

Return of Private Foundation

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

2021

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2021 or tax year beginning _____, and ending _____

Name of foundation MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED		A Employer identification number 56-0690140
Number and street (or P.O. box number if mail is not delivered to street address) 500 W. 5TH ST	Room/suite 800	B Telephone number 336-748-9222
City or town, state or province, country, and ZIP or foreign postal code WINSTON-SALEM, NC 27101		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 253,832,619.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	9,717,953.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	87,005.	87,005.		
	4 Dividends and interest from securities	1,994,188.	1,993,996.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	24,752,005.			
	b Gross sales price for all assets on line 6a	43,216,890.			
	7 Capital gain net income (from Part IV, line 2)		24,752,005.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	19,317,692.	-265,197.		STATEMENT 1	
12 Total. Add lines 1 through 11	55,868,843.	26,567,809.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	437,239.	15,695.		421,544.
	14 Other employee salaries and wages	630,219.	22,622.		607,597.
	15 Pension plans, employee benefits	343,891.	12,344.		331,547.
	16a Legal fees STMT 2	29,903.	1,388.		28,515.
	b Accounting fees STMT 3	50,895.	30,537.		20,358.
	c Other professional fees STMT 4	2,710,874.	2,314,736.		382,878.
	17 Interest	3,913.	140.		3,773.
	18 Taxes STMT 5	700,794.	45,570.		83,450.
	19 Depreciation and depletion	34,158.	1,226.		
	20 Occupancy	4,322.	155.		4,167.
	21 Travel, conferences, and meetings	47,080.	2,368.		44,712.
	22 Printing and publications				
	23 Other expenses STMT 6	1,961,923.	1,644,667.		317,256.
	24 Total operating and administrative expenses. Add lines 13 through 23	6,955,211.	4,091,448.		2,245,797.
	25 Contributions, gifts, grants paid	8,331,250.			8,376,250.
26 Total expenses and disbursements. Add lines 24 and 25	15,286,461.	4,091,448.		10,622,047.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	40,582,382.				
b Net investment income (if negative, enter -0-)		22,476,361.			
c Adjusted net income (if negative, enter -0-)			N/A		

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	282,063.	264,079.	264,079.
	2 Savings and temporary cash investments	8,416,687.	5,388,811.	5,388,811.
	3 Accounts receivable ▶ <u>3,341.</u>			
	Less: allowance for doubtful accounts ▶	9,833.	3,341.	3,341.
	4 Pledges receivable ▶ <u>8,917,953.</u>			
	Less: allowance for doubtful accounts ▶		8,917,953.	8,917,953.
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	99,382.	54,494.	54,494.
	10a Investments - U.S. and state government obligations STMT 7	15,231,703.	14,202,831.	14,202,831.
	b Investments - corporate stock STMT 8	172,390,282.	207,225,554.	207,225,554.
	c Investments - corporate bonds STMT 9	8,173,936.	9,130,029.	9,130,029.
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 10	660,802.	1,173,436.	1,173,436.	
14 Land, buildings, and equipment: basis ▶ <u>983,265.</u>				
Less: accumulated depreciation ▶ <u>536,672.</u>	474,316.	446,593.	446,593.	
15 Other assets (describe ▶ STATEMENT 11)	7,312,741.	7,025,498.	7,025,498.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	213,051,745.	253,832,619.	253,832,619.	
Liabilities	17 Accounts payable and accrued expenses	250,080.	260,583.	
	18 Grants payable	74,998.	29,998.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	157,420.	101,955.	
	22 Other liabilities (describe ▶ STATEMENT 12)	952,769.	1,241,223.	
	23 Total liabilities (add lines 17 through 22)	1,435,267.	1,633,759.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	210,850,304.	241,807,520.	
	25 Net assets with donor restrictions	766,174.	10,391,340.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	211,616,478.	252,198,860.		
30 Total liabilities and net assets/fund balances	213,051,745.	253,832,619.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	211,616,478.
2 Enter amount from Part I, line 27a	2	40,582,382.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	252,198,860.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	252,198,860.

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Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENT

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			24,752,005.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			24,752,005.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	24,752,005.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	312,421.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3 Add lines 1 and 2	3	312,421.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	312,421.
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	200,683.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	155,000.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	355,683.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	211.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	43,051.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> 43,051. Refunded <input type="checkbox"/>	11	0.

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Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>NC</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses <u>STMT 13</u>	X	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>WWW.MRBF.ORG</u>		
14 The books are in care of ▶ <u>JENNIFER BARKSDALE</u> Telephone no. ▶ <u>336-748-9222</u> Located at ▶ <u>500 W. 5TH ST, 800, WINSTONSALEM, NC</u> ZIP+4 ▶ <u>27101</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(5)	X
	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b	X

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		437,239.	118,477.	3,675.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SUSANNA HEGNER - 500 W. 5TH ST SUITE 800, WINSTON SALEM, NC 27101	COMMUNICATIONS OFFICER 40.00	99,178.	24,506.	1,200.
CHRISTINE MAYERS - 500 W. 5TH ST SUITE 800, WINSTON SALEM, NC 27101	GRANTS MANAGER 40.00	92,041.	29,472.	1,200.
SCOTT EDMONDS - 500 W. 5TH ST SUITE 800, WINSTON SALEM, NC 27101	NETWORK OFFICER 40.00	78,863.	30,529.	1,200.
ETHAN HAMBLIN - 500 W. 5TH ST SUITE 800, WINSTON SALEM, NC 27101	NETWORK OFFICER 40.00	85,358.	21,612.	1,200.
JENNIFER FITZGERALD - 500 W. 5TH ST SUITE 800, WINSTON SALEM, NC 27101	EXECUTIVE ASSISTANT 40.00	61,068.	24,958.	1,200.

Total number of other employees paid over \$50,000 ▶ 2

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RBC WEALTH MANAGEMENT - 345 CALIFORNIA STREET, SAN FRANCISCO, CA 94104	INVESTMENT MANAGEMENT	422,687.
MICAH GILMER, INTERIM CEO - 245 NC HIGHWAY 54 EAST, SUITE 205, DURHAM, NC 27713	EXECUTIVE SERVICES	207,851.
CANDIDE GROUP, LLC 1721 BROADWAY, SUITE 201, OAKLAND, CA 94612	INVESTMENT MANAGEMENT	120,584.
BROWN SUSTAINABLE - 901 SOUTH BOND STREET, SUITE 400, BALTIMORE, MD 21231	INVESTMENT MANAGEMENT	119,038.
SAYBROOK CAPITAL - 2000 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	INVESTMENT MANAGEMENT	84,411.
Total number of others receiving over \$50,000 for professional services		5

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 15	83,833.
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	215,235,451.
b	Average of monthly cash balances	1b	5,742,304.
c	Fair market value of all other assets (see instructions)	1c	31,261.
d	Total (add lines 1a, b, and c)	1d	221,009,016.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	221,009,016.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	3,315,135.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	217,693,881.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	10,884,694.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	10,884,694.
2a	Tax on investment income for 2021 from Part V, line 5	2a	312,421.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	312,421.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,572,273.
4	Recoveries of amounts treated as qualifying distributions	4	350,266.
5	Add lines 3 and 4	5	10,922,539.
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	10,922,539.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	10,622,047.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	7,284.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	10,629,331.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				10,922,539.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	1,001,981.			
b From 2017	1,235,474.			
c From 2018	3,375,811.			
d From 2019	4,715,651.			
e From 2020	17,153,435.			
f Total of lines 3a through e	27,482,352.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 10,629,331.				
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				10,629,331.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	293,208.			293,208.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	27,189,144.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	708,773.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	26,480,371.			
10 Analysis of line 9:				
a Excess from 2017	1,235,474.			
b Excess from 2018	3,375,811.			
c Excess from 2019	4,715,651.			
d Excess from 2020	17,153,435.			
e Excess from 2021				

MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 16

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED

Form 990-PF (2021)

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Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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
a Paid during the year				
ADVOCATES FOR COMMUNITY AND RURAL EDUCATION DBA RURAL COMMUNITY ALLIANCE 401 S. SCOTT STREET, SUITE 7 LITTLE ROCK, AR 72201		PC	GENERAL OPERATING	170,000.
PLANNED PARENTHOOD SOUTHEAST ON BEHALF OF ALABAMA FORWARD 241 PEACHTREE ST NE, SUITE 400 ATLANTA, GA 30303		PC	GENERAL OPERATING	25,000.
APPALACHIAN VOICES, INC. 589 WEST KING STREET BOONE, NC 28607		PC	GENERAL OPERATING	75,000.
FOUNDATION OF APPALACHIAN KENTUCKY ON BEHALF OF APPALACHIA FUNDERS NETWORK 433 CHESTNUT STREET ASHEVILLE, NC 28803		PC	GENERAL OPERATING	30,000.
APPALACHIAN CITIZENS' LAW CENTER 317 MAIN STREET WHITESBURG, KY 41858		PC	GENERAL OPERATING	150,000.
Total			SEE CONTINUATION SHEET(S) ▶ 3a	8,376,250.
b Approved for future payment				
FOUNDATION OF APPALACHIAN KENTUCKY ON BEHALF OF APPALACHIA FUNDERS NETWORK 433 CHESTNUT STREET ASHEVILLE, NC 28803		PC	GENERAL OPERATING	30,000.
Total			3b	30,000.

MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED

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

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

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

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

b If "Yes," complete the following schedule.

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee	Date	Title	May the IRS discuss this return with the preparer shown below? See instr.
<i>(Signature)</i>		CHIEF FINANCE AND OPERATIONS	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	YONG ZHANG, CPA	<i>Yong Zhang</i>	11/12/22		P01249785
	Firm's name ▶ RSM US LLP	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102		Firm's EIN ▶ 42-0714325	Phone no. 703-336-6400

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED			
b DBL PARTNERS III	P		
c DBL PARTNERS III K-1 SHORT TERM			
d GEN GLOBAL K-1 SHORT TERM			
e GEN GLOBAL K-1 LONG TERM			
f GEN ASIA K-1 SHORT TERM			
g GEN ASIA K-1 LONG TERM			
h SJF VENTURES IV K-1 LONG TERM			
i ILLUMEN CAPITAL K-1 LONG TERM			
j ALKEON SHORT TERM			
k F&C LONG TERM	P		
l GEN IM CLIMATE SOLUTIONS FUND			
m GEN SSF III K-1 LONG TERM			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 41,397,823.			8,973,521.
b 816,567.			651,404.
c			-8,123.
d			1,449,225.
e			8,058,339.
f			21,710.
g			119,582.
h			630,807.
i			4,757.
j			585.
k 1,002,500.			349,786.
l			4,297,141.
m			203,271.
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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	
a			8,973,521.
b			651,404.
c			-8,123.
d			1,449,225.
e			8,058,339.
f			21,710.
g			119,582.
h			630,807.
i			4,757.
j			585.
k			349,786.
l			4,297,141.
m			203,271.
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	24,752,005.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED

56-0690140

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
APPALSHOP INC. 91 MADISON AVENUE WHITESBURG, KY 41858		PC	GENERAL OPERATING	150,000.
ASIAN AMERICANS ADVANCING JUSTICE ATLANTA 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093		PC	PROJECT SUPPORT/REGRANTING	275,000.
ASIAN AMERICANS ADVANCING JUSTICE ATLANTA 5680 OAKBROOK PARKWAY, SUITE 148 NORCROSS, GA 30093		PC	RAPID RESPONSE/SAFETY SECURITY	20,000.
ATHENS LAND TRUST, INC. 685 N. POPE STREET ATHENS, GA 30601		PC	GENERAL OPERATING	112,500.
BLACK BELT JUSTICE CENTER P.O. BOX 2521 WASHINGTON, DC 20013		PC	GENERAL OPERATING	20,000.
CHARLESTON AREA JUSTICE MINISTRY [CAJM] PO BOX 71416 NORTH CHARLESTON, SC 29415		PC	GENERAL OPERATING	20,000.
COALFIELD DEVELOPMENT CORPORATION P.O. BOX 1133 WAYNE, WV 25570		PC	GENERAL OPERATING/DATA RESEARCH	210,000.
EL PUEBLO, INC. 2321 CRABTREE BLVD, SUITE 105 RALEIGH, NC 27604		PC	GENERAL OPERATING	20,000.
FOUNDATION FOR LOUISIANA 4354 S. SHERWOOD FOREST BLVD., SUITE 100 BATON ROUGE, LA 70816		PC	HURRICANE IDA	150,000.
GALEO LATINO COMMUNITY DEVELOPMENT FUND P.O. BOX 29506 ATLANTA, GA 30359		SO I	GENERAL OPERATING	350,000.
Total from continuation sheets				7,926,250.

MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED

56-0690140

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HISPANIC INTEREST COALITION OF ALABAMA PO BOX 190299 BIRMINGHAM, AL 35219		PC	RAPID RESPONSE/SAFETY SECURITY	20,000.
LOUISIANA BUCKET BRIGADE ON BEHALF OF INCLUSIVE LOUISIANA 758 NORTH EZIDORE STREET GRAMERCY, LA 70052		PC	HURRICANE IDA	30,000.
LATINO COMMUNICATIONS 1805 CLEMSON ROAD #292021 COLUMBIA, SC 29229		PC	RAPID RESPONSE/SAFETY SECURITY	20,000.
LATINO COMMUNITY FUND INC. P.O. BOX 3299 DECATUR, GA 30031		PC	GENERAL OPERATING/REGRANTING	150,000.
LATINO COMMUNITY FUND INC. P.O. BOX 3299 DECATUR, GA 30031		PC	RAPID RESPONSE/SAFETY SECURITY	20,000.
LOUISIANA POLICY INSTITUTE FOR CHILDREN P.O. BOX 13552 NEW ORLEANS, LA 70185		PC	HURRICANE IDA	30,000.
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405		PC	GENERAL OPERATING	123,750.
MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT DBA MOUNTAIN ASSOCIATION 433 CHESTNUT STREET BEREA, KY 40403		PC	GENERAL OPERATING	400,000.
NEW ORLEANS WORKERS CENTER FOR RACIAL JUSTICE 3500 CANAL STREET, 2ND FLOOR NEW ORLEANS, LA 70119		PC	HURRICANE IDA	20,000.
NEW VENTURE FUND 1201 CONNECTICUT AVENUE, NW, SUITE 300 WASHINGTON, DC 20036		PC	PROJECT SUPPORT/REGRANTING	400,000.
Total from continuation sheets				

MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED

56-0690140

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEW VIRGINIA MAJORITY EDUCATION FUND 3801 MT. VERNON AVENUE ALEXANDRIA, VA 22305		PC	GENERAL OPERATING	140,000.
NORTH CAROLINA ASIAN AMERICANS TOGETHER 711 HILLSBOROUGH STREET, SUITE 102 RALEIGH, NC 27603		PC	RAPID RESPONSE/SAFETY SECURITY	20,000.
NORTH CAROLINA BLACK ALLIANCE 205 FAYETTEVILLE STREET, SUITE 220 RALEIGH, NC 27601		PC	GENERAL OPERATING	100,000.
OPPORTUNITY FINANCE NETWORK 901 D STREET SW, SUITE 1050 WASHINGTON, DC 20024		PC	UPLIFT AMERICA FUND	1,100,000.
THE ORDINARY PEOPLE SOCIETY 403 WEST POWELL STREET DOTHAN, AL 36303		PC	PROJECT SUPPORT/REGRANTING	100,000.
PARTNER COMMUNITY CAPITAL P.O. BOX 839 CHARLES TOWN, WV 25414		PC	GENERAL OPERATING	20,000.
PARTNERSHIP FOR SOUTHERN EQUITY 100 PEACHTREE STREET, SUITE 1960 ATLANTA, GA 30303		PC	GENERAL OPERATING	20,000.
POWER COALITION FOR EQUITY AND JUSTICE 4930 WASHINGTON AVENUE NEW ORLEANS, LA 70125		PC	GENERAL OPERATING/REGRANTING	200,000.
POWER COALITION FOR EQUITY AND JUSTICE 4930 WASHINGTON AVENUE NEW ORLEANS, LA 70125		PC	HURRICANE IDA	200,000.
EARTH ISLAND INSTITUTE ON BEHALF OF RISE ST. JAMES 2150 ALLSTON WAY SUITE 460 BERKELEY, CA 94704		PC	HURRICANE IDA	30,000.
Total from continuation sheets				

MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED

56-0690140

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SOUTH CAROLINA ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT 1 CARRIAGE LANE BUILDING D, 2ND FLOOR CHARLESTON, SC 29407		PC	GENERAL OPERATING/REGRANTING	400,000.
SOUTHEAST IMMIGRANT RIGHTS NETWORK P.O. BOX 87119 COLLEGE PARK, GA 30337		PC	GENERAL OPERATING	225,000.
SOUTHERN COALITION FOR SOCIAL JUSTICE 1415 WEST HIGHWAY 54, SUITE 101 DURHAM, NC 27707		PC	GENERAL OPERATING/REGRANTING	800,000.
SOUTHERN PARTNERS FUND INC 1 BALTIMORE PLACE NW, SUITE 150 ATLANTA, GA 30308		PC	GENERAL OPERATING/REGRANTING	450,000.
SOUTHERN VISION ALLIANCE P.O. BOX 51698 DURHAM, NC 27717		PC	GENERAL OPERATING	20,000.
NEIGHBORHOOD FUNDERS GROUP ON BEHALF OF SOUTHERN WORKERS OPPORTUNITY FUND 300 FRANK H. OGAWA PLAZA #700 OAKLAND, CA 94612		PC	PROJECT SUPPORT	1,000,000.
TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION 3310 EZELL ROAD NASHVILLE, TN 37211		PC	RAPID RESPONSE	20,000.
VOICE OF THE EXPERIENCED (VOTE) P.O. BOX 13622 NEW ORLEANS, LA 70185		PC	GENERAL OPERATING	300,000.
VOICE OF THE EXPERIENCED (VOTE) P.O. BOX 13623 NEW ORLEANS, LA 70185		PC	HURRICANE IDA	20,000.
WEST VIRGINIA CENTER ON BUDGET AND POLICY INC. 8 CAPITOL STREET, 4TH FLOOR CHARLESTON, WV 25301		PC	GENERAL OPERATING	200,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WOMEN WATCH AFRIKA P.O. BOX 208 AVONDALE ESTATES, GA 30002		PC	RAPID RESPONSE/SAFETY SECURITY	20,000.
Total from continuation sheets				

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Name of the organization

**MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED**

Employer identification number

56-0690140

Organization type (check one):

Filers of:

Section:

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

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

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) (2021)

Name of organization MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED	Employer identification number 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	\$ 9,717,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED	Employer identification number 56-0690140
---	---

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 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 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 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

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **MARY REYNOLDS BABCOCK FOUNDATION
INCORPORATED**

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

1	Total tax (see instructions)	1	312,421.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	312,421.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	172,298.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	172,298.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(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	05/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7 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	43,075.	88,176.	30,979.	39,365.
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	40,683.	65,000.	65,000.	30,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				8,453.
13 Add lines 11 and 12	13		65,000.	65,000.	38,453.
14 Add amounts on lines 16 and 17 of the preceding column	14		2,392.	25,568.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	40,683.	62,608.	39,432.	38,453.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	2,392.	25,568.		912.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			8,453.	

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.

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 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			211.

* 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.

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 imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

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

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
1	Enter taxable income for the following periods.				
a	Tax year beginning in 2018	1a			
b	Tax year beginning in 2019	1b			
c	Tax year beginning in 2020	1c			
2	Enter taxable income for each period for the tax year beginning in 2021. See the instructions for the treatment of extraordinary items	2			
3	Enter taxable income for the following periods.	First 4 months	First 6 months	First 9 months	Entire year
a	Tax year beginning in 2018	3a			
b	Tax year beginning in 2019	3b			
c	Tax year beginning in 2020	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 ln 9c using the instr for Form 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 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			
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			

Part II ^{**} Annualized Income Installment Method

		(a)	(b)	(c)	(d)	
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months	
20	Annualization periods (see instructions)	20				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	3,147,497.	4,721,245.	7,780,801.	10,877,432.
22	Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	23a	18,884,982.	18,884,980.	15,561,602.	14,503,206.
b	Extraordinary items (see instructions)	23b				
c	Add lines 23a and 23b	23c	18,884,982.	18,884,980.	15,561,602.	14,503,206.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24	262,501.	262,501.	216,306.	201,595.
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)	25				
26	Enter any other taxes for each payment period. See instr.	26				
27	Total tax. Add lines 24 through 26	27	262,501.	262,501.	216,306.	201,595.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	262,501.	262,501.	216,306.	201,595.
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31	65,625.	131,251.	162,230.	201,595.

Part III Required Installments

		1st	2nd	3rd	4th	
		installment	installment	installment	installment	
Note: Complete lines 32 through 38 of one column before completing the next column.						
32	If only Part I or Part II is completed, enter the amount in each 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	65,625.	131,251.	162,230.	201,595.
33	Add the amounts in all preceding columns of line 38. See instructions	33		43,075.	131,251.	162,230.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	65,625.	88,176.	30,979.	39,365.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	43,075.	113,136.	78,105.	78,106.
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36			24,960.	72,086.
37	Add lines 35 and 36	37	43,075.	113,136.	103,065.	150,192.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	43,075.	88,176.	30,979.	39,365.

Form 2220 (2021)

**** 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	79.	79.	
OTHER K-1 INCOME	10,073.	-10,316.	
UNREALIZED GAINS/LOSSES	19,549,866.	0.	
CHANGE IN VALUE OF CRT	12,634.	0.	
SECTION 988 INCOME	-266,271.	-266,271.	
SECTION 1296 INCOME	11,311.	11,311.	
TOTAL TO FORM 990-PF, PART I, LINE 11	19,317,692.	-265,197.	

FORM 990-PF

LEGAL FEES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	29,903.	1,388.		28,515.
TO FM 990-PF, PG 1, LN 16A	29,903.	1,388.		28,515.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND AUDIT	50,895.	30,537.		20,358.
TO FORM 990-PF, PG 1, LN 16B	50,895.	30,537.		20,358.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	1,121,909.	1,121,909.		0.
VARIOUS SERVICES	405,394.	23,516.		381,878.
BOARD CONSULTANTS	1,000.	0.		1,000.
INVESTMENT EXPENSES FROM K-1S	1,182,571.	1,169,311.		0.
TO FORM 990-PF, PG 1, LN 16C	2,710,874.	2,314,736.		382,878.

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	571,774.	0.		0.
PAYROLL TAX	86,557.	3,107.		83,450.
FOREIGN TAXES	42,463.	42,463.		0.
TO FORM 990-PF, PG 1, LN 18	700,794.	45,570.		83,450.

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	20,248.	0.		20,248.
COMMUNICATIONS / WEB SITE	7,544.	0.		7,544.
EQUIPMENT MAINTENANCE	14,358.	515.		13,843.
DUES & MEMBERSHIPS	60,213.	0.		60,213.
MISCELLANEOUS	6,450.	232.		6,218.
INSURANCE	24,498.	1,846.		22,652.
BANK AND PAYROLL FEES	8,813.	316.		8,497.
TELEPHONE, SUPPLIES, SUBSCRIPTIONS	4,978.	179.		4,799.
JANITORIAL	16,851.	605.		16,246.
TECH SUPPORT	129,039.	2,563.		126,476.
LEARNING AND STRATEGY	30,500.	0.		30,500.
UAF	20.	0.		20.
EXPENSES ALLOCATED FROM/TO SLP II	1,635,048.	1,635,048.		0.
INVESTMENT SYNDICATION COSTS	3,363.	3,363.		0.
TO FORM 990-PF, PG 1, LN 23	1,961,923.	1,644,667.		317,256.

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT 7

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US GOVERNMENT OBLIGATIONS	X		11,049,885.	11,049,885.
STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS		X	3,152,946.	3,152,946.
TOTAL U.S. GOVERNMENT OBLIGATIONS			11,049,885.	11,049,885.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			3,152,946.	3,152,946.
TOTAL TO FORM 990-PF, PART II, LINE 10A			14,202,831.	14,202,831.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SAYBROOK CAPITAL	12,192,470.	12,192,470.
DANA SOCIALLY RESPONSIBLE EQUITY	7,837,811.	7,837,811.
BROWN ADVISORY SUSTAINABLE GROWTH	32,082,992.	32,082,992.
PROFIT IM ESG	9,307,956.	9,307,956.
FIERA	12,173,921.	12,173,921.
CARDINAL CAPITAL MANAGEMENT	10,692,468.	10,692,468.
HARDING LOEVNER	11,591,366.	11,591,366.
PAX WORLD GLOBAL ENVIROMENTAL MARKETS FUND	15,547,633.	15,547,633.
BROWN INTERNATIONAL SMALL COMPANY	4,460,113.	4,460,113.
GENERATION IM GLOBAL EQUITY FUND	53,475,940.	53,475,940.
GENERATION IM ASIA LP	1,940,689.	1,940,689.
BMO RESPONSIBLE GLOBAL EMERGING MARKET EQUITY	4,318,531.	4,318,531.
DBL PARTNERS III LP	8,820,112.	8,820,112.
DBL PARTNERS IV LP	2,294,941.	2,294,941.
GENERATION IM CLIMATE SOLUTIONS II	7,503,487.	7,503,487.
GENERATION IM SUSTAINABLE SOLUTIONS III	5,583,518.	5,583,518.
SJF VENTURES IV, LP	3,521,455.	3,521,455.
SJF VENTURES V, LP	462,583.	462,583.
ILLUMEN CAPITAL, LP	558,947.	558,947.
ILLUMEN CAPITAL FUND II, LP	137,071.	137,071.
IMPACT AMERICA FUND II, LP	562,046.	562,046.
MAC VENTURES CAPITAL 2019, LP	687,539.	687,539.
ALKEON INNOVATION OFFSHORE FUND II, LP	898,844.	898,844.
COLLAB FUND I, LLC	294,429.	294,429.
KAPOR CAPITAL III, LP	53,347.	53,347.
APIS AND HERITAGE LEGACY FUND I, LLC	225,345.	225,345.
TOTAL TO FORM 990-PF, PART II, LINE 10B	207,225,554.	207,225,554.

FORM 990-PF

CORPORATE BONDS

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME CORPORATE BONDS	9,130,029.	9,130,029.
TOTAL TO FORM 990-PF, PART II, LINE 10C	9,130,029.	9,130,029.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ANNUITY TRUST	FMV	673,436.	673,436.
PRIVATE FIXED INCOME	COST	500,000.	500,000.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,173,436.	1,173,436.

FORM 990-PF

OTHER ASSETS

STATEMENT 11

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	7,128,937.	6,863,743.	6,863,743.
ACCRUED INCOME	183,804.	161,755.	161,755.
TO FORM 990-PF, PART II, LINE 15	7,312,741.	7,025,498.	7,025,498.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
FEDERAL EXCISE TAX PAYABLE	82,336.	101,073.
DEFERRED TAX LIABILITY	870,433.	1,140,150.
TOTAL TO FORM 990-PF, PART II, LINE 22	952,769.	1,241,223.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VI-A, LINE 10

STATEMENT 13

NAME OF CONTRIBUTOR

ADDRESS

FORD FOUNDATION

320 EAST 43RD STREET
NEW YORK, NY 10017

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LAVEEDA BATTLE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	3,000.	0.	0.
CHAD BERRY 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	3,000.	0.	0.
ASHLEIGH GARDERE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER - VICE PRESIDENT 2.00	2,000.	0.	0.
MICAH GILMER 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER THROUGH 2/28/21 1.00	1,000.	0.	0.
JERRY GONZALEZ 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER -PRESIDENT 2.00	3,000.	0.	0.
ZACHARY LASSITER 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	0.	0.	0.
JAMES MITCHELL 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	3,000.	0.	0.
HOLT MOUNTCASTLE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	0.	0.	0.
KARA MOUNTCASTLE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER - SECRETARY 2.00	0.	0.	0.
KATHY MOUNTCASTLE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	0.	0.	0.

MARY REYNOLDS BABCOCK FOUNDATION INCORPO

56-0690140

KENNETH MOUNTCASTLE, III 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER - TREASURER 2.00	0.	0.	0.	0.
LAURA MOUNTCASTLE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	0.	0.	0.	0.
MARY MOUNTCASTLE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	0.	0.	0.	0.
KARAMA NEAL 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER THROUGH 3/25/21 1.00	1,000.	0.	0.	0.
STEPHANIE TYREE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	BOARD MEMBER 2.00	3,000.	0.	0.	0.
JUSTIN MAXSON 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	CEO THROUGH 1/22/21 40.00	16,395.	2,569.	75.	
JENNIFER BARKSDALE 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	CHIEF FINANCE AND OPERATIONS OFFICER 40.00	140,568.	43,173.	1,200.	
ELENA CONLEY 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	CHIEF STRATEGY OFFICER 40.00	131,738.	26,692.	1,200.	
DWAYNE PATTERSON 500 W. 5TH ST SUITE 800 WINSTON SALEM, NC 27101	CHIEF EQUITY OFFICER 40.00	129,538.	46,043.	1,200.	
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>437,239.</u>	<u>118,477.</u>	<u>3,675.</u>	

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

83,833.

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

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **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).**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed.		Name of organization (Check box if name changed and see instructions.) MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED	D Employer identification number 56-0690140
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a) 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 500 W. 5TH ST, 800	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code WINSTON-SALEM, NC 27101	F Check box if an amended return.
C Book value of all assets at end of year		▶ 253,832,619.	

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **JENNIFER BARKSDALE** Telephone number ▶ **336-748-9222**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	7,321.
2 Reserved	2	
3 Add lines 1 and 2	3	7,321.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	7,321.
6 Deduction for net operating loss. See instructions STATEMENT 17	6	7,321.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$ _____		
4 Enter available pre-2018 NOL carryovers here	\$ <u>57,495.</u>		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
90001	\$ 140,686.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer _____ Date _____	Title _____ CHIEF FINANCE AND OPERATIONS			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	YONG ZHANG, CPA	<i>Yong Zhang</i>	11/12/22	<input type="checkbox"/>	P01249785
	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102			Phone no. 703-336-6400	

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 17

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 57,495.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 7,321.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE
<u>1</u>	<u>0.</u>

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	7,321.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	50,174.

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.	319.	5,197.	5,197.
12/31/13	367.	0.	367.	367.
12/31/14	40,171.	0.	40,171.	40,171.
12/31/15	2,858.	0.	2,858.	2,858.
12/31/17	8,902.	0.	8,902.	8,902.
NOL CARRYOVER AVAILABLE THIS YEAR			<u>57,495.</u>	<u>57,495.</u>

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ 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).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization MARY REYNOLDS BABCOCK FOUNDATION INCORPORATED	B Employer identification number 56-0690140
C Unrelated business activity code (see instructions) ▶ 900001	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **PARTNERSHIP INVESTMENT**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance ▶	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 19	5	7,321.		7,321.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	7,321.		7,321.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)							
2 Salaries and wages							
3 Repairs and maintenance							
4 Bad debts							
5 Interest (attach statement). See instructions							
6 Taxes and licenses							
7 Depreciation (attach Form 4562). See instructions		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a					
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs							
12 Excess exempt expenses (Part VIII)							
13 Excess readership costs (Part IX)							
14 Other deductions (attach statement)							
15 Total deductions. Add lines 1 through 14							0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							7,321.
17 Deduction for net operating loss. See instructions							0.
18 Unrelated business taxable income. Subtract line 17 from line 16							7,321.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a 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)				
c 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 and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c 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	%	%	%	%
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.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete 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 less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

				0.
--	--	--	--	----

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

			0.
--	--	--	----

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 19

DESCRIPTION	NET INCOME OR (LOSS)
DBL PARTNERS III LP - OTHER INCOME (LOSS)	-264.
DBL PARTNERS IV LP - INTEREST INCOME	199.
DBL PARTNERS IV LP - OTHER INCOME (LOSS)	-12,996.
ILLUMEN CAPITAL, LP - INTEREST INCOME	-7.
ASREF FEEDER FUND - ORDINARY BUSINESS INCOME (LOSS)	5,802.
ASREF FEEDER FUND - NET RENTAL REAL ESTATE INCOME	14,587.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	7,321.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 20

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	59,753.	0.	59,753.	59,753.
12/31/19	9,554.	0.	9,554.	9,554.
12/31/20	1,036.	0.	1,036.	1,036.
12/31/18	59,753.	0.	59,753.	59,753.
12/31/19	9,554.	0.	9,554.	9,554.
12/31/20	1,036.	0.	1,036.	1,036.
NOL CARRYOVER AVAILABLE THIS YEAR			140,686.	140,686.