

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2010

OMB No 1545-0052

For c	alend	dar year 2010, or tax year beginning OC	T 1, 2010	, and ending	SEP 30, 2011	
6 C	neck	all that apply: Initial return Amended return	initial return of a fo	ormer public charity	Final return	I
Nan	e of	foundation			A Employer identification	number
		The Babies Hospital			56-0547500	<u> </u>
Num	ber ar	•	•	Room/suite	B Telephone number	.00
<u></u>		1430 Commonwealth Dr	., Suite 302		910-509-90	
City	or to	wn, state, and ZIP code Wilmington, NC 2840	12		C if exemption application is p	
<u></u>	hool:) exempt private foundation		Foreign organizations Foreign organizations me check here and attach co	
"	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found:	ation	check here and attach co	omputation
			unting method: X Cash	Accrual	E If private foundation sta under section 507(b)(1	
		Part II, col. (c), line 16)	Other (specify)	Accidal	, ,	
•		768.214. (Part I, co	olumn (d) must be on cash	basis.)	F If the foundation is in a under section 507(b)(1	
Pa	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
-	2	Check fithe foundation is not required to attach Sch B				
2011	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	20,597.	20,597.		Statement 1
9	5 2	Gross rents				
7	b	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·		
₹₹	6 a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 1 0 700	5,135.			
کے ق	Ь	assets on line 6a	<u> </u>	F 12F		
٦ě	7	Capital gain net income (from Part IV, line 2)		5,135;	RECEIVE	1-01
Ž	8	Net short-term capital gain Income modifications				 ∞
3	10a	Gross sales less returns			N IAN 2 4 20	
SCANNED JAN Revenue		Less. Cost of goods sold			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	121
7		Gross profit or (loss)				il T
	11	Other income			OGDEN,	Ψ '
	12	Total. Add lines 1 through 11	25,732.	25,732.		
	13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits		ļ		
enses	16a	Legal fees	1 100			·
Expe	b	Accounting fees Stmt 2	1,100.	0.		0.
ω Ü		Other professional fees Stmt 3 Interest	7,599.	7,599.		0.
Administrative	17 18	Taxes		 		
str	19	Depreciation and depletion		-	 	
in in	20	Occupancy				
Adr	21	Travel, conferences, and meetings			-	1
and	22	Printing and publications				
2 8	23	Other expenses Stmt 4	1,350.	0.		1,350.
atir	24	Total operating and administrative				
Operating		expenses. Add lines 13 through 23	10,049.			1,350.
0	•	Contributions, gifts, grants paid	40,000.			40,000.
	26	Total expenses and disbursements.				
	<u> </u>	Add lines 24 and 25	50,049.	7,599		41,350.
	ļ	Subtract line 26 from line 12:	04 347			
	1	Excess of revenue over expenses and disbursements	-24,317.			
	1	Net investment income (if negative, enter -0-)		18,133.		
023		Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	

The Babies Hospital Foundation, Inc.

56-0547500

Form **990-PF** (2010)

Form 990-PF (2010)

_	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col. (b) divided by col. (c))
	2009	39,350.	790,155.		.049800
	2008	38,850.	839,523.		.046276
	2007	50,450.	897,036.		.056241
	2006	51,350.	961,299.		.053417
	2005	51,350.	930,237.		.055201
2	Total of line 1, column (d) Average distribution ratio for the 5-year ba	se period - divide the total on line 2 by 5,	or by the number of years	2	.260935
	the foundation has been in existence if less	= :	•	3	.052187
4	Enter the net value of noncharitable-use as	ssets for 2010 from Part X, line 5		4	779,564.
5	Multiply line 4 by line 3			5	40,683.
6	Enter 1% of net investment income (1% of	f Part I, line 27b)		6	181.
7	Add lines 5 and 6			7	40,864.
8	Enter qualifying distributions from Part XII.	, line 4		8	41,350.

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

See the Part VI instructions.

		9 000 ir			age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	o - 500 II	struc	ction	<u> S </u>
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	<u> </u>		18	<u>81.</u>
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% 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		18	<u>81.</u>
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		11	B1.
6	Credits/Payments:				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 233.				
b	Exempt foreign organizations - tax withheld at source	1			
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d 6d				
		7		2	33.
		8			
		9			
	·	10			52.
	\	11			0.
	rt VII-A Statements Regarding Activities	· · · · · · · · · · · · · · · · · · ·			
	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 political campaign?		1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
•	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.	-			
c	Did the foundation file Form 1120-POL for this year?		10	1	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		'		
u	(1) On the foundation. > \$ 0 . (2) On foundation managers. > \$ 0 .				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
•	managers. > \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
~	If "Yes," attach a detailed description of the activities.		-		
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		_X
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		48		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
_	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	47, 43	5		X
J	If "Yes," attach the statement required by General Instruction T.		-		
æ	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
U	By language in the governing instrument, or		i '		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la 	w			
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	_
•	If "Yes," complete Part II, col. (c), and Part XV.				\vdash
Ω.	Enter the states to which the foundation reports or with which it is registered (see instructions)		1		
96	NC		1		
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			'	}
			0	v	
•	of each state as required by General Instruction G? If "No," attach explanation	lar	8b	X	\vdash
9		ıaı		}	_w
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	 -	X
10	Did any persons become substantial contributors during the tax year? If Tyes, attach a schedule listing their names and addresses		10	L	X

	1990-PF (2010) The Babies Hospital Foundation, Inc. 56-0547	500		Page 5
P	art VII-A Statements Regarding Activities (continued)			
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)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► The Foundation Telephone no. ►910-50	9-9	000	
	Located at ▶ 1430 Commonwealth Dr., Suite 302, Wilmington, NC ZIP+4 ▶ 28			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country			
Pi	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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.)			
	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 page 22 of the instructions)?	1b		х
	Organizations relying on a current notice regarding disaster assistance check here			
	c 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 2010?	10		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)):		Ì	
	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1	Ì	
	before 2010?		l	ł
	If "Yes," list the years \blacktriangleright ,,,,,,			
	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		Ì	1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	'	Ì	ŀ
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		ļ	
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ŀ	
3				
	during the year?			
	b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after		1	1
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2010.)	3b	ļ	<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	42	ļ	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		
_	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	l	X

rm 990-Pr (2010) The Bables Hospital Found			00-054/5	<u> </u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be R	equired (continu	ied)		
5a During the year did the foundation pay or incur any amount to:		 1			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	1	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s LX No │		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			l	
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	- (
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				ŀ
the prevention of cruelty to children or animals?			s X No		ļ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	/-		- 1
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h		_			1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —		Ì	1
expenditure responsibility for the grant?		「/A	s L No		
If "Yes," attach the statement required by Regulations section 53.4945	• •				- }
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	·	[1	-	-
a personal benefit contract?		Ye	s X No	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> -</u>	6b	<u>X</u> _
If "Yes" to 6b, file Form 8870.		г	[Ter]		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	_+	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		namen Himble	N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, roundation wa	magers, migniy	,		
List all officers, directors, trustees, foundation managers and their	compensation.	· · · · · · · · · · · · · · · · · · ·			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)) Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acci	ount, other lowances
	to position	- onici o j	Companation	† 	
		•			
See Statement 6		0.	0.		0.
				+	
	1				
				ŀ	
				1	
	1			1	
	1				
				1	
	1		ļ	1	
2 Compensation of five highest-paid employees (other than those inc	,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and defented	(e)	Expense ount, other
(a) Name and address of cach employee paid more than 450,000	devoted to position	(C) Compensation	and deterred compensation	al	llowances
NONE]				
			<u></u>		
]				
				\perp	
	I				-
Total number of other employees paid over \$50 000			▶ 1		n

orm 990-PF (2010) The Bables Hospital Foundation,		0547500 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	1	
		
		
	- 	
		
	-	
Total number of others receiving over \$50,000 for professional services	<u></u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
	street information such as the	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	duced etc.	Expenses
1 Activities consist of direct grants to 501(c		
organizations selected by the directors.	3/(3/	1
organizations selected by the directors.		0.
2		-[
		1
		
3		†
		1
	·	
4		-
	·	1
Part IX-B Summary of Program-Related Investments		<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1 N/A		741104110
N/A		1
	· · · · · · · · · · · · · · · · · · ·	1
2		
5		-
		1
All other program-related investments. See instructions.		
3		
<u> </u>		
		†
Total, Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations mu	ust complete this part	t. Foreign foun	idations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	. etc., purposes:			· · · · · · · · · · · · · · · · · · ·
	Average monthly fair market value of securities	, , , ,		1a	772,604.
	Average of monthly cash balances			1b	18,832.
	Fair market value of all other assets			1c	
	Total (add lines 1a, b, and c)		1	1d	791,436.
	Reduction claimed for blockage or other factors reported on lines 1a and		ļ		
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d		1	3	791,436.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)		4	11,872.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on	·		5	779,564.
6	Minimum investment return. Enter 5% of line 5			6	38,978.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part.)	d (j)(5) private operating	foundations an	id certain	
1	Minimum investment return from Part X, line 6			1	38,978.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	181.		
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	181.
3	Distributable amount before adjustments. Subtract line 2c from line 1	_		3	38,797.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	38,797.
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 3	KIII, line 1		7	38,797.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:			
8				1a	41,350.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	le, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
2				3a	
þ	,			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, an			4	41,350.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	stment			
	income. Enter 1% of Part I, line 27b			5	181.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	41,169.
	Note: The amount on line 6 will be used in Part V. column (h) in subsequent years will	hen calculation whether	the foundation	analities for th	e section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	•	,		
line 7				38,797.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				-
		0.		·
3 Excess distributions carryover, if any, to 2010:				
a From 2005		}		
b From 2006 339.				
e From 2007 9,208.				
d From 2008 e From 2009 274.				
	0 021	!		
f Total of lines 3a through e	9,821.			
4 Qualifying distributions for 2010 from Part XII, line 4: ▶\$ 41,350.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u>U•</u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				38,797.
e Remaining amount distributed out of corpus	2,553.			30,737.
5 Excess distributions carryover applied to 2010	0.		V	0.
(if an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
& Corpus. Add lines 3f, 4c, and 4e Subtract line 5	12,374.			
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 2009. Subtract line			-	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2011				,
				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				· · · ·
Subtract lines 7 and 8 from line 6a	12,374.			
10 Analysis of line 9:				
a Excess from 2006 339.	1			
b Excess from 2007 9, 208.	1			
c Excess from 2008				
d Excess from 2009 274.				
e Excess from 2010 2,553.				

orm 990-PF (2010) The Bab	<u>ies Hospit</u>	<u>al Foundati</u>	on, Inc.		547500 Page 1
Part XIV Private Operating Fo	oundations (see	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter th	at it is a private operating			
foundation, and the ruling is effective for	2010, enter the date of	f the ruling	>		
b Check box to indicate whether the found	ation is a private opera	ting foundation described	in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
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.			ļ		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					·
(1) Value of all assets					
					
	,			•	
b "Endowment" alternative test - enter	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
2/3 of minimum investment return					
listed					
c "Support" alternative test - enter:					
, ,					
investment income (interest,					
* * * * * * * * * * * * * * * * * * * *					
and 5 or more exempt					
organizations as provided in section 4942(i)(3)(R)(iii)					1
_ ' "	· · · · · · · · · · · · · · · · · · ·				
	rmation (Comp	lete this part onh	/ if the foundatio	n had \$5,000 or n	ore in assets
			,		
1 Information Regarding Foundatio	n Managers:				
	•	re than 2% of the total co	ntributions received by th	ne foundation before the c	nse of any tay
year (but only if they have contributed m	nore than \$5,000). (Se	e section 507(d)(2).)			ood or any wax
None					
	o own 10% or more of	the stock of a cornoration	o (or an equally large por	tion of the ownership of a	nartnership or
other entity) of which the foundation has	s a 10% or greater inte	rest.	i (or all oqually large por	tion of the ownership of a	partitorship of
None					
	on Grant Gift Los	n Scholarshin etc. I	Programe:		
Check here X if the foundation o	inty makes contribution	ns to preselected charitable	e organisations and does	not accept upsolicited re-	nugete for funde. If
the foundation makes gifts, grants, etc.	ch year listed % of line 2a allyling distributions from Part XII, e 4 for each year listed mounts included in line 2c not ead directly for active conduct of empt activities allyling distributions made directly a ceive conduct of exempt activities, bibtact line 2d from line 2c mapples 3a, b, or for the ternative lest relied upon: sesser's alternative test - enter;) Value of all assets qualifying under section 4942(i)(3)(B)(i) indowner' alternative lest - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative test - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative test - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative lest - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative lest - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative lest - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative lest - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative lest - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative lest - enter 3 of minimum investment return own in Part X, line 6 for each year titled upport alternative lest - enter 3 of minimum investment lest - enter 3 of minimum investment lest - enter 4 of the return of the formation of the part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) W Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) W Supplementary Information or line section syright, and the foundation before the close of any tax at any time during the year-see the instructions.) E stay managers of the foundation who have contributed more than 2% of the total contributions preci				
	ch year listed % of line 2a ualkying distributions from Part XII, the 4 for each year listed mounts included in line 2c not add directly for active conduct of tempt activities ualkying distributions made directly tempt activities ualkying distributions from Part X, line 2 for activities ualkying distributions from Part X, line 6 for acchyear tempt activities upport alternative test - enter;) Value of all assets upport alternative test - enter;) Value of all assets upport alternative test - enter;) Value of all assets upport alternative test - enter;) Value of all assets upport alternative test - enter;) Value of all assets upport alternative test - enter;) Value of all assets upport alternative test - enter;) Value of all assets upport alternative test - enter;) Value of all assets upport alternative test - enter) Value of assets qualifying under section 4942(j)(3)(6)(6) Value of assets qualifying under section 4942(j)(3)(6)(6)(6) Value of assets qualifying under section 4942(j)(3)(6)(6)(6) Value of assets qualifying under section 4942(j)(3)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)				
2 rams, add oos, and tolephone num	-0. Of the person to Wi	Tom approactoria arround t	,, and 69964.		
b The form in which applications should b	e submitted and inform	nation and materials they	should include.		
2 com in minor approacions should b	Janimiya ana inuli	materials alty	onould moldag,		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geograph	nical areas, charitable field	s, kinds of institutions, o	r other factors:	
	.,.,		7.		

gross amounts unless otherwise indicated.	Unrelated	business income		section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
rogram service revenue:	code	Amount	code	Amount	function income
	_				·
			_		
	_				
	_				
·					·
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash			1 1		
nvestments	ļ				 _
Dividends and interest from securities	ļ <u>-</u>		14	20,597.	· · · · · · · · · · · · · · · · · · ·
let rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					** · · · · · · · · · · · · · · · · · ·
Net rental income or (loss) from personal	1 1				
property					
Other investment income					
Gain or (loss) from sales of assets other			}		
han inventory			18	5,135.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
·					
					
·	— 				
d					
<u> </u>		 +		05 500	
Subtotal. Add columns (b), (d), and (e)			0.	25,732.	05.53
Total. Add line 12, columns (b), (d), and (e)				13	25,7 3
e worksheet in line 13 instructions to verify calculation	is.)				
Explain below how each activity for which the foundation's exempt purposes (other				d importantly to the accom	plishment of

Preparer's signature

Firm's name ► Lanier, Whaley, Craft & Co.

Wilmington, NC 28403

Firm's address ▶ 1404 Commonwealth Drive, Suite 200

WL Lanier CPA

ed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct,

Date

President

Phone no.

Check _____ if self- employed

Title

910-256-6366 Form **990-PF** (2010)

P00401870

Firm's EIN \triangleright 56-1758968

Sign Here

Paid

Preparer

Use Only

Signature of officer or trustee

Print/Type preparer's name

W.L. Lanier,

Babies Hospital Foundation, Inc. Capital gains YE 9/30/11

<u>Shares</u>	Description	Date <u>sold</u>	Date <u>Bot</u>	Sales <u>price</u>	Cost <u>basis</u>	Gain (loss)
	Long term gains					
121	ISHARES TR S&P 500 INDEX FD	6/24/11	3/19/08	15,412	16,050	(639)
110	VANGUARD MID CAP ETF	6/24/11	7/15/09	8,526	5,168	3,358
81	VANGUARD SMALL CAP ETF	6/24/11	7/15/09	6,085	3,727	2,358
118	BARCLAYS BK PLC ETN	7/28/11	3/23/10	5,846	4,704	1,143
230	ISHARES MSCI EAFE INDEX	7/28/11	3/19/08	13,517	15,910	(2,393)
338	ISHARES TR S&P 500 INDEX FD	7/28/11	3/19/08	44,396	44,835	(439)
127	ISHARES BARCLAYS TIPS BOND FUND	7/28/11	3/19/08	14,316	13,944	372
44	VANGUARD REIT ETF	7/28/11	7/15/09	2,684	1,365	1,320
1039	ISHARES S&P GSCI (ADJUSTMENT)		2/3/09	_	(55)	55
	Total Long Term Capital Gains			110,782	105,647	5,135

Form 990-PF Dividend	ls and	Inter	est from	Secur	ities	Statement	1
Source		Gross	Amount		tal Gains vidends	Column (A	A)
Wells Fargo Advisors	•		20,597.		0.	20,	597.
Total to Fm 990-PF, Part I,]	ln 4		20,597.		0.	20,	597.
Form 990-PF	Ac	counti	ng Fees			Statement	2
Description	Expe	a) enses Books	(b) Net Invent In		(c) Adjusted Net Incom		
Tax Return Preparation		1,100.		0.			0.
To Form 990-PF, Pg 1, ln 16b		1,100.		0.			0.
Form 990-PF (Other	Profes	sional F	ees		Statement	3
Description	Expe	a) enses Books	(b) Net Inv ment In	est-	(c) Adjusted Net Incom		able
Investment Manager Fees		7,599.	7	,599.			0.
To Form 990-PF, Pg 1, ln 16c		7,599.	7	,599.			0.
Form 990-PF	C	Other E	xpenses			Statement	4
Description	Expe	(a) enses Books	(b) Net Inv ment In	est-	(c) Adjusted Net Incom		able
D&O liability insurance	-	1,350.		0.		1,	350.
To Form 990-PF, Pg 1, ln 23		1,350.		0.		1,	350.

Form 990-PF	Corporate Stock	·	State	ement !	
Description		Book Value		Fair Market Value	
Wells Fargo Advisors #1599 Total to Form 990-PF, Part II, line 10b		741,23	13.		
		741,2	13.		
	ist of Officers, Di nd Foundation Manag		State	ement	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
Walker Taylor, III 1430 Commonwealth Dr, #302 Wilmington, NC 28403	President 1.00	0.	0.	0	
Katherine G. Taylor 1430 Commonwealth Dr, #302 Wilmington, NC 28403	Vice President 1.00	0.	0.	0	
Robert A. Little, Jr. 1430 Commonwealth Dr, #302 Wilmington, NC 28403	Secretary 1.00	0.	0.	0	
George Boylan 1430 Commonwealth Dr, #302 Wilmington, NC 28403	Director 1.00	0.	0.	0	
William O.J. Lynch 1430 Commonwealth Dr, #302 Wilmington, NC 28403	Director 1.00	0.	0.	0	
William H. Joyner, Jr. 1430 Commonwealth Dr, #302 Wilmington, NC 28403	Director 1.00	0.	0.	0	
Dr. R.V. Fulk 1430 Commonwealth Dr, #302 Wilmington, NC 28403	Director 1.00	0.	0.	0	
Dr. Gordon Coleman 1430 Commonwealth Dr, #302 Wilmington, NC 28403	Director 1.00	0.	0.	0	
Totals included on 990-PF, Page	e 6, Part VIII	0.	0.	0	

Form 990-PF

Statement

	During the Year	State	ement /
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
Brigade Boys & Girls Club 2759 Vance Street Wilmington, NC 28412	Contribution	Exempt	7,500.
CF Community College Foundation 411 N. Front St Wilmington, NC 28401	Contribution	Exempt	20,000.
Domestic Violence 2901 Market Street Wilmington, NC 28409	Contribution	Exempt	2,000.
Junior Achievment of Cape Fear 217 N. Fifth Ave Wilmington, NC 28401	Contribution	Exempt	2,000.
Carousel Center for Abused Children 1501 Dock Street Wilmington, NC 28401	Contribution	Exempt	2,500.
NH Regional Medical Center Foundation 2259 S.17th St Wilmington, NC 28401	Contribution	Exempt	2,000.
Prevent Blindness - North Carolina 4011 West Chase Blvd Raleigh, NC 27607	Contribution	Exempt	2,000.
UNC MEDICAL SCH 333 South Columbia Street Chapel Hill , NC 27599	Contribution	Exempt	2,000.
Total to Form 990-PF, Part XV, 1	ine 3a		40,000.

Grants and Contributions