 27 Subtract line 26 from line 12:

expenses. Add lines 13 through 23

18

19

Taxes STMT 5

Depreciation and depletion

20 Occupancy 21 Travel, conferences, and meetings

23 Other expenses STMT 6

25 Contributions, gifts, grants paid

a Excess of revenue over expenses and disbursements

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

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

Page 2

Part II Balance Sheets Attached schedules and amounts in the description		Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of year		
•	ui t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	264,079.	304,017.	304,017.		
	2	Savings and temporary cash investments	5,388,811.	2,779,721.	2,779,721.		
	3	Savings and temporary cash investments Accounts receivable 1,814.					
		Less: allowance for doubtful accounts	3,341.	1,814.	1,814.		
	4	Pledges receivable					
		Less: allowance for doubtful accounts	8,917,953.	6,883,881.	6,883,881.		
	5	Grants receivable					
		Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
छ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges	54,494.	51,974.	51,974.		
ğ		Investments - U.S. and state government obligations STMT 7	14,202,831.	7,829,234.			
	b	Investments - corporate stock STMT 8		139,244,446.	139,244,446.		
	C	Investments - corporate bonds STMT 9	9,130,029.	13,419,154.	13,419,154.		
		Investments - land, buildings, and equipment: basis					
		Less: accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 10	1,173,436.	854,395.	854,395.		
	14	Land, buildings, and equipment: basis 28,876. Less: accumulated depreciation 13,139.					
		Less: accumulated depreciation	446,593.	15,737.	15,737. 5,956,606.		
	15	Other assets (describe STATEMENT 11)	7,025,498.	5,956,606.	5,956,606.		
	16	Total assets (to be completed by all filers - see the					
		instructions. Also, see page 1, item I)	253,832,619.	177,340,979.	177,340,979.		
		Accounts payable and accrued expenses	260,583.	309,314.			
	18	Grants payable	29,998.				
es	19	Deferred revenue					
Liabiliti		Loans from officers, directors, trustees, and other disqualified persons	101 055				
jab	21	Mortgages and other notes payable	101,955.	004 100			
_	22	Other liabilities (describe STATEMENT 12)	1,241,223.	294,130.			
		-	1 622 750	602 444			
	23	Total liabilities (add lines 17 through 22)	1,633,759.	603,444.			
		Foundations that follow FASB ASC 958, check here					
es		and complete lines 24, 25, 29, and 30.	2/11 907 520	160 490 309			
and		Net assets without donor restrictions	10,391,340.	169,489,308.			
Bal	25	Net assets with donor restrictions	10,331,340.	1,240,221.			
Fund Balances		Foundations that do not follow FASB ASC 958, check here					
互	26	and complete lines 26 through 30. Capital stock, trust principal, or current funds					
sor		Paid-in or capital surplus, or land, bldg., and equipment fund					
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds					
As		Total net assets or fund balances	252.198.860.	176,737,535.			
Š	20	Total not assets of faint balances	232/230/0001	270770170001			
	30	Total liabilities and net assets/fund balances	253,832,619.	177,340,979.			
P	art			, , .			
=	Total	net assets or fund balances at beginning of year - Part II, column (a), line	20				
		t agree with end-of-year figure reported on prior year's return)			252,198,860.		
					-75,461,325.		
		amount from Part I, line 2/a increases not included in line 2 (itemize)			0.		
		: 1 O 1 O			176,737,535.		
		mes 1, 2, and 3 eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29		176,737,535.		
_		, , , , , , , , , , , , , , , , , , , ,					

MARY REYNOLDS BABCOCK FOUNDATION

	ORPORATED			50-009	
Part IV Capital Gains	and Losses for Tax on In	ivestment Income	SEE ATTACH	ED STATEME	ENTS
(a) List and describe 2-story brick w	e the kind(s) of property sold (for exa varehouse; or common stock, 200 sh	mple, real estate, s. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	3	(h) Gain or (loss) ((e) plus (f) minus (
a					
<u>b</u>					
<u>c</u>					
d					
e 52,604,341.					8,908,560 .
Complete only for assets showi	ng gain in column (h) and owned by	the foundation on 12/31/69.) Gains (Col. (h) gain	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col	. (k), but not less than Losses (from col. (
a					
b					
С					
d					
e					8,908,560.
2 Capital gain net income or (net c	apital loss)	er in Part I, line 7 D- in Part I, line 7	} 2		8,908,560.
,	oss) as defined in sections 1222(5) a		/		
If gain, also enter in Part I, line 8	, column (c). See instructions. If (los	ss), enter -0- in	} 3	N/A	
Part V Excise Tax Bas	sed on Investment Incon	ne (Section 4940(a), 4	1940(b), or 4948 -	see instruction	ns)
1a Exempt operating foundations	described in section 4940(d)(2), che	ck here and enter	"N/A" on line 1.		
Date of ruling or determination	. , , , ,	ttach copy of letter if necessar	ry - see instructions)	1	138,876.
b All other domestic foundations	s enter 1.39% (0.0139) of line 27b. E			P	
	12, col. (b)				
	tic section 4947(a)(1) trusts and tax				0.
3 Add lines 1 and 2				3	138,876.
	stic section 4947(a)(1) trusts and tax				0.
	ome. Subtract line 4 from line 3. If ze			5	138,876.
6 Credits/Payments:					
a 2022 estimated tax payments	and 2021 overpayment credited to 20	022 6a	133,051		
b Exempt foreign organizations -	- tax withheld at source	6b	0		
	xtension of time to file (Form 8868)		65,000	.	
	ly withheld		0		
7 Total credits and payments. Ac	dd lines 6a through 6d			7	198,051.
8 Enter any penalty for underpa	yment of estimated tax. Check here				0.
	and 8 is more than 7, enter amount				
10 Overpayment. If line 7 is more	e than the total of lines 5 and 8, ente	r the amount overpaid		10	59,175.
11 Enter the amount of line 10 to	be: Credited to 2023 estimated tax		,175. Refunded		0.
					OOO DE

Form **990-PF** (2022)

Pa	rt VI-A	Statements Regarding Activities			
1a	During the	tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any politica	I campaign?	1a		Х
b	Did it spend	d more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answ	er 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.			
C	Did the fou	ndation file Form 1120-POL for this year?	1c		Х
		mount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the	foundation. \$ (2) On foundation managers. \$ 0 •			
е	Enter the re	imbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers.	\$0 <u>.</u>			
2	Has the fou	ndation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," atta	ach a detailed description of the activities.			
3	Has the fou	ndation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or	other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the fou	ndation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
		s it filed a tax return on Form 990-T for this year?	4b	X	
5	Was there a	a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," atta	ach the statement required by General Instruction T.			
6	Are the req	uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By langua	age in the governing instrument, or			
	By state I	egislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in th	ne governing instrument?	6	Х	
7	Did the fou	ndation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
8a		ates to which the foundation reports or with which it is registered. See instructions.			
	NC				
b	If the answ	er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each stat	te as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the found	dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2022 o	or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any per	SONS become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	-	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
		(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the fou	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," atta	ach statement. See instructions	12		X
13		ndation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
		dress WWW.MRBF.ORG			
14		are in care of JENNIFER BARKSDALE Telephone no. 336-74		<u> 222</u>	
	Located at	500 W. 5TH ST, STE 800, WINSTON-SALEM, NC ZIP+4 27	<u> 101</u>		
15	Section 494	47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
		ne amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time	during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	,	or other financial account in a foreign country?	16		X
	See the ins	tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign cou	ntry			

Pa	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	a During the year, did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		Х
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?		1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)	Х	
	(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)?		1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)		1a(6)		X
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		X
C	c Organizations relying on a current notice regarding disaster assistance, check here				
d	d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2022?		1d		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating found	ation			
	defined in section 4942(j)(3) or 4942(j)(5)):				
a	a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines				
	6d and 6e) for tax year(s) beginning before 2022?		2a		X
	If "Yes," list the years , , , ,				
b	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to in				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and				
	statement - see instructions.)	N/A	2b		
C	c If the provisions of section $4942(a)(2)$ are being applied to any of the years listed in 2a, list the years here.				
	<u> </u>				
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?		3a		X
b	b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified person				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)	, .			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4				
	Schedule C, to determine if the foundation had excess business holdings in 2022.)		3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable p	urpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2022?		4b		X

Form **990-PF** (2022)

MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED

Form 990-PF (2022)

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Part VI-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)			
5a During the year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?			5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,				
any voter registration drive?				5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes	?			5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions				5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary,						
the prevention of cruelty to children or animals?				5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uno	der the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check h	nere					
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nramiume on					
a personal benefit contract?				6a		х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b		X
If "Yes" to 6b, file Form 8870.	ersonar benefit contract:			- 00		
,	holter transaction?			7a		х
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7b		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			11 / . f3	10		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or					v
excess parachute payment(s) during the year? Part VII Information About Officers, Directors, Truste	oo Foundation Mar	nagoro Highly		8		X
Paid Employees, and Contractors	es, Foundation Mai	iagers, migniy				
List all officers, directors, trustees, and foundation managers and the second se	neir compensation.					
		(c) Compensation	(d) Contributions to employee benefit pla	0	(e) Exp	ense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	and deterred	ns a	ccount,	, other
	to position	enter -0-)	compensation	-	allowa	11062
	-					
SEE STATEMENT 13	-	659,881.	120 422		3,9	22
SEE STATEMENT IS		039,001.	130,432	•	3,9	<u> </u>
				+		
				_		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4) 0	. 1		
(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 plan and deferred compensation	ns a	(e) Exp ccount, allowa	ense , other nces
ETHAN HAMBLIN - 500 W. 5TH ST SUITE	SENIOR NETWOR	K OFFICER				
800, WINSTON SALEM, NC 27101	40.00	120,821.	20,443		1,2	00.
SUSANNA HEGNER - 500 W. 5TH ST SUITE	COMMUNICATION			+	_ , _	-
800, WINSTON SALEM, NC 27101	40.00	110,241.	20,948		1,2	00.
CHRISTINE MAYERS - 500 W. 5TH ST	GRANTS MANAGE		20,310	•	- , -	•••
SUITE 800, WINSTON SALEM, NC 27101	40.00	95,207.	25,138		1,2	0.0
·	NETWORK OFFIC		4J,130	•	1,4	00.
			26 624		1 2	0.0
800, WINSTON SALEM, NC 27101	40.00	92,156.	26,624	•	1,2	00.
KIARA BOONE - 500 W. 5TH ST SUITE	NETWORK OFFIC		10 00-			0.0
800, WINSTON SALEM, NC 27101	40.00	86,192.	17,007	•	1,1	<u> </u>

WINSTON SALEM, Total number of other employees paid over \$50,000 Form 990-PF (2022)

INCORPORATED

Page 7 Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation **(b)** Type of service RBC WEALTH MANAGEMENT - 345 CALIFORNIA INVESTMENT STREET, SAN FRANCISCO, CA 94104 MANAGEMENT 396,924. CANDIDE GROUP, LLC INVESTMENT 1721 BROADWAY, SUITE 201, OAKLAND, CA 94612 MANAGEMENT 162,012. MICAH GILMER, INTERIM CEO - 245 NC HIGHWAY 54 EAST, SUITE 205, DURHAM, NC 27713 EXECUTIVE SERVICES 149,820. BROWN SUSTAINABLE - 901 SOUTH BOND STREET INVESTMENT SUITE 400, BALTIMORE, MD 21231 99,364. MANAGEMENT SAYBROOK CAPITAL - 2000 FRONTIS PLAZA BLVD INVESTMENT WINSTON SALEM, NC 27103 72,029. MANAGEMENT Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the **Expenses** number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. SEE STATEMENT 14 152,900. Part VIII-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 CAPITAL CALL PAID TO AMERICAN SOUTH REAL ESTATE FUND. 92,483. All other program-related investments. See instructions.

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92,483.

Total. Add lines 1 through 3

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undatio	ons, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	184,691,258.
	Average of monthly cash balances	1b	8,784,884.
C	Fair market value of all other assets (see instructions)	1c	1,102.
	Total (add lines 1a, b, and c)	1d	193,477,244.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	193,477,244.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	2,902,159.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	190,575,085.
6_	Minimum investment return. Enter 5% (0.05) of line 5	6	9,528,754.
Р	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	and cert	tain
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	9,528,754.
2a	Tax on investment income for 2022 from Part V, line 5 2a 138,876.		
b	Income tax for 2022. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	138,876.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,389,878.
4	Recoveries of amounts treated as qualifying distributions	4	1,042,428.
5	Add lines 3 and 4	5	10,432,306.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	10,432,306.
P	Part XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	24,724,298.
	Program-related investments - total from Part VIII-B	1b	92,483.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	10,170.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	24,826,951.

Form **990-PF** (2022)

Form 990-PF (2022) INC

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,	33,743	10010 10110 10 1011		
line 7				10,432,306.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0		
Excess distributions carryover, if any, to 2022:		0.		
a From 2017 1,235,474.				
b From 2018 3,375,811.				
c From 2019 4,715,651.				
d From 2020 17,153,435.				
e From 2021				
f Total of lines 3a through e	26,480,371.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 24,826,951.				
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions) **	2,965,000.			
d Applied to 2022 distributable amount				10,432,306.
e Remaining amount distributed out of corpus	11,429,645.			
Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	40,875,016.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line			_	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2023				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	2,965,000.			
may be required - see instructions)	2,905,000.			
8 Excess distributions carryover from 2017	1,235,474.			
not applied on line 5 or line 7	1,433,414.			
Outstand Page 7 and O from Page 0.	36,674,542.			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:	30,014,342.			
a Excess from 2018 3,375,811.				
b Excess from 2019 4,715,651.				
c Excess from 2020 17,153,435.				
d Excess from 2021				
e Excess from 2022 11,429,645.				

MARY REYNOLDS BABCOCK FOUNDATION

Form 990-PF (2022) INCORPORATED 56-0690140 Page 10

Part XIII Private Operating For	oundations (see ins	structions and Part VI-A	A, question 9)	N/A	·			
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating						
foundation, and the ruling is effective for 2022, enter the date of the ruling								
b Check box to indicate whether the found				4942(j)(3) or 49)42(j)(5)			
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years					
income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total			
investment return from Part IX for								
each year listed								
b 85% (0.85) of line 2a								
c Qualifying distributions from Part XI,								
line 4, for each year listed								
d Amounts included in line 2c not								
used directly for active conduct of								
exempt activities								
e Qualifying distributions made directly								
for active conduct of exempt activities.								
Subtract line 2d from line 2c								
3 Complete 3a, b, or c for the								
alternative test relied upon:								
a "Assets" alternative test - enter:(1) Value of all assets								
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b "Endowment" alternative test - enter								
2/3 of minimum investment return								
shown in Part IX, line 6, for each year								
listed								
c "Support" alternative test - enter:								
(1) Total support other than gross investment income (interest,								
dividends, rents, payments on								
securities loans (section								
512(a)(5)), or royalties)								
(2) Support from general public and 5 or more exempt								
organizations as provided in								
section 4942(j)(3)(B)(iii)								
(3) Largest amount of support from								
an exempt organization								
(4) Gross investment income				1 105 000				
Part XIV Supplementary Info			the foundation	on had \$5,000 or mor	e in assets			
at any time during the	ne year-see instru	uctions.)						
1 Information Regarding Foundatio	-							
a List any managers of the foundation who			butions received by	the foundation before the close	e of any tax			
year (but only if they have contributed m	iore than \$5,000). (See se	ection 507(a)(2).)						
NONE								
b List any managers of the foundation who			or an equally large p	ortion of the ownership of a pa	rtnership or			
other entity) of which the foundation has	s a 10% or greater interes	t.						
NONE								
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	grams:					
	-	•	•	does not accept unsolicited req	juests for funds. If			
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condition	ons, complete items	2a, b, c, and d.				
a The name, address, and telephone numb	per or email address of the	e person to whom applica	tions should be add	ressed:				
SEE STATEMENT 16								
b The form in which applications should b	e submitted and informati	ion and materials they sho	ould include:					
c Any submission deadlines:								
•								

223601 12-06-22 Form **990-PF** (2022)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2022)

Page 11

Supplementary Information (continued) Part XIV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year STATE LEADERSHIP PROJECT ON BEHALF OF PC GENERAL OPERATING SOUTHERN WORKING GROUP P.O. BOX 223 RALEIGH, NC 27602 1,000,000. STATE VOICES PC ELECTION PROTECTION 1616 P STREET, NW, SUITE 220 FUND WASHINGTON, DC 20036 1,000,000. CENTER ON BUDGET AND POLICY PROJECT/REGRANTING ÞС PRIORITIES 1275 FIRST STREET NE, SUITE 1200 WASHINGTON, DC 20002 850,000. STATE LEADERSHIP PROJECT PC ELECTION PROTECTION FUND P.O. BOX 223 RALEIGH, NC 27602 850,000. STATE VOICES GENERAL PC 1616 P STREET, NW, SUITE 220 OPERATING/REGRANTING WASHINGTON, DC 20036 850,000. SEE CONTINUATION SHEET(S) 21,796,670. Total 3a **b** Approved for future payment NONE Total

Form 990-PF (2022)

Part XV-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	AIIIUuIII	Tunction income
a	_				
b	_				
c	_				
d	_				
e	_				
Too and contracts from accommon to consider	_		\vdash		
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash			14	68,057.	
investments Dividends and interest from securities	523000	135.	14	1,946,659.	
Net rental income or (loss) from real estate:	523000	133.		1,540,055.	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			14	168,267.	
Gain or (loss) from sales of assets other				, ,	
than inventory	523000	963.	18	8,907,597.	
Net income or (loss) from special events				, ,	
Gross profit or (loss) from sales of inventory					
Other revenue:					
a SEE STATEMENT 17		-46,382.		-59,519,220.	
b					
C					
d					
e					
Subtotal. Add columns (b), (d), and (e)				-48,428,640.	(
Total. Add line 12, columns (b), (d), and (e)				13	-48,473,924
ee worksheet in line 13 instructions to verify calculations.	.)				
Part XV-B Relationship of Activities	to the Accomp	olishment of Exe	empt	Purposes	
ine No. Explain below how each activity for which in			contribu	ited importantly to the accomp	olishment of
the foundation's exempt purposes (other th	an by providing funds	for such purposes).			

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

MARY REYNOLDS BABCOCK FOUNDATION

Form 990-PF (2022)

INCORPORATED

Part	Information F Exempt Orga	Regarding Transfers to nizations	and Transactions an	56 – (ad Relationships With Nonc	0690140 Pa Pharitable	ige 1
1 D	id the organization directly or inc	directly engage in any of the follo	wing with any other organization	n described in section 501(c)	Yes	No
(0	other than section 501(c)(3) orga	anizations) or in section 527, rela	iting to political organizations?			
a Ti	ransfers from the reporting foun	dation to a noncharitable exempt	organization of:			
()	Nther accete				1a(1)	X
,-	ther transactions:				1a(2)	X
1,000						
(2	2) Purchases of assets from a ne	oncharitable exempt organization	 I		1b(1)	X
(3	B) Rental of facilities, equipment	t, or other assets	· ·······		1b(2)	X
, ,	,	·			46/41	X
, -	, suit di idani guarantoob				46.75	X
, , ,	7 . 0.1011110100 01 001 11003 01 111	compension of fulfulgishing Solicity	UOUS		46/01	X
• 0.	name of faointies, equipment, in	anny note, other assets, or paid	employees		10	X
U	olumn (d) the value of the goods,	other assets, or services receive (c) Name of noncharita	eived less than fair market value ed. able exempt organization	ays show the fair market value of the go in any transaction or sharing arrangement (d) Description of transfers, transactions	ent, show in	s
		N/A				
in s	the foundation directly or indirec section 501(c) (other than sectio Yes," complete the following sch	tly affiliated with, or related to, or n 501(c)(3)) or in section 527?	ne or more tax-exempt organiza	I tions described	Yes X	No
	(a) Name of org	ganization	(b) Type of organization	(c) Description of rela	tionshin	-
	N/A			1 /		
	Under penalties of perjury, I declare	that I have examined this return, includ	ling accompanying achadular and at t	tements, and to the best of my knowledge		
Sign Here	and belief, it is true, correct, and con	mplete. Declaration of preparer (other the	nan taxpayer) is based on all information	tements, and to the best of my knowledge of the property of th	May the IRS discuss this return with the preparer shown below? See instr. X Yes	No
	Print/Type preparer's na	me Preparer's			TIN	
Paid	SUE ROBISON		Sue Ponison	self- employed		
Prepa	Firm's name RSM	US LIP	<u> </u>		P00560072	
Use C		~~ HHI		Firm's EIN 42-0	7/14325	
	Firm's address 920	5TH AVENUE, SU	JITE 2800			

Phone no. 206-281-4444

SEATTLE, WA 98104

Par	t IV	Capital Gains and Los	sses for Tax on Investment Income				_
		2-story br	describe the kind(s) of property sold ick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
_		ICLY TRADEI					
			II K-1 LONG TERM				
			HORT TERM				
		ASIA K-1 LO					
		GLOBAL K-1					
		MEN CAPITAI					
			L K-1 LONG TERM				
		VENTURE CAI		ORT TERM			
			V K-1 LONG TERM				
k S	JF	VENTURES V	K-1 LONG TERM				
		ON SHORT TH	ERM				
		LONG TERM					
		CLIMATE K-1					
0 G	EN	SSF III K-1			1		
	` '	ross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a	4	9,030,906.				6,	884,782.
b							1,763.
C							$\frac{-8,308.}{-71,993.}$
d							400,194.
e f							985,330.
g							-413.
h							12,058.
i							963.
j							159,207.
k							27,693.
<u> </u>		2 572 425					$\frac{-10,826}{607,140}$
m		3,573,435.					697,149. 638,249.
n o							-10.
0 C	omplet	e only for assets showin	a gain in column (h) and owned by tl	he foundation on 12/31/69	(I) L os	ses (from col. (h))	10•
		.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over ot less than "-0-")	col. (k),
a						6,	884,782.
b							1,763.
С							-8,308.
d							-71,993.
е							400,194.
f						Δ,	985,330.
g h							12,058.
<u>h</u> i							963.
i							159,207.
k							27,693.
							-10,826.
m							697,149.
n							638,249.
0							-10.
2 Ca	pital ga	in net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7			
3 Ne	t short- gain, als		es) as defined in sections 1222(5) and column (c).	` \ \			

CONTINUATION FOR 990-PF, PART IV 56-0690140 PAGE 2 OF 2

Part IV	Capital Gains and Lo	sses for Tax on Investment Income	<u> </u>				
	(a) List and 2-story b	d describe the kind(s) of property so rick warehouse; or common stock, 2	old, e.g., real estate, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ILI	UMEN CAPITA	L II K-1 SHORT T	ERM				
b ILI	UMEN CAPITA	L II K-1 LONG TE	RM				
С							
d							
е							
f							
g							
h							
i							
i							
k							
ı							
m							
n							
0							
	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			Gain or (loss) lus (f) minus (g)	
2		() - (1 , , , , , , , , , , , , , , , , , , ,		(3) P	() (9)	-2 190
h			1				-2,190. -4,700.
							- + , , , , , , , , , , , , , , , , , ,
<u>d</u>							
<u>f</u>							
<u>h</u>							
<u>. </u>							
<u> </u>							
<u>k</u>							
1							
m							
n				-			
0	late and for a cast of an electric	Land to the second seco	Har formalistica and 40 (04 (00				
Comp	lete only for assets showi	ng gain in column (h) and owned by		1	(I) Los	ses (from col. (h))	ool (k)
(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			of col. (h) gain over ot less than "-0-")	
a							-2,190.
b							-4,700.
С							
d							
е							
f							
g							
h							
i							
<u>j</u>							
k							
1							
m							
n							
0							
		apital loss) $\cdots \{ \begin{array}{l} \mbox{If gain, also enter} \\ \mbox{If (loss), enter} \end{array} \}$	`	2		8,	908,560.
If gain,	also enter in Part I, line 8,		nd (6):				
it (loss) enter "-0-" in Part I line	X		ויי		N / A	

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Ye	ear (Continuation)	_		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SOUTHERN COALITION FOR SOCIAL JUSTICE		PC	GENERAL	
1415 WEST HIGHWAY 54, SUITE 101			OPERATING/REGRANTING	
DURHAM, NC 27707				800,000.
PROGEORGIA STATE TABLE INC.		PC	GENERAL	
151 ELLIS STREET NE, 2ND FLOOR			OPERATING/REGRANTING	
ATLANTA, GA 30303				750,000.
ASIAN AMERICANS ADVANCING JUSTICE		PC	GENERAL	
ATLANTA			OPERATING/REGRANTING	
5680 OAKBROOK PARKWAY, SUITE 148			of Entities, REGIONATING	
NORCROSS, GA 30093				700,000.
IMPRINTS CARES		PC	REAL PROPERTY FOR	
711 COLISEUM PLAZA CT			GENERAL USE	
WINSTON-SALEM, NC 27106				670,000.
,				, -
POWER COALITION FOR EQUITY AND		PC	GENERAL OPERATING/ORG.	
JUSTICE			DEVELOPMENT/REGRANTING	
4930 WASHINGTON AVENUE				
NEW ORLEANS, LA 70125				650,000.
PARTNERSHIP FOR SOUTHERN EQUITY		PC	GENERAL OPERATING/ORG.	
100 PEACHTREE STREET, SUITE 1960			DEVELOPMENT/REGRANTING	
ATLANTA, GA 30303				475,000.
SOUTHERN VISION ALLIANCE		PC	GENERAL	
P.O. BOX 51698			OPERATING/REGRANTING	
DURHAM, NC 27717				475,000.
REYNOLDA HOUSE, MUSEUM OF AMERICAN		PC	GENERAL OPERATING	
ART				
P.O. BOX 7287				
WINSTON-SALEM, NC 27109				451,670.
INSTITUTE ON TAXATION AND ECONOMIC		PC	GENERAL OPERATING/ORG.	
POLICY			DEVELOPMENT	
1200 18TH STREET, SUITE 675				
WASHINGTON, DC 20036				450,000.
COMMUNITY FOUNDATION OF GREATER		PC	GENERAL	
GREENSBORO ON BEHALF OF NC			OPERATING/REGRANTING	
COLLABORATIVE FOR STRONG LATINX C				
330 S. GREENE STREET				
GREENSBORO, NC 27401				400,000.
Total from continuation sheets				17,246,670.

MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient GEORGIA BUDGET AND POLICY INSTITUTE GENERAL OPERATING/ORG. PC DEVELOPMENT/REGRANTING 50 HURT PLAZA SE, SUITE 720 ATLANTA, GA 30303 400,000. KENTUCKY COALITION INC. PC. GENERAL OPERATING P.O. BOX 1450 LONDON, KY 40743 400,000. LATINO COMMUNITY FUND INC. GENERAL PC P.O. BOX 3299 OPERATING/REGRANTING DECATUR, GA 30031 400,000. NEW VIRGINIA MAJORITY EDUCATION FUND PC GENERAL OPERATING 3801 MT. VERNON AVENUE ALEXANDRIA, VA 22305 400,000. ALABAMA FORWARD ÞС GENERAL 3066 ZELDA ROAD OPERATING/REGRANTING MONTGOMERY, AL 36106 375,000. NC CHILD ÞС GENERAL 3101 POPLARWOOD COURT, SUITE 300 OPERATING/REGRANTING RALEIGH, NC 27604 375,000. ALABAMA ARISE PC GENERAL OPERATING/ORG. DEVELOPMENT 400 SOUTH UNION STREET, SUITE 340 MONTGOMERY, AL 36104 350,000. BLUEPRINT NORTH CAROLINA ON BEHALF OF PC GENERAL OPERATING/ORG. NC BUDGET & TAX CENTER DEVELOPMENT P.O. BOX 25374 DURHAM, NC 27702 350,000. CENTER FOR HEIRS PROPERTY GENERAL OPERATING PRESERVATION 8570 RIVERS AVENUE, SUITE 170 NORTH CHARLESTON, SC 29406 350,000. DEEP CENTER, INC. PC GENERAL OPERATING/ORG. P.O. BOX 5582 DEVELOPMENT SAVANNAH, GA 31414 350,000. Total from continuation sheets

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Ye		T		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
,	or substantial contributor	recipient		
NC COUNTS COALITION		PC	GENERAL	
3125 POPLARWOOD COURT, SUITE 300			OPERATING/REGRANTING	
RALEIGH, NC 27604				350,000
NORTH CAROLINA ASIAN AMERICANS		PC	GENERAL OPERATING/ORG.	
TOGETHER			DEVELOPMENT/REGRANTING	
711 HILLSBOROUGH STREET, SUITE 102			DEVELOTMENT/REGRANTING	
RALEIGH, NC 27603				340,000
				020,000
DEMOCRACY NORTH CAROLINA		PC	GENERAL	
3000 AERIAL CENTER PARKWAY, SUITE 160			OPERATING/REGRANTING	
MORRISVILLE, NC 27560				325,000
NORTH CAROLINA BLACK ALLIANCE		PC	GENERAL	
205 FAYETTEVILLE STREET, SUITE 220			OPERATING/REGRANTING	225 000
RALEIGH, NC 27601				325,000
ARKANSAS PUBLIC POLICY PANEL INC		PC	GENERAL OPERATING	
1308 W. 2ND STREET				
LITTLE ROCK, AR 72201				300,000
COMMUNITYWORKS CAROLINA		PC	GENERAL OPERATING	
100 WEST ANTRIM DRIVE				200 000
GREENVILLE, SC 29607				300,000
EL PUEBLO, INC.		PC	GENERAL OPERATING	
2321 CRABTREE BLVD, SUITE 105				
RALEIGH, NC 27604				300,000
KENTUCKY CENTER FOR ECONOMIC POLICY		PC	GENERAL OPERATING	
433 CHESTNUT STREET				300 000
BEREA, KY 40403				300,000
LOUISIANA BUDGET PROJECT		PC	GENERAL OPERATING	
619 JEFFERSON HIGHWAY, SUITE 1D				
BATON ROUGE, LA 70806				300,000
NORTH CAROLINA CONGRESS OF LATINO		PC	GENERAL OPERATING	
ORGANIZATIONS				
4907 GARRETT ROAD				300 000
DURHAM, NC 27707 Total from continuation sheets		1		300,000

MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED

Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient SOUTH CAROLINA COMMUNITY LOAN FUND PC GENERAL OPERATING 1051 GARDNER ROAD, SUITE A CHARLESTON, SC 29407 300,000. THE COMMONWEALTH INSTITUTE FOR FISCAL PC GENERAL OPERATING ANALYSIS 1329 E CARY STREET, #202 RICHMOND, VA 23219 300,000. WE ARE DOWN HOME GENERAL OPERATING/ORG. PC 1246A PLAZA DRIVE DEVELOPMENT BURLINGTON, NC 27215 300,000. WEST VIRGINIA COMMUNITY DEVELOPMENT PC GENERAL OPERATING HUB INC 424A SHREWSBURY STREET CHARLESTON, WV 25301 300,000. GEORGIA LATINO ALLIANCE FOR HUMAN PC GENERAL RIGHTS OPERATING/REGRANTING 7 DUNWOODY PARK, SUITE 110 ATLANTA, GA 30338 290,000. TOGETHER LOUISIANA ÞС GENERAL OPERATING/ORG. 2721 SOUTH BROAD STREET DEVELOPMENT/REGRANTING NEW ORLEANS, LA 70125 290,000. INSTITUTE FOR SOUTHERN STUDIES ЬC GENERAL OPERATING/ORG. DEVELOPMENT/REGRANTING 433 WEST MAIN ST., SUITE 102 DURHAM, NC 27701 270,000. HIGHLANDER RESEARCH AND EDUCATION PC GENERAL OPERATING CENTER ON BEHALF OF GRANTMAKERS FOR SOUTHERN PROGRESS P.O. BOX 162768 ATLANTA, GA 30346 250,000. NC CONGRESS OF LATINO ORGANIZATIONS GENERAL ON BEHALF OF NC IAF OPERATING/REGRANTING 4907 GARRETT ROAD DURHAM, NC 27707 200,000. CENTER FOR RURAL STRATEGIES INC ÞС GENERAL OPERATING/ORG. 46 EAST MAIN STREET DEVELOPMENT WHITESBURG, KY 41858 160,000. Total from continuation sheets

Part XIV

Supplementary Information

56-0690140 INCORPORATED

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient GEORGIA ALLIANCE EDUCATION FUND, INC. PC ELECTION PROTECTION P.O. BOX 170495 FUND ATLANTA, GA 30317 150,000. ONE VOICE PC GENERAL OPERATING 1072 J. R. LYNCH STREET, SUITE 7 JACKSON, MS 39203 150,000. APPALACHIAN VOICES, INC. GENERAL OPERATING PC 589 WEST KING STREET BOONE, NC 28607 112,500. WEST VIRGINIA FOOD & FARM COALITION PC GENERAL OPERATING 3820 MACCORKLE AVENUE, SE CHARLESTON, WV 25304 112,500. ASIAN AMERICANS ADVANCING JUSTICE PC ELECTION PROTECTION FUND ATLANTA 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093 100,000. ASIAN AMERICANS ADVANCING JUSTICE PC ELECTION PROTECTION FUND ATT. ANTA 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093 100,000. DEMOCRACY NORTH CAROLINA ЬC ELECTION PROTECTION FUND 3000 AERIAL CENTER PARKWAY, SUITE 160 MORRISVILLE, NC 27560 100,000. GALEO LATINO COMMUNITY DEVELOPMENT SO T ELECTION PROTECTION FUND FUND P.O. BOX 29506 100,000. ATLANTA, GA 30359 NORTH CAROLINA BLACK ALLIANCE ÞС ELECTION PROTECTION 205 FAYETTEVILLE STREET, SUITE 220 FUND RALEIGH, NC 27601 100,000. NORTH CAROLINA ASIAN AMERICANS PC ELECTION PROTECTION FUND TOGETHER 711 HILLSBOROUGH STREET, SUITE 102 RALEIGH, NC 27603 83,500. Total from continuation sheets

MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED

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Part XIV Supplementary Information	au (O autino a ti a ur)		T	
3 Grants and Contributions Paid During the Ye		T		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEW AMERICAN PATHWAYS 2300 HENDERSON MILL ROAD NE, SUITE 100 ATLANTA, GA 30345		PC	PROJECT	70,000.
GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS 7 DUNWOODY PARK, SUITE 110 ATLANTA, GA 30338		PC	ELECTION PROTECTION FUND	62,000.
GALEO LATINO COMMUNITY DEVELOPMENT FUND P.O. BOX 29506		SO I	ELECTION PROTECTION FUND	
ATLANTA, GA 30359 POWER COALITION FOR EQUITY AND JUSTICE 4930 WASHINGTON AVENUE NEW ORLEANS, LA 70125		PC	ELECTION PROTECTION FUND	52,000. 50,000.
LATINO COMMUNITY FUND INC. P.O. BOX 3299 DECATUR, GA 30031		PC	ELECTION PROTECTION FUND	40,000.
NORTH CAROLINA CONGRESS OF LATINO ORGANIZATIONS 4907 GARRETT ROAD		PC	ELECTION PROTECTION FUND	
DURHAM, NC 27707 FOUNDATION FOR APPALACHIAN KENTUCKY ON BEHALF OF APPALACHIA FUNDERS NETWORK		PC	GENERAL OPERATING	32,500.
420 MAIN STREET HAZARD, KY 41701				30,000.
ALABAMA COALITION FOR IMMIGRANT JUSTICE 1826 6TH AVENUE SOUTH		PC	GENERAL OPERATING	
IRONDALE, AL 35210				20,000.
APPALACHIAN CITIZENS' LAW CENTER 317 MAIN STREET WHITESBURG, KY 41858		PC	EMERGENCY RESPONSE	20,000.
APPALSHOP INC. 91 MADISON AVENUE		PC	EMERGENCY RESPONSE	00.000
WHITESBURG, KY 41858 Total from continuation sheets	<u> </u>	<u> </u>		20,000.

MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient ARKANSAS UNITED PC GENERAL OPERATING 1301 E. ROBINSON AVENUE, SUITE B6 SPRINGDALE, AR 72764 20,000. ASIAN AMERICANS ADVANCING JUSTICE PC GENERAL OPERATING ATLANTA 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093 20,000. BLACK CLERGY COLLABORATIVE OF MEMPHIS GENERAL OPERATING PC 8220 EAST SHELBY DRIVE MEMPHIS, TN 38125 20,000. CANOPY ATLANTA PC GENERAL OPERATING 504 E ONTARIO AVE SW ATLANTA, GA 30310 20,000. CENTER FOR PARTICIPATORY CHANGE INC PC. GENERAL OPERATING 610 HAYWOOD ROAD ASHEVILLE, NC 28801 20,000. CODE THE DREAM ÞС GENERAL OPERATING 201 WEST MAIN STREET, SUITE 100 DURHAM, NC 27701 20,000. E3 FOUNDATION ЬC GENERAL OPERATING 1857 BERMUDA STONE DRIVE CHARLESTON, SC 29414 20,000. FORWARD JUSTICE PC GENERAL OPERATING 400 WEST MAIN STREET, SUITE 203 DURHAM, NC 27701 20,000. FOUNDATION FOR APPALACHIAN KENTUCKY ÞС EMERGENCY RESPONSE 420 MAIN STREET HAZARD, KY 41701 20,000. GALEO LATINO COMMUNITY DEVELOPMENT so I GENERAL OPERATING FUND P.O. BOX 29506 ATLANTA, GA 30359 20,000. Total from continuation sheets

Part XIV Supplementary Information

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P.O. BOX 3299	INITITIVIDIDE, WV 23040				20,000.
P.O. BOX 3299	LAMINO COMUNICAL PARTS INC		ng.	ELEGETON PROFESSION	
			FC		
					10,000.
Total from continuation sheets	Table from analysis about				

Schedule B

(Form 990)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED

Employer identification number

56-0690140

Organization type (check one):

Filers of:	Secti	on:
Form 990 or 990-EZ		501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF	X	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		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

X 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 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Generalie B (Form 550) (2522)	i agc •
Name of organization	Employer identification number
MARY REYNOLDS BABCOCK FOUNDATION	
INCORPORATED	56-0690140

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	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ <u>140,928.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

MARY REYNOLDS BABCOCK FOUNDATION

INCORPORATED

Employer identification number

56-0690140

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

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** MARY REYNOLDS BABCOCK FOUNDATION 56-0690140 INCORPORATED 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 info. once.) \$ 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Underpayment of Estimated Tax by Corporations Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123 **2022**

Department of the Treasury Internal Revenue Service

INCORPORATED

Go to www.irs.gov/Form2220 for instructions and the latest information. MARY REYNOLDS BABCOCK FOUNDATION

Employer identification number 56-0690140

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

_	Part I Required Annual Payment	eturn	, but do not attach F	orm 2220.		
	Tiequiled Aimadi Laymont					
1	Total tax (see instructions)				1	138,876.
2 :	a Personal holding company tax (Schedule PH (Form 1120), lin	e 26) i	included on line 1	2a		
	b Look-back interest included on line 1 under section 460(b)(2)					
	contracts or section 167(g) for depreciation under the income			2b		
	(0)					
(Credit for federal tax paid on fuels (see instructions)			2c		
(d Total. Add lines 2a through 2c				2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not co	omplete or file this form.	The corporation		
	does not owe the penalty				3	138,876.
4	Enter the tax shown on the corporation's 2021 income tax retu					242 424
	or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 c	on line 5	4	312,421.
_						
5	Required annual payment. Enter the smaller of line 3 or line			' '	_	120 076
	enter the amount from line 3 Part II Reasons for Filing - Check the boxes belo	tha	t apply. If any boyee are a	chacked the corporation	5	138,876.
	even if it does not owe a penalty. See instructions.	IW IIIa	i apply. If ally boxes are i	checkeu, the corporation	IIIUSI IIIE FUITII 2220	
6	The corporation is using the adjusted seasonal installi	mont r	method			
7	X The corporation is using the adjusted seasonal install					
8	X The corporation is a "large corporation" figuring its first			n the nrior year's tay		
	Part III Figuring the Underpayment	or roqu	anca matamment based o	ir the prior your 3 tax.		
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the		(=)	(=)	(-/	(=)
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/15/22	09/15/22	12/15/22
10						
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10		69,438.		62,445.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	43,051.	55,000.		35,000.
	Complete lines 12 through 18 of one column					
	before going to the next column.			40.054		22 512
12	, , , , , , , , , , , , , , , , , , , ,	12		43,051.	28,613	28,613.
13	Add lines 11 and 12	13		98,051.	28,613	63,613.
14	Add amounts on lines 16 and 17 of the preceding column	14	42.051	00 051	00 (12	62 612
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	43,051.	98,051.	28,613	63,613.
16	•			_		
	14. Otherwise, enter -0-	16		0.		
17						
	subtract line 15 from line 10. Then go to line 12 of the next					
40	column. Otherwise, go to line 18	17		+		
18	Overpayment. If line 10 is less than line 15, subtract line 10	,	43,051.	28 612	28,613	
_	from line 15. Then go to line 12 of the next column	18	±3,031•	28,613.	ZU, UIS	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2022)

56-0690140

Page 2

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.						
	(C corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month						
	instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21					
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$		\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23					
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25					
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$		\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27					
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$		\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29					
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$		\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31					
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$		\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	I	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120, lin	e 34; or the comparable			
	line for other income tax returns					38	\$ 0.

Form **2220** (2022)

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2022) FORM 990-PF Page 3

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is

Part I Adjusted Seasonal Installment Method

imposed under section 1374(a), whichever applies.

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

See instructions.					
	<u> </u>	(a)	(b)	(c)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2019	1a				
b Tax year beginning in 2020	1b				
c Tax year beginning in 2021	1c				
2 Enter taxable income for each period for the tax year beginning in					
2022. See the instructions for the treatment of extraordinary items	2				
		First Assessible	First Consorth	First O seconds	Farther
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2019	3a				
b Tax year beginning in 2020	3b				
c Tax year beginning in 2021	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the					
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the					
amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 Figure the tax on the amt on In 9c using the instr for Form	ا ء ا				
1120, Sch J, line 2, or comparable line of corp's return	10				
11a Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b	446				
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10	"				
by columns (a) through (c) of line 13. In column (d), enter					
the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
paymont portour ood mondottorio					
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

Form 2220 (2022) FORM 990-PF Page 4

Part II Annualized Income Installment Method

			(a)	(b)	(c)	(d)
			First 2	First 3	First 6	First 9
20 A	Annualization periods (see instructions)	20	months	months	months	months
21 E	nter taxable income for each annualization period. See					
ii	nstructions for the treatment of extraordinary items	21		3,773,597.		7,115,991.
22 A	Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a A	Annualized taxable income. Multiply line 21 by line 22	23a		15,094,388.		9,487,964.
bΕ	extraordinary items (see instructions)	23b				
c A	Add lines 23a and 23b	23c		15,094,388.		9,487,964.
24 F	igure the tax on the amount on line 23c using the					
ii	nstructions for Form 1120, Schedule J, line 2,					
0	or comparable line of corporation's return	24		209,812.		131,883.
25 E	inter any alternative minimum tax (trusts only) for each					
p	ayment period (see instructions)	25				
26 E	inter any other taxes for each payment period. See instr.	26				
27 T	otal tax. Add lines 24 through 26	27		209,812.		131,883.
	or each period, enter the same type of credits as allowed					
	on Form 2220, lines 1 and 2c. See instructions	28				
	otal tax after credits. Subtract line 28 from line 27. If					
Z	ero or less, enter -0-	29		209,812.		131,883.
30 A	Applicable percentage	30	25%	50%	75%	100%
31 N	Multiply line 29 by line 30	31		104,906.		131,883.
	t III Required Installments			,		•
			1st	2nd	3rd	 4th
	lote: Complete lines 32 through 38 of one column lefore completing the next column.		installment	installment	installment	installment
	f only Part I or Part II is completed, enter the amount in		IIIStallillellt	IIIStallillellt	IIIStallillelit	IIIStallillelit
	ach column from line 19 or line 31. If both parts are					
	completed, enter the smaller of the amounts in each					
	column from line 19 or line 31	32	0.	104,906.	0.	131,883.
	add the amounts in all preceding columns of line 38.					
	See instructions	33				69,438.
34 A	Adjusted seasonal or annualized income installments.					-
S	Subtract line 33 from line 32. If zero or less, enter -0-	34		104,906.		62,445.
35 E	inter 25% (0.25) of line 5 on page 1 of Form 2220 in					
е	ach column. Note: "Large corporations," see the					
ii	nstructions for line 10 for the amounts to enter	35	34,719.	34,719.	34,719.	34,719.
36 S	Subtract line 38 of the preceding column from line 37 of					
tl	he preceding column	36		34,719.		34,719.
37 A	Add lines 35 and 36	37	34,719.	69,438.	34,719.	69,438.
	Required installments. Enter the smaller of line 34 or		•		•	•
	ne 37 here and on page 1 of Form 2220, line 10.					
	See instructions	38	0.	69,438.	0.	62,445.

Form **2220** (2022)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF	OTHER	INCOME		STATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME OTHER K-1 INCOME UNREALIZED GAINS/LOSSES CHANGE IN VALUE OF CRT SECTION 988 INCOME SECTION 1296 INCOME INCOME ALLOCATED FROM/TO SLP DEFERRED TAX GAIN	243,321. -75,054. -61,217,936. -319,041. -139,175. -8,606. 1,269,628. 849,528.	-8,606.		
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	-59,397,335.	1,335,398.	
FORM 990-PF	LEGA	AL FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	13,712	2. 0	•	13,712.
TO FM 990-PF, PG 1, LN 16A =	13,712	0	·	13,712.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND AUDIT	54,200	32,520	•	21,680.
TO FORM 990-PF, PG 1, LN 16B	54,200	32,520	•	21,680.
=			= 	= =====================================

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES VARIOUS SERVICES BOARD CONSULTANTS INVESTMENT EXPENSES FROM	1,050,302. 281,349. 18,000.	9,704.		0. 271,645. 18,000.	
K-1S	1,033,106.	1,027,086.		0.	
TO FORM 990-PF, PG 1, LN 16C	2,382,757.	2,087,092.		289,645.	
FORM 990-PF	TAX	ES	s	TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAX PAYROLL TAX FOREIGN TAXES	145,755. 101,315. 46,568.	3,826.		0. 97,489. 0.	
TO FORM 990-PF, PG 1, LN 18	293,638.	50,394.		97,489.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROGRAM SUPPORT COMMUNICATIONS / WEB SITE EQUIPMENT MAINTENANCE DUES & MEMBERSHIPS MISCELLANEOUS INSURANCE BANK AND PAYROLL FEES SUPPLIES & SUBSCRIPTIONS JANITORIAL TECHNOLOGY LEARNING AND STRATEGY	35,620. 49,105. 5,085. 77,639. 7,731. 19,476. 11,086. 15,813. 6,382. 123,923. 64,834.	0. 192. 0. 292. 1,605. 419. 597. 241. 2,347.		35,620. 49,105. 4,893. 77,639. 7,440. 17,871. 10,667. 15,216. 6,141. 121,576. 64,834.	
TO FORM 990-PF, PG 1, LN 23	416,694.	5,693.		411,002.	

GENERATION IM CLIMATE SOLUTIONS II 3,826,006. 3,826,006. GENERATION IM SUSTAINABLE SOLUTIONS III 4,925,594. 4,925,594. SJF VENTURES IV, LP 3,403,444. 3,403,444. SJF VENTURES V, LP 796,441. 796,441. ILLUMEN CAPITAL, LP 672,816. 672,816. ILLUMEN CAPITAL FUND II, LP 253,062. 253,062. IMPACT AMERICA FUND II, LP 603,553. 603,553. MAC VENTURES CAPITAL 2019, LP 885,268. 885,268. MAC VENTURES CAPITAL FUND II 525,194. 525,194. ALKEON INNOVATION OFFSHORE FUND II, LP 830,510. 830,510. COLLAB FUND I, LLC 533,926. 533,926. KAPOR CAPITAL III, LP 155,158. 155,158. APIS AND HERITAGE LEGACY FUND I, LLC 207,523. 207,523. DEBUT CAPITAL 438,935. 438,935.	FORM 990-PF U.S. AND STAT	E/CITY GOVERNMEN	T OBLIGATIONS	STATEMENT 7
TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS TOTAL TO FORM 990-PF, PART II, LINE 10A FORM 990-PF CORPORATE STOCK STATEMENT 8 DESCRIPTION BOOK VALUE SAYEROOK CAPITAL DANA SOCIALLY RESPONSIBLE EQUITY 5,607,075. BROWN ADVISORY SUSTAINABLE GROWTH 16,113,430. 16,11	DESCRIPTION			
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS TOTAL TO FORM 990-PF, PART II, LINE 10A 7,829,234. 7,829,234. FORM 990-PF CORPORATE STOCK STATEMENT 8 DESCRIPTION BOOK VALUE SAYBROOK CAPITAL SAYBROOK CAPITAL SEROWN ADVISORY SUSTAINABLE EQUITY 5,607,075. 5,607,075. 5,607,075. 6,607,	US GOVERNMENT OBLIGATIONS	<u> </u>	7,829,234.	7,829,234.
TOTAL TO FORM 990-PF, PART II, LINE 10A 7,829,234. 7,829,234. FORM 990-PF CORPORATE STOCK STATEMENT 8 DESCRIPTION BOOK VALUE VALUE SAYBROOK CAPITAL 9,307,255. 9,307,255. DANA SOCIALLY RESPONSIBLE EQUITY 5,607,075. 5,607,075. BROWN ADVISORY SUSTAINABLE GROWTH 16,113,430. 16,113,430. PROFIT IM ESG 6,552,585. 6,552,585. CARDINAL CAPITAL MANAGEMENT 7,626,449. 7,626,449. CHANNING GLOBAL ADVISORS 2,115,076. 2,115,076. DECATUR CAPITAL MANAGEMENT 7,726,190. 7,726,190. CHANNING GLOBAL ADVISORS 2,115,076. 2,115,076. DECATUR CAPITAL MANAGEMENT 2,093,345. 2,093,345. RVX ASSET MANAGEMENT 2,043,721. 2,043,721. VSQUARE QUANTITATIVE MANAGEMENT 2,114,137. 2,114,137. PAX WORLD GLOBAL ENVIROMENTAL MARKETS FUND 12,066,931. BROWN INTERNATIONAL SMALL COMPANY 1,127,046. 1,127,046. GENERATION IM GLOBAL EQUITY FUND 28,350,790. 28,350,790. DEL PARTMERS IV LP 8,429,380. 8,429,380. DBL PARTMERS IV LP 3,848,700. 3,884,700. GENERATION IM CLIMATE SOLUTIONS II 4,925,594. 4,925,594. SJF VENTURES V, LP 796,441. 796,441. ILLUMEN CAPITAL, LP 114, LP 672,816. 672,816. MAC VENTURES V, LP 796,441. 796,441. 796,441. ILLUMEN CAPITAL, LP 114, LP 672,816. 672,816. MAC VENTURES CAPITAL FUND II, LP 672,816. 672,816. MAC VENTURES CAPITAL FUND II, LP 673,816. 533,962. 253,062. IMBACT AMERICA FUND II, LP 830,510. 830,510. MAC VENTURES CAPITAL FUND II, LP 673,816. 533,926. 533,926. KAPOR CAPITAL III, LP 155,158. 155,158. APIS AND HERLTAGE LEGACY FUND I, LIC 207,523. 207,523. DEBUT CAPITAL BROWN INTERS FOR GOOD 174,775. 174,775.	TOTAL U.S. GOVERNMENT OBLIGATION	ıs	7,829,234.	7,829,234.
DESCRIPTION	TOTAL STATE AND MUNICIPAL GOVERN	MENT OBLIGATIONS	5	
DESCRIPTION BOOK VALUE FAIR MARKET VALUE SAYBROOK CAPITAL SAYBROOK CAPITAL DAMA SOCIALLY RESPONSIBLE EQUITY SAOT, 255. SAOT, 267. SAOT, 267. SAOT, 255. SAOT, 2075. SAOT, 255. SAOT, 2075. SAOT, 20	TOTAL TO FORM 990-PF, PART II, L	INE 10A	7,829,234.	7,829,234.
DESCRIPTION BOOK VALUE VALUE SAYBROOK CAPITAL 9,307,255. 9,307,255. DANA SOCIALLY RESPONSIBLE EQUITY 5,607,075. 5,607,075. BROWN ADVISORY SUSTAINABLE GROWTH 16,113,430. 16,113,430. PROFIT IM ESG 6,552,585. 6,552,585. FIERA 5,854,131. 5,854,131. CARDINAL CAPITAL MANAGEMENT 7,626,449. 7,626,449. HARDING LOEVER 7,726,190. 7,726,190. CHANNING GLOBAL ADVISORS 2,115,076. 2,115,076. DECATUR CAPITAL MANAGEMENT 2,043,721. 2,043,721. VSQUARE QUANTITATIVE MANAGEMENT 2,043,721. 2,043,721. VSQUARE QUANTITATIVE MANAGEMENT 2,114,137. 2,114,137. PAX WORLD GLOBAL ENVIROMENTAL MARKETS FUND 12,066,931. 12,066,931. BROWN INTERNATIONAL SMALL COMPANY 1,127,046. 1,127,046. GENERATION IM GLOBAL EQUITY FUND 28,350,790. 28,350,790. DBL PARTMERS IV LP 3,844,700. 3,844,700. GENERATION IM CLIMATE SOLUTIONS III 3,826,006. 3,826,006. SJF VENTURES IV, L	FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DANA SOCIALLY RESPONSIBLE EQUITY BROWN ADVISORY SUSTAINABLE GROWTH BROWTH 16,113,430. 16,113,430. 16,113,430. 16,113,430. 16,113,430. 16,113,430. 16,113,430. 16,113,430. 16,522,585. 6,552,585. FIERA 5,854,131. CARDINAL CAPITAL MANAGEMENT 7,626,449. 7,626,449. 7,726,190. 7,626,449. 1,15,076. 2,114,137. 2,043,721. 2,043	DESCRIPTION		BOOK VALUE	
TOTAL TO FORM 990-PF, PART 11, LINE 10B 139,244,446. 139,244,446.	DANA SOCIALLY RESPONSIBLE EQUITY BROWN ADVISORY SUSTAINABLE GROWT PROFIT IM ESG FIERA CARDINAL CAPITAL MANAGEMENT HARDING LOEVNER CHANNING GLOBAL ADVISORS DECATUR CAPITAL MANAGEMENT RVX ASSET MANAGEMENT VSQUARE QUANTITATIVE MANAGEMENT PAX WORLD GLOBAL ENVIROMENTAL MABROWN INTERNATIONAL SMALL COMPAN GENERATION IM GLOBAL EQUITY FUND DBL PARTNERS III LP DBL PARTNERS IV LP GENERATION IM CLIMATE SOLUTIONS GENERATION IM SUSTAINABLE SOLUTI SJF VENTURES V, LP SJF VENTURES V, LP ILLUMEN CAPITAL, LP ILLUMEN CAPITAL, LP ILLUMEN CAPITAL FUND II, LP MAC VENTURES CAPITAL 2019, LP MAC VENTURES CAPITAL 2019, LP MAC VENTURES CAPITAL FUND II ALKEON INNOVATION OFFSHORE FUND COLLAB FUND I, LLC KAPOR CAPITAL III, LP APIS AND HERITAGE LEGACY FUND I, DEBUT CAPITAL RUTHLESS FOR GOOD	RKETS FUND Y II ONS III LLC	5,607,075. 16,113,430. 6,552,585. 5,854,131. 7,626,449. 7,726,190. 2,115,076. 2,093,345. 2,043,721. 2,114,137. 12,066,931. 1,127,046. 28,350,790. 8,429,380. 3,884,700. 3,826,006. 4,925,594. 3,403,444. 796,441. 672,816. 253,062. 603,553. 885,268. 525,194. 830,510. 533,926. 155,158. 207,523. 438,935. 174,775.	5,607,075. 16,113,430. 6,552,585. 5,854,131. 7,626,449. 7,726,190. 2,115,076. 2,093,345. 2,043,721. 2,114,137. 12,066,931. 1,127,046. 28,350,790. 8,429,380. 3,884,700. 3,826,006. 4,925,594. 3,403,444. 796,441. 672,816. 253,062. 603,553. 885,268. 525,194. 830,510. 533,926. 155,158. 207,523. 438,935. 174,775.
	TOTAL TO FORM 990-PF, PART II, L	INE 10B	139,244,446.	139,244,446.

FORM 990-PF C	CORPORATE BONDS	STATEMENT 9		
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
FIXED INCOME CORPORATE BONDS FIXED INCOME INTERNATIONAL FIXED INCOME EMERGING MARKETS		12,587,524. 674,234. 157,396.	12,587,524. 674,234. 157,396.	
TOTAL TO FORM 990-PF, PART II, LI	13,419,154.	13,419,154.		
FORM 990-PF OT	THER INVESTMENTS		STATEMENT 10	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
ANNUITY TRUST PRIVATE FIXED INCOME	FMV COST	354,395. 500,000.	354,395. 500,000.	
TOTAL TO FORM 990-PF, PART II, LI	854,395.	854,395.		
FORM 990-PF	OTHER ASSETS		STATEMENT 11	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
PROGRAM RELATED INVESTMENTS ACCRUED INCOME	6,863,743. 161,755.	5,800,421. 156,185.	5,800,421. 156,185.	
TO FORM 990-PF, PART II, LINE 15	7,025,498.	5,956,606.	5,956,606.	
FORM 990-PF OT		STATEMENT 12		
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
DESCRIPTION FEDERAL EXCISE TAX PAYABLE DEFERRED TAX LIABILITY		BOY AMOUNT 101,073. 1,140,150.		

FORM 990-PF P	ART VII - LIST TRUSTEES AND				STAT	EMENT 13
NAME AND ADDRESS				COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
LAVEEDA BATTLE 500 W. 5TH ST SUITE WINSTON SALEM, NC 2			MEMBER .00	2,500.	0.	0.
CHAD BERRY 500 W. 5TH ST SUITE WINSTON SALEM, NC 2			MEMBER .00	4,000.	0.	0.
ASHLEIGH GARDERE 500 W. 5TH ST SUITE WINSTON SALEM, NC 2				- VICE PRESII 4,000.	DENT 0.	0.
JERRY GONZALEZ 500 W. 5TH ST SUITE WINSTON SALEM, NC 2			MEMBER .00	-PRESIDENT 4,000.	0.	0.
ZACHARY LASSITER 500 W. 5TH ST SUITE WINSTON SALEM, NC 2			MEMBER .00	0.	0.	0.
JAMES MITCHELL 500 W. 5TH ST SUITE WINSTON SALEM, NC 2			MEMBER .00	4,000.	0.	0.
HOLT MOUNTCASTLE 500 W. 5TH ST SUITE WINSTON SALEM, NC 2			MEMBER .00	0.	0.	0.
KARA MOUNTCASTLE 500 W. 5TH ST SUITE WINSTON SALEM, NC 2		_	MEMBER .00	- SECRETARY 0.	0.	0.
KATHY MOUNTCASTLE 500 W. 5TH ST SUITE WINSTON SALEM, NC 2			MEMBER .00	0.	0.	0.
KENNETH MOUNTCASTLE 500 w. 5TH ST SUITE WINSTON SALEM, NC 2	800		MEMBER	- TREASURER	0.	0.

MARY REYNOLDS BABCOCK FOUNDATION	INCORPO			56-	0690140
LAURA MOUNTCASTLE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD 2	MEMBER .00	0.	0.	0.
MARY MOUNTCASTLE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD 2	MEMBER .00	0.	0.	0.
STEPHANIE TYREE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD 2	MEMBER .00	3,500.	0.	0.
FLOZELL DANIELS, JR. 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	CEO (9/26/22 - .00	12/31/22) 76,648.	13,449.	323.
JENNIFER BARKSDALE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	CHIEF 40	FINANCE .00	AND OPERATION 184,988.	ONS OFFICER 40,435.	1,200.
ELENA CONLEY 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	CHIEF 40	STRATEGY .00	OFFICER & 1 214,308.	INTERIM CEO 29,779.	1,200.
DWAYNE PATTERSON 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	CHIEF 40	EQUITY O	FFICER 161,937.	46,769.	1,200.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART	VII	659,881.	130,432.	3,923.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY ONE

FOUNDATION STAFF TIME AND EXPENSES ON BOARDS, GRANTEE TECHNICAL ASSISTANCE, PARTICIPATION IN FUNDER NETWORKS, PEER ADVICE TO FUNDER COLLEAGUES, PUBLIC POLICY RESEARCH AND PUBLISH RESULTS, PRESENTERS AT CONFERENCES, AND ADVISORY COMMITTEES OF OTHER CHARITABLE ORGANIZATIONS.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

152,900.

FORM 990-PF ELECTION UNDER REGULATIONS SECTION STATEMENT 15
53.4942(A)-3(D)(2) TO TREAT
EXCESS QUALIFYING DISTRIBUTIONS
AS DISTRIBUTIONS OUT OF CORPUS

FOUNDATION TRUSTEES HEREBY ELECT UNDER TREASURY REGULTAION SECTION 53.4942(A)-3(D)(2) TO TREAT \$2,965,000 OF GRANTS MADE IN 2022 AS A DISTRIBUTION FROM CORPUS.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D

STATEMENT 16

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SEE FOUNDATION WEBSITE: WWW.MRBF.ORG 500 WEST 5TH ST, STE 800 WINSTON SALEM, NC 27101

TELEPHONE NUMBER

(336)748 - 9222

FORM AND CONTENT OF APPLICATIONS

THE FOUNDATION DOES NOT ACCEPT PAPER GRANT APPLICATIONS. ALL INFORMATION REGARDING SUBMISSION OF APPLICATIONS INCLUDING THE FORMAT AND ADDITIONAL INFORMATION REQUIRED CAN BE FOUND ON THE FOUNDATION'S WEBSITE "WWW.MRBF.ORG"

ANY SUBMISSION DEADLINES

THE FOUNDATION USES A ROLLING APPLICATION PROCESS

RESTRICTIONS AND LIMITATIONS ON AWARDS

PREFERENCE IN SOUTHEAST UNITED STATES
NO GRANTS TO INDIVIDUALS OR FOR CONSTRUCTION
NO GRANTS FOR INTERNATIONAL PROGRAMS
CONCENTRATION IN GRANTS TO ORGANIZATIONS THAT HELP PEOPLE AND PLACES IN THE SOUTHEASTERN U.S. MOVE OUT OF POVERTY

FORM 990-PF	ľO		STATEMENT 17		
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
UNREALIZED GAINS/LOSSES CHANGE IN VALUE OF CRT SECTION 988 INCOME SECTION 1296 INCOME INCOME ALLOCATED FROM/TO			14 14 14 14	-61217936. -319,041. -139,175. -8,606.	
SLP II DEFERRED TAX GAIN K-1 UBI RECLASSIFICATION	523000	-46382	14 14 14	1,269,628. 849,528. 46,382.	
TOTAL TO FORM 990-PF, PG 12	2, LN 11	-46,382.		-59519220.	

** PUBLIC DISCLOSURE COPY **

EXTENDED TO NOVEMBER 15, 2023

Form 99 (n	OMB No. 1545-0047			
			(and proxy tax under section 6033(e))		2022
		For ca	lendar year 2022 or other tax year beginning, and ending	—·	ZUZZ
Department of Internal Reven	the Treasury ue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
	ck box if ress changed.		Name of organization (Check box if name changed and see instructions.) MARY REYNOLDS BABCOCK FOUNDATION	DEmpl	loyer identification number
B Exempt u	ınder section	Print	INCORPORATED		6-0690140
X 501(c	220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 500 W. 5TH ST, 800		p exemption number instructions)
408A	()		City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	
529(a) 529A		WINSTON-SALEM, NC 27101 ok value of all assets at end of year	⊣F	Check box if
C Charle			ok value of all assets at end of year	State	an amended return. college/university
	organization if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439	State	college/university
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
9	-		d identifying number of the parent corporation.		100 [==] 110
	oks are in car			336-	748-9222
Part I			d Business Taxable Income		
1 Total	of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
			' '	1	0.
2 Rese				2	
3 Add	lines 1 and 2			3	
4 Char	itable contrib		see instructions for limitation rules)	4	0.
5 Total	unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Dedu	action for net	operati	ng loss. See instructions	6	0.
7 Tota	of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
Subt	ract line 6 fro	m line 5	5	7	
8 Spec	ific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trus	ts. Section 19	99A de	duction. See instructions	9	
10 Tota	I deductions	. Add li	nes 8 and 9	10	1,000.
11 Unre	lated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	zero			11	0.
	Tax Com				
1 Orga	ınizations ta	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
			ates. See instructions for tax computation. Income tax on the amount on		
	I, line 11 from		Tax rate schedule or Schedule D (Form 1041)		
	y tax. See ins			3	
	r tax amounts			4	
	native minimu		77	5	
	•		cility income. See instructions	6	
			h 6 to line 1 or 2, whichever applies	7	0.
LHA For	Paperwork I	reduct	ion Act Notice, see instructions.		Form 990-T (2022)

Part	III	Tax and Payments						
1a	Forei	gn tax credit (corporations attach Form 1	118; trusts attach Form 1116)	1a				
b	Other	credits (see instructions)		1b				
С	Gene	ral business credit. Attach Form 3800 (se						
d		t for prior year minimum tax (attach Form		1 1				
е	Total	credits. Add lines 1a through 1d				1e		
2	Subtr	act line 1e from Part II, line 7				2		0.
3			4255 Form 8611 Form					
		Other	(attach statement)			3		
4	Total	tax. Add lines 2 and 3 (see instructions).						
	section	on 1294. Enter tax amount here		-		4		0.
5		nt net 965 tax liability paid from Form 96				5		0.
6a	Paym	ents: A 2021 overpayment credited to 20	022	6a				
b	2022	estimated tax payments. Check if section	n 643(g) election applies	6b				
С		" I " = 0000						
d	Foreig	gn organizations: Tax paid or withheld at	source (see instructions)	6d				
е	Backı	up withholding (see instructions)		6e				
f	Credi	t for small employer health insurance pre	miums (attach Form 8941)	6f				
g	Other	credits, adjustments, and payments:	Form 2439	_				
		Form 4136	Other Tot	al 6g				
7	Total	payments. Add lines 6a through 6g				7		
8	Estim	ated tax penalty (see instructions). Check	k if Form 2220 is attached			8		
9	Tax d	ue. If line 7 is smaller than the total of lin	es 4, 5, and 8, enter amount owed			9		
10	Over	payment. If line 7 is larger than the total	of lines 4, 5, and 8, enter amount over	rpaid		10		
11		the amount of line 10 you want: Credite			Refunded	11		
Part	IV S	Statements Regarding Certain	Activities and Other Informa	tion (see	instructions)			
1		y time during the 2022 calendar year, did	•	•	•		Yes	No
		a financial account (bank, securities, or of						
	FinCE	N Form 114, Report of Foreign Bank and	d Financial Accounts. If "Yes," enter the	ne name of t	the foreign country			
	here							<u> </u>
2	Durin	g the tax year, did the organization receiv	ve a distribution from, or was it the gra	antor of, or t	ransferor to, a			
	foreig	n trust?						<u> </u>
		s," see instructions for other forms the or	-					
3		the amount of tax-exempt interest receiv						
4		available pre-2018 NOL carryovers here		-	· ·	-		
		n on Schedule A (Form 990-T). Don't redu	•	-	· ·			
5		2017 NOL carryovers. Enter the Business	•	-				
	the ar	mounts shown below by any NOL claimed		or the tax ye	ear. See instructions.	•	_	
		Business Activi			ole post-2017 NOL c		_	
		543	000	\$		70,343.	_	
				\$				37
6a		ne organization change its method of acc	, , , , , , , , , , , , , , , , , , , ,					X
b		s "Yes," has the organization described t	he change on Form 990, 990-EZ, 990	-PF, or Form	n 1128? If "No,"			
Part		in in Part V Supplemental Information						Ь
			and the second state of the form		to a kina a kina a			
roviae	tne ex	xplanation required by Part IV, line 6b. Als	so, provide any other additional inforr	nation. See	instructions.			
	Ur	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules and	d statements, an	nd to the best of my knowled	dge and belief, it is	true,	
Sign	cc	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which pre	parer has any kn	owledge.			
Here			OPERA		IVI	ay the IRS discuss to preparer shown be		with
	\overline{s}	gnature of officer	Date Title	110110		structions)? X		No
		Print/Type preparer's name	Preparer's signature	Date	T	f PTIN		
na!a!		· · · · · · · · · · · · · · · · · · ·	Troparor 5 Signomic	Duto	self- employed	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
Paid		SUE ROBISON	Jukinson	11/02/		P0056	0072	
Prepa		Firm's name RSM US LLP		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Firm's EIN	42-07		
Use C	nıy		ENUE, SUITE 2800		7 IIIII 3 LIIV			-
		Firm's address SEATTLE W			Phone no 2	06-281-	1111	

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 18
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	3,727.	3,727.	0.	0.
12/31/12	5,516.	5,516.	0.	0.
12/31/13	367.	367.	0.	0.
12/31/14	40,171.	1,757.	38,414.	38,414.
12/31/15	2,858.	0.	2,858.	2,858.
12/31/17	8,902.	0.	8,902.	8,902.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	50,174.	50,174.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

	If Revenue Service	Do not enter SSN numbers on this form as it is	may be i	made public if your	organiza	tion is a 501(c)(3).			c Inspection for anizations Only
A 1	Name of the organization	MARY REYNOLDS BABCOCK TED	FOUN	DATION		B Employer id			er
<u>с</u> ।	Unrelated business ac	ctivity code (see instructions) 52300	0			D Sequence:	1	of	1
E [Describe the unrelated	d trade or business PARTNERSHIP	INVI	ESTMENT					
Pa	rt I Unrelated	Frade or Business Income		(A) Income		(B) Expenses		(C)	Net
1 a	Gross receipts or sa	ales							
b	Less returns and allow	vances c Balance	1c						
2	Cost of goods sold	(Part III, line 8)	2						
3	Gross profit. Subtra	ct line 2 from line 1c	3						
4 a	Capital gain net inco	ome (attach Schedule D (Form 1041 or Form							
	1120)). See instruct	ions	4a	9	63.				<u>963.</u>
b		n 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deducti	ion for trusts	4c		_				
5		a partnership or an S corporation (attach TEMENT 19	5	-52,2	67.			- 5	2,267.
6		V)	6						
7	Unrelated debt-finar	nced income (Part V)	7						
8		oyalties, and rents from a controlled							
		l)	8						
9	Investment income	of section 501(c)(7), (9), or (17)							
	organizations (Part '	,	9						
10		ctivity income (Part VIII)	10						
11		(Part IX)	11		_				
12		nstructions; attach statement)	12	F1 2	0.4				1 204
<u>13</u>	Total. Combine line	s 3 through 12	13	-51,3	04.				1,304.
Pa	directly con	s Not Taken Elsewhere See instructinected with the unrelated business in ficers, directors, and trustees (Part X)	come	•			tions	must be	e
2						1	2		
3		nance				1	3		
4							4		
5		ement) See instructions					5		
6	,	ementy. See instructions					6		
7		n Form 4562). See instructions							
8	Less depreciation c	laimed in Part III and elsewhere on return					8b		
9							9		
10		ferred compensation plans					10		
11		rograms					11		
12	Excess exempt exp	enses (Part VIII)					12		
13	Excess readership of	costs (Part IX)					13		
14	Other deductions (a						14		
15	Total deductions.	Add lines 1 through 14					15		0.
16		income before net operating loss deduction. S			•		16	- 5	1,304.
17	Deduction for net or	perating loss. See instructions				·····	17		0.
	_ 3445511 101 1101 0					·····	+		4 204

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

⊃ad	е	

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	nn .		Page Z
1	Lines med	nod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter			_	
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city, s	•	-		_
	A	,,-			
	В				
	С				
	D				
		A	В	С	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)		0.
Part '	V Unrelated Debt-Financed Income (s	ee instructions)			_
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D 🔲	1			
		Α	В	С	<u>D</u>
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)). Enter here and on Part	I, line 7, column (A)	······	0.
_		Т		T	
9	Allocable deductions. Multiply line 3c by line 6		·	(D)	
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	, 10			<u> </u>

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	S (se	ee instruct	tions)	
						E	xempt Contro				
	Name of controller organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	l	al of specified nents made	that is	art of colu included olling orga gross inc	in the aniza-	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)						<u> </u>					
	Tarrelate to a cons			1	Controlled Or			- C l			Santa attana attana atta
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded	in the zation's		Deductions directly connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals									0.		0.
Part			of a Section 50	1(c)(7), (nization _{(s}	ee inst	ructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connocattach stater	ected	4. Set- (attach st	asides tatement	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	ınta in					Add amounts in
Totals					column 2. here and or line 9, colu	Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	⊥ Than Adve		Income /	see ins	etructions)		
1	Description of exploite			2			,	000 1110	240.110113)		
2	Gross unrelated busin	_		ness. Ente	r here and o	n Part I.	line 10. columi	n (A)		2	
3	Expenses directly con						•				
	line 10, column (B)		•					,		3	
4	Net income (loss) from lines 5 through 7	unrelated	trade or business. S	Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete			4	
5	Gross income from ac	tivity that i	s not unrelated busi	ness incor	ne					5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F									7	

Schedule A (Form 990-T) 2022

Sched Part	ule A (Form 990-T) 2022 IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a	consolidated basis.		
	A ()				
	В				
	с				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column			
Littor	arroante for each periodical neces above in the	A	В	С	D
2	Gross advertising income				
_	Add columns A through D. Enter here and or		l		0.
а	Add coldining A through B. Enter here and or				
3	Direct advertising costs by periodical				
	Add columns A through D. Enter here and or		I		0.
а	Add Coldinins A through D. Enter here and or	reart i, line 11, column (b)			
	Adventision wais (lass) Culaturat line Ofman li			1	
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,	-			
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income	• • • • • • • • • • • • • • • • • • •			
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns to	tal or zero here and	on	_
_	Part II, line 13	·····			0.
<u>Part</u>	X Compensation of Officers, Di	rectors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			
		•			

FORM 990-T	' (A)	INCOME	(LOSS)	FROM PA	RTNERSHIPS	STATEMENT 19
DESCRIPTIO)N					NET INCOME OR (LOSS)
DBL PARTNE	11.					
DBL PARTNE	-717					
	RS IV LP -					121
	RS IV LP -		-	-	_	-4,593
	PITAL, LP -			SS INCOM	E (LOSS)	-12
	PITAL, LP - PITAL, LP -			ag \		3 - -476 -
	ER FUND - O		-	-	(T.OGG)	-26,528
	TATE IN		-19,826			
ASKEF FEED						
		·				-234
MAC VENTUR	ER FUND - N E CAPITAL 2 PITAL II, L	019, LP -	OTHER	NCOME (LOSS)	
MAC VENTUR ILLUMEN CA	E CAPITAL 2	019, LP - P - ORDIN	OTHER	INCOME (INESS IN	LOSS)	-234
MAC VENTUR ILLUMEN CA	E CAPITAL 2 PITAL II, L UDED ON SCH	019, LP - P - ORDIN	OTHER I	INCOME (INESS IN LINE 5	LOSS)	-234 -16
MAC VENTUR ILLUMEN CA TOTAL INCL	E CAPITAL 2 PITAL II, L UDED ON SCH	019, LP - P - ORDIN	OTHER INARY BUSI	INCOME (INESS IN LINE 5	LOSS) COME (LOSS)	-234 -16 -52,267
MAC VENTUR ILLUMEN CA TOTAL INCL	E CAPITAL 2 PITAL II, L UDED ON SCH	019, LP - P - ORDIN	OTHER I	INCOME (INESS IN LINE 5	LOSS) COME (LOSS)	-234 -16 -52,267
MAC VENTUR ILLUMEN CA TOTAL INCL	E CAPITAL 2 PITAL II, L UDED ON SCH	019, LP - P - ORDIN	OTHER INARY BUSIFIED PART I, NET OPE	INCOME (INESS IN LINE 5 ERATING	LOSS) COME (LOSS) LOSS DEDUCTION	-234 -16 -52,267 -52,267 -52,267
MAC VENTUR ILLUMEN CA TOTAL INCL 990-T SCH TAX YEAR	LOSS SUST	019, LP - P - ORDIN EDULE A, POST-2017 AINED	OTHER INTER INTER INTERIOR INT	INCOME (INESS IN LINE 5 ERATING	LOSS) COME (LOSS) LOSS DEDUCTION LOSS REMAINING	-234 -16 -52,267 STATEMENT 20 AVAILABLE THIS YEAR
MAC VENTUR ILLUMEN CA TOTAL INCL	LOSS SUST	019, LP - P - ORDIN	OTHER INTER INTER INTERIOR INT	INCOME (INESS IN LINE 5 ERATING S JSLY IED	LOSS) COME (LOSS) LOSS DEDUCTION LOSS	-234 -16 -52,267 STATEMENT 20
MAC VENTUR ILLUMEN CA TOTAL INCL 990-T SCH TAX YEAR 12/31/18	LOSS SUST	O19, LP - P - ORDIN EDULE A, POST-2017 AINED 7,753.	OTHER INTER INTER INTERIOR INT	INCOME (INESS IN LINE 5 ERATING SISLY LED 0.	LOSS) COME (LOSS) LOSS DEDUCTION LOSS REMAINING 59,753.	-234 -16 -52,267 STATEMENT 20 AVAILABLE THIS YEAR 59,753.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

MARY REYNOLDS BABCOCK FOUNDATION

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

INCORPORATED				56-	0690140
Did the corporation dispose of any investmer If "Yes," attach Form 8949 and see its instruc					Yes X No
Part I Short-Term Capital Gai					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	149,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					963.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa	ntion)			6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	963.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		T
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		n h		15	
Part III Summary of Parts I and					T
16 Enter excess of net short-term capital gain (lin				16	963.
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	t short-term capital loss (line	e 7)	17	

Note: If losses exceed gains, see Capital Losses in the instructions.

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

963.

LHA

Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022

Attachment Sequence No. 124

Name(s) shown on return

MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED

Social security number or taxpayer identification no.

56-0690140

C

Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	box to check.		•	, , ,	,	•	bstitute RS by your	
Part I Short-Term. Transact	tions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	instruction	s). For long-term		
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	ll short-term transac e totals directly on S	tions reported on Schedule D, line 1a	Form(s) 1099-B show	ving basis was reporte to report these transa	ed to the IRS	S and for which no ac Form 8949 (see instru	ljustments or ctions).	
You must check Box A, B, or C below. If you have more short-term transactions than wi	Check only one bo	e or more of the boxes	oox applies for your shores, complete as many form	t-term transactions, comp ns with the same box che	lete a separat cked as you n	te Form 8949, page 1, for need.		
(A) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis was repor	ted to the IRS (see	Note ab	ove)		
(B) Short-term transactions re X (C) Short-term transactions no	-	<u>-</u>	-	eported to the IRS				
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or (h)			
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	Gain or (loss).		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price)	basis. See the Note below and		(g), enter a code in). See instructions.	Subtract column (e)	
,					(f)	(g)	from column (d) & combine the result	
				the instructions	Code(s)	Amount of adjustment	with column (g)	
MAC VENTURE								
CAPITAL 2019, LP							963.	
				 				
2 Totals. Add the amounts in colu								
negative amounts). Enter each to		•						
Schedule D, line 1b (if Box A abo							063	
above is checked), or line 3 (if B	Box C above is ch	iecked)					963.	

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

MARY REYNOLDS BABCOCK FOUNDATION

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

INCORPORATED	56-	56-0690140			
Did the corporation dispose of any investmer If "Yes," attach Form 8949 and see its instruc					Yes X No
Part I Short-Term Capital Gai					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) (e) (g) Adjustments to ga or loss from Form(s) 89 (sales price) (or other basis) Part I, line 2, column (column to the column to the colum		149,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					963.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa	tion)			6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	963.
Part II Long-Term Capital Gair	ns and Losses - Ass	ets Held More Tha	n One Year		T
See instructions for how to figure the amounts to enter on the lines below.	(d) (e) (g) Adjustments to go or loss from Form(s) &			949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
				11	
12 Long-term capital gain from installment sales	12				
13 Long-term capital gain or (loss) from like-kind	13				
14 Capital gain distributions	14				
15 Net long-term capital gain or (loss). Combine		n h		15	
Part III Summary of Parts I and				16	
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)					963.
17 Net capital gain. Enter excess of net long-term	17				

Note: If losses exceed gains, see Capital Losses in the instructions.

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

963.

LHA

Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022

Attachment Seguence No. 12A

Name(s) shown on return

MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED

Social security number or taxpayer identification no.

56-0690140

Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	low, see whether ation as Form 109 box to check	you received any 99-B. Either will :	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute RS by your
Part I Short-Term. Transact	tions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate a codes are required. Enter th	II short-term transac	ctions reported on	Form(s) 1099-B show	ving basis was reporte	ed to the IRS	S and for which no ac	ljustments or
You must check Box A, B, or C below. If you have more short-term transactions than wi	Check only one bo	X. If more than one b	oox applies for your shor	t-term transactions, comp	olete a separa	te Form 8949, page 1, for	
(A) Short-term transactions re					-		
(B) Short-term transactions re	•	•	-	•	rioto as	31 3)	
X (C) Short-term transactions no				sported to the inte			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount	nt Gain or (loss)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price)	basis. See the Note below and	in column (g), enter a code in column (f). See instructions.		Subtract column (e)
					(f)		from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	(g) Amount of adjustment	with column (g)
MAC VENTURE						aujustinent	(3)
CAPITAL 2019, LP							963.
CALLIAN ZOLD, III							503.
2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	otal here and inclu	ude on your					
Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if E	Box C above is ch	necked)					963.