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Form **990-PF**

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Departme	nt of the Treasury			ocial security numbers or				2014
Internal Re	evenue Service In			n 990-PF and its separate			.~ 	Open to Public Inspection
For cale	ndar year 2014 or tax year beg	inning C	CT	1, 2014	, and e	nding	SEP 30, 2015	
Name o	of foundation						A Employer identification	number
	BABIES HOSPIT					Γ	56-0547500	
	and street (or P O box number if mail			•		Room/suite	B Telephone number	
143	0 COMMONWEALTH	1 DR., S	UI	TE 302			910-509-90	00
City or	town, state or province, country		ign po	ostal code			C If exemption application is pe	nding, check here
WIL	MINGTON, NC 2	28403						
G Chec	k all that apply: 🔲 Initi	al return		Initial return of a f	ormer public (harity	D 1. Foreign organizations,	check here
	Fina	al return		Amended return				
	Ado	dress change		Name change			Foreign organizations mee check here and attach con	nputation
H Chec	k type of organization:	Section 501(c)	(3) ex	empt private foundation			E If private foundation stati	us was terminated
	ection 4947(a)(1) nonexempt cl	haritable trust		Other taxable private found	ation		under section 507(b)(1)(
I Fair m	arket value of all assets at end o	of year J Acc	ountır	ng method: X Cash	Accr	ual	F If the foundation is in a 6	0-month termination
(from	Part II, col (c), line 16)		Otl	her (specify)			under section 507(b)(1)(
▶\$	828,1	L40 . (Part I,	colur	nn (d) must be on cash	basıs)			
Part	Analysis of Revenue and Ex	penses		(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (necessarily equal the amounts in	b), (c), and (d) may column (a))	not	expenses per books		ome	income .	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, et	c, received					N/A	
2	Check X If the foundation is no		В					
3	Interest on savings and temporary cash investments		İ					.
4	Dividends and interest from se	ecurities	İ	22,149.	2	2,149.		STATEMENT 1
'	a Gross rents		İ		_			
			İ					
6:	Net gain or (loss) from sale of asset	s not on line 10		16,566.				
a a	Gross sales price for all	49,630	ا . ا					
Revenue 7	<u></u>	-	<u> </u>		1	6,566.		
ا ع	Net short-term capital gain	-,	ı	····		-,		
9	Income modifications		1					
10	Gross sales less returns		Ì					
3 .	D Less Cost of goods sold							
		-6						
^강 [11	Other income Company		1				· · · · · · · · · · · · · · · · · · ·	
12	Total Add lines 1 through 11	ု့ ကြ	Ì	38,715.	3	8,715.		
13	Compensation of officers, directors	inustees (etc.)		0.	1	0.		0.
14	Other employee salaries and v		İ	<u> </u>				
15	Pension plans @ppower fiend	eds?	Ì					
တ္တ 16:	a Legal fees		Ì			,	<u> </u>	**
Su I	Accounting fees	STMT 2	: İ	1,200.		0.		0.
Ř,	Other professional fees	STMT 3	T I	7,949.		7,949.		0.
9 17	Interest	5	ĺ	.,,,,,,,		. , , , , , ,		
Operating and Administrative Expenses 1991 1991 1991 1991 1991 1991 1991 1	Taxes	STMT 4	,	1,181.		1,181.		0.
19 19	Depreciation and depletion		·			<u> </u>		
E 20	Occupancy						<u> </u>	
P 21	Travel, conferences, and meet	linas	Ì					
2 22	Printing and publications	9-	Ì					
g 23	Other expenses	STMT 5	;	1,666.		0.		1,661.
E 24	Total operating and administ		•					
ğ	expenses Add lines 13 throu			11,996.		9,130.		1,661.
Ö 25	•	-	ţ	42,000.		<u> </u>		42,000.
26				-2,000.				
-"	Add lines 24 and 25			53,996.		9,130.		43,661.
27	Subtract line 26 from line 12			22,220.	İ	<u>- , </u>		
- 1	2 Excess of revenue over expenses a	nd dishiireamaete		-15,281.				
- 1	Net investment income (if neg				2	9,585.		
- 1	C Adjusted net income (if negative			· <u> </u>	<u> </u>	<u>- , </u>	N/A	

LHA For Paperwork Reduction Act Notice, see instructions

Fo	rm 99	00-PF (2014) THE BABIES HOSPITAL	FOUN				0547500 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of		End o	
	Ι.			(a) Book Va	lue	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	-	20	110	20 020	20.020
	1	Savings and temporary cash investments	}		112.	20,838.	20,838.
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable ► Less: allowance for doubtful accounts ►					
		Grants receivable			-		
	5		F				
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	,	· · · · ·	-		•		
	7	Other notes and loans receivable Less: allowance for doubtful accounts	\dashv				
	١,	Inventories for sale or use			.	· · ·	···
Assets	8		F				
Ass	100	Prepaid expenses and deferred charges Investments - U.S. and state government obligations	H				
	,		ر ا	7.01	551.	685,544.	907 303
			۱ ۲	/ 01,	221.	003,344.	807,302.
		Investments - corporate bonds Investments land buildings, and equipment basis	-				
	,,,						
	12	Less accumulated depreciation Investments - mortgage loans				-	
	13	Investments - other	-				
	ł	Land, buildings, and equipment basis	-		1		
	14	Less accumulated depreciation					
	15	Other assets (describe					
	l .	Total assets (to be completed by all filers - see the	—' ├				
	'"	Instructions. Also, see page 1, item I)		721	663.	706,382.	828,140.
_	17	Accounts payable and accrued expenses		/21,	003.	700,302.	020,140.
	18	Grants payable					
ß	19	Deferred revenue			·		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	_				
Ē	21	Mortgages and other notes payable	-		†		
ڐ	1	Other liabilities (describe	۱ ۲				
	23	Total liabilities (add lines 17 through 22)			0.	0.	
		Foundations that follow SFAS 117, check here					
۰,		and complete lines 24 through 26 and lines 30 and 31.					
čė	24	Unrestricted	L				
lan	25	Temporarily restricted					
Ä	26	Permanently restricted	,				
Š		Foundations that do not follow SFAS 117, check here	X.)				
Ϋ́		and complete lines 27 through 31					
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	-	721,	663.	706,382.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	-		0.	<u>0.</u>	
λ	29	Retained earnings, accumulated income, endowment, or other fund	ds		0.	0.	
ž	30	Total net assets or fund balances	<u> </u>	721,	663.	706,382.	
	21	Total liabilities and net assets/lund balances		721,	663	706,382.	
Ξ					003.	100,304.	
LP	art	Analysis of Changes in Net Assets or Fu	nd Ba	lances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a	a), line 3	0			
		t agree with end-of-year figure reported on prior year's return)				1	721,663.
		amount from Part I, line 27a				2	-15,281.
		increases not included in line 2 (itemize)				3	0.
		ines 1, 2, and 3				4	706,382.
		eases not included in line 2 (itemize)				5	0.
6	<u>i otal</u>	net assets or fund balances at end of year (line 4 minus line 5) - Pa	rt II, colu	ımn (b), lıne 30			706,382.
							Form 990-PF (2014)

_	orm 990-PF (2014) THE	BABIES HOSPITAL	FOUND	ATION, I	NC.		5	<u>6-054′</u>	7500_	Page 3
L		and Losses for Tax on Ir		Income	[(b) ⊦	low acquired	(c) Date	acquired	(d) Dat	o cold
		ehouse; or common stock, 200 sh) D	low acquired - Purchase - Donation		acquired [(d) Dat (mo., d	
18										
_	SEE ATTACHED	STATEMENTS			<u> </u>					
_					_				···-	
-6	· · · · · · · · · · · · · · · · · · ·									
_		(f) Depreciation allowed	(a) Cos	st or other basis	'	h_	(h) G	aın or (loss)	<u> </u>	
	(e) Gross sales price	(or allowable)		xpense of sale				s (f) minus (g])	
_6	a	<u> </u>								
_t			<u> </u>		_					
_					+					
_	10 620	<u></u>		33,06	1				16	,566.
_	Complete only for assets showing	g gain in column (h) and owned by	the foundation		-) Gains (C	ol. (h) gaın r		, 500 •
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col. (ı), ıf any		còl	(k), but r	not less than (from col. (h	-0-) or	
	1									
_ <u>t</u>)				_					
_(_					
					\dashv				16	,566.
		C If goin along onto	L. Doet Line	7	\neg				10	, 500.
	Capital gain net income or (net cap	((,		7	<i></i>	2			16	,566.
3	Net short-term capital gain or (loss If gain, also enter in Part I, line 8, o		id (6):		٦١					
_	If (loss), enter -0- in Part I, line 8				Ĵ	_3		N/A		
F	Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	estment Inc	ome			
(F	or optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	icome.	.)				
lf :	section 4940(d)(2) applies, leave th	ıs part blank.								
W	as the foundation liable for the secti	on 4942 tax on the distributable am	ount of any ve	ar in the base per	od?				Yes	X No
	"Yes," the foundation does not quali									
1	Enter the appropriate amount in e	ach column for each year; see the ir	nstructions be	ore making any e	ntries.					
	(a) Base period years	(b) Adjusted qualifying dis	tributions	Not value of no	(c)	table was seests		Distribu	(d) ition ratio ded by col.	
_	Calendar year (or lax year beginnin	9/	2,779.	Net value of flo	IICHan	table-use assets		(col. (b) divid		
_	2013 2012		1, 4 58.			876,316 846,705				<u>48817</u> 48964
_	2011		1,161.	-		791,641				51995
	2010	· · · · · · · · · · · · · · · · · · ·	1,169.			779,564				52810
_	2009	3	9,350.			790,155			.04	1 9800
	Total of line 1, column (d)		l 0 h 5			_	2		.2!	52386
J	Average distribution ratio for the 5 the foundation has been in existen		on line 2 by 5,	or by the number	oi yea	ITS	3		0.1	50477
	the roundation has been in existent	CE II IESS MAII D YEATS					3		• 0	<u> </u>
4	Enter the net value of noncharitable	e-use assets for 2014 from Part X,	line 5				4		850	,767.
5	Multiply line 4 by line 3						5_		42	944.
6	Enter 1% of net investment incom	e (1% of Part I, line 27b)					_6			296.
7	Add lines 5 and 6						7		43	, 240.
8	Enter qualifying distributions from	Part XII, line 4					8		43	,661.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate				

_			05475			Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see in	stru	ctio	ns)
1a	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 X and enter 1%	1			2	96.
	of Part I, line 27b					
C	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.
	Add lines 1 and 2	3			2	96.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2.	96.
	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 600.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d					
		.			6	00.
	Total credits and payments. Add lines 6a through 6d	7				00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				04.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11				0.
	rt VII-A Statements Regarding Activities				Vaa	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	-		Yes	
	any political campaign?		-	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		-	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	dor				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?		L	1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$					
е	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					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		5		X
	If "Yes," attach the statement required by General Instruction T		Ī			
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		l		
	remain in the governing instrument?			6	Х	
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 XV			7	X	
•	bid the foundation have at least 60,000 in assets at any time during the year. It is feeling to the feel, and it are NV					
R2	Enter the states to which the foundation reports or with which it is registered (see instructions)					
Ja	NC					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
U				o.	., I	
0	of each state as required by General Instruction G? If "No," attach explanation	ndo-	-	8b_	<u> X</u>	
J	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ıudi				v
10	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	-	<u> -</u>	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10_		<u> X</u>

orm	990-PF (2014) THE BABIES HOSPITAL FOUNDATION, INC. 56-054"	<u> 7500</u>	<u> </u>	Page 5
Pa	rt 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 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)	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 2014, 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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country			
Pa	rt 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
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?			
	(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?		ŀ	
	(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	1		1
	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 instructions)?	1b		x
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2014?	1c	1	х
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
-	before 2014?	ļ		
	If "Yes," list the years \blacktriangleright	}		
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			ŀ
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			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.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 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	1		
	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 2014) N/A	Зь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		Х
		rm 99 0)-PF	

11-24-14

Form 990-PF (2014) THE BABIES HOSPITAL FOUN			<u> 56-05475</u>	00 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to.				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r 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 X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		[1]	
4945(d)(4)(A)? (see instructions)			s LX No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or t		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	for the aveantions described i		3 (22) 110	
section 53.4945 or in a current notice regarding disaster assistance (see instru-		in riegulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h			▶	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		//A	s 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 p				
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?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			.N/A	7b
Part VIII Information About Officers, Directors, Truste	ees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors			-,	
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(-) Evpapa
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(6)	to position	enter -0-)	compensation	allowances
SEE STATEMENT 7		0.	0.	0.
SEE STATEMENT /		0.	<u> </u>	
		:		
2 Compensation of five highest-paid employees (other than those inc	luded 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	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Nume and address of outfl employed paid more than \$60,000	devoted to position	(C) Compensation	and deterred compensation	allowances
NONE				
	-			<u> </u>
				
	<u> </u>			
Total number of other employees paid over \$50,000		<u> </u>		0

orm 990-PF (2014) THE BABIES HOSPITAL FOUNDATION, INC.	56-0	<u>0547500 </u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued)	agers, Highly		
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) Com	pensation
NONE			
	<u> </u>		
			
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informati	on such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the	Expenses	
ACTIVITIES CONSIST OF DIRECT GRANTS TO 501(C)(3)			
ORGANIZATIONS SELECTED BY THE DIRECTORS.			_
			0.
2			
3			
1			
Part IX-B Summary of Program-Related Investments	J	-	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
N/A			
All other program-related investments See instructions.			
3			
Fotal, Add lines 1 through 3	•		0.

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2014)

43,661

43,365.

296

3b

4

5

6

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years

income. Enter 1% of Part I, line 27b

Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				42,242.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2014:		0.	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a From 2009				
b From 2010 2,359.				
c From 2011 1,957.				
d From 2012				
e From 2013				
f Total of lines 3a through e	4,316.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: \triangleright \$ 43,661.				
a Applied to 2013, 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 2014 distributable amount				42,242.
e Remaining amount distributed out of corpus	1,419.			
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,735.			
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		0		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr			_	
f Undistributed income for 2014. Subtract			0.	.,
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				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 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	5,735.			
10 Analysis of line 9	3,733.		-	-
a Excess from 2010 2,359.				
b Excess from 2011 1,957.				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 1, 419.				
23581				5 000 DE (0044)

Form 990-PF (2014) THE BAE	SIES HOSPITA	L FOUNDATIO	N, INC.	56-05	47500 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		-	▶ ∟		
b Check box to indicate whether the found	dation is a private operation	ig foundation described i	n section	4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(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.					
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				1	
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, 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		<u></u>	·	 	
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				<u></u>	·
(4) Gross investment income		ta Alaia a ant and i		L Ι ΦΣ 000 - · · · ·	
Part XV Supplementary Info	rmation (Complet	te this part only i	t the foundation	nad \$5,000 or mo	re in assets
at any time during t	ne year-see instr	uctions.)		<u></u>	
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			ibutions received by the	foundation before the close	e of any tax
year (but only if they have contributed in	iore than \$5,000). (See se	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh	o own 10% or more of the	stock of a corporation (or an equally large portion	on of the ownership of a pai	tnership or
other entity) of which the foundation has	s a 10% or greater interes	t.			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan.	Scholarship, etc., Pro	ograms:		
Check here 🕨 🗓 if the foundation o				not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indivi	duals or organizations ur	nder other conditions, co	omplete items 2a, b, c, and	d
a The name, address, and telephone num					
a The name, address, and telephone name	or or committed access or the	ic person to whom applic	ations should be address	35U	
h The form in which applications should be					
b The form in which applications should b	e submitted and informati	ion and materials they sh	onia iucinae:		
a Any authorizana dan direk				- · · · · ·	
c Any submission deadlines					
					
d Any restrictions or limitations on awards	i, such as by geographical	l areas, charitable fields, l	kinds of institutions, or c	other factors.	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year BRIGADE BOYS & GIRLS CLUB EXEMPT CONTRIBUTION 2759 VANCE STREET WILMINGTON, NC 28412 12,000. CAROUSEL CENTER EXEMPT CONTRIBUTION 1501 DOCK ST WILMINGTON NC 28401 2,500. CF COMMUNITY COLLEGE FOUNDATION EXEMPT CONTRIBUTION 411 N. FRONT ST 20,000. WILMINGTON, NC 28401 DOMESTIC VIOLENCE EXEMPT CONTRIBUTION 2901 MARKET STREET WILMINGTON NC 28409 2,500. DREAMS OF WILMINGTON EXEMPT CONTRIBUTION 901 FANNING STREET WILMINGTON NC 28401 2,500. SEE CONTINUATION SHEET(S) Total ▶ 3a 42,000. b Approved for future payment NONE Total **▶** 3b

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated	d business income		ided by section 512, 513, or 514	(e)		
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
1 Program service revenue:	code		code		101101101111001110		
a b	- 		<u> </u>				
		- /					
			<u>- </u>				
			 				
e	-		 				
g Fees and contracts from government agencies	-			, , , , , , , , , , , , , , , , , , , ,	·		
2 Membership dues and assessments			 				
3 Interest on savings and temporary cash		·	_				
investments							
4 Dividends and interest from securities			14	22,149.			
5 Net rental income or (loss) from real estate:				22,147.			
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income				· · · · · · · · · · · · · · · · · · ·	- <u>-</u>		
8 Gain or (loss) from sales of assets other							
than inventory			18	16,566.			
9 Net income or (loss) from special events		***	10	10,300.			
10 Gross profit or (loss) from sales of inventory							
11 Other revenue.							
a							
b	-	······································					
C	-						
d	-						
e	_						
12 Subtotal. Add columns (b), (d), and (e)	_	0.		38,715.	0.		
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>		'	13			
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities	to the Acce	mplichment of Ev	omn	t Durnagas			
rait XVI-b Relationship of Activities	to the Acco	inbiistiment of Ex	emp	t Purposes			
Line No Explain below how each activity for which inc	come is reported in	column (e) of Part XVI-A	contrib	outed importantly to the accon	nplishment of		
the foundation's exempt purposes (other than							
	-						

		N/A			ļ		
	l fa day						
Sign Here	and be	penalties of perjury, I declare that I have examined elief, it's true, correct and complete Declaration of		ver) is based on all inform	PRESII	r has any knowledge	May the IRS discuss this return with the preparer shown below (see instr.)? X Yes No
	Sign	Print/Type preparer's name	Preparer's signatur	Date	Title Date	Check If	PTIN
Paid		W.L. LANIER, CPA			11/18/15	self- employed	P00401870
Preparer Use Only		Firm's name ► MCGLADREY LLP				Firm's EIN ► 42	2-0714325
		Firm's address ► 300 NORTH 3RD STREET, FIFTH FLOOR WILMINGTON, NC 28401				Phone no 910)-762-9671
							Form 990-PF (2014

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

CONTINUATION FOR 990-PF, PART IV THE BABIES HOSPITAL FOUNDATION, INC. 56-0547500 PAGE Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs. MLC Co. (mo, day, yr.) 1a VANGUARD FTSE DEVELOPED MARKETS P 08/01/1308/07/15 b C d е f g h 1 k m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 1,707. 1,805 98. С d m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col (h) gain over col. (k), but not less than "-0-") (J) Adjusted basis (k) Excess of col. (1) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 98. b d g h

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 }	2	
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	i

<u>m</u> n o

16,566.

N/A

Total from continuation sheets

2 500

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM	SECURIT	IES ST	PATEMENT	1
GROSS SOURCE AMOUNT		CAPITAL GAINS DIVIDEND	REVE	ENUE NI	(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME	
WELLS FARGO ADVISORS	22,149.		0. 22	2,149.	22,149.		
TO PART I, LINE 4	22,149.		0. 22	2,149.	22,149.		
FORM 990-PF		ACCOUNTI	NG FEES		Si	PATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED ET INCOME	(D) CHARITAI PURPOSI	
TAX RETURN PREPARAT	ION —	1,200.		0.			0.
TO FORM 990-PF, PG	1, LN 16B	1,200.		0.			0.
FORM 990-PF	ΓO	THER PROFES	SIONAL FE	EES	. Si	FATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED ET INCOME	(D) CHARITAI PURPOSI	
INVESTMENT MANAGER	FEES —	7,949.	7,	949.			0.
TO FORM 990-PF, PG	1, LN 16C	7,949.	7,	949.			0.
FORM 990-PF		TAXES			STATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED ET INCOME	(D) CHARITAE PURPOSE	
DESCRIPTION							
EXCISE TAX BASED ON INVESTMENT INCOME 2014 ESTIMATED TAX		581. 600.		581. 600.			0.
EXCISE TAX BASED ON INVESTMENT INCOME	 1, LN 18		1,				

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM		
D&O LIABILITY INSURANCE ROUNDING	1,661.	0.		1,661.	
TO FORM 990-PF, PG 1, LN 23	1,666.	0.		1,661.	
FORM 990-PF CORPORATE STOCK				STATEMENT 6	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE	
WELLS FARGO ADVISORS #1599			685,544.	807,302.	
TOTAL TO FORM 990-PF, PART I		685,544. 807,30			

	T OF OFFICERS, DI FOUNDATION MANAG	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
KATHERINE TAYLOR CAMMACK 1430 COMMONWEALTH DR, #302 WILMINGTON, NC 28403	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	VICE PRESIDENT 1.00	0.	0.	0.
WILLIAM O.J. LYNCH 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.
DR. HENRY HAWTHORNE 1430 COMMONWEALTH DR, #302 WILMINGTON, NC 28403	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.