

MBAF CPAS, LLC  
440 PARK AVE SOUTH-5TH FL  
NEW YORK, NY 10016

THE BABY BUGGY, INC.  
306 W. 37TH STREET, 8TH FLOOR  
NEW YORK, NY 10018

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CLIENT'S COPY



JULY 12, 2013

THE BABY BUGGY, INC.  
306 W. 37TH STREET, 8TH FLOOR  
NEW YORK, NY 10018

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2012  
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT  
SCHEDULE B, SCHEDULE OF CONTRIBUTORS  
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT  
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT  
SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND  
SCHEDULE J, COMPENSATION INFORMATION  
SCHEDULE M, NONCASH CONTRIBUTIONS  
SCHEDULE O, SUPPLEMENTAL INFORMATION  
FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION  
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION  
NY CHAR500, ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

TAX PREPARATION FEE



JULY 3, 2013

THE BABY BUGGY, INC.  
306 W. 37TH STREET, 8TH FLOOR  
NEW YORK, NY 10018

THE BABY BUGGY, INC.:

ENCLOSED IS THE ORGANIZATION'S 2012 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-EO AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

PLEASE SIGN AND MAIL FORM CHAR500 ON OR BEFORE AUGUST 15, 2013.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW  
CHARITIES BUREAU - REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

MBAF CPAS, LLC



JULY 3, 2013

THE BABY BUGGY, INC.  
306 W. 37TH STREET, 8TH FLOOR  
NEW YORK, NY 10018

THE BABY BUGGY, INC.:

ENCLOSED ARE THE 2012 EXEMPT ORGANIZATION RETURNS, AS  
FOLLOWS...

2012 FORM 990

2012 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

VERY TRULY YOURS,

MBAF CPAS, LLC

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2012

<b>Prepared for</b>	THE BABY BUGGY, INC. 306 W. 37TH STREET, 8TH FLOOR NEW YORK, NY 10018
<b>Prepared by</b>	MBAF CPAS, LLC 440 PARK AVE SOUTH-5TH FL NEW YORK, NY 10016
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-EO AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

### A For the 2012 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE BABY BUGGY, INC.</b>		<b>D</b> Employer identification number <b>31-1777082</b>
	Doing Business As		<b>E</b> Telephone number <b>(212) 736-1777</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>4,314,288.</b>
	<b>306 W. 37TH STREET, 8TH FLOOR</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, town, or post office, state, and ZIP code <b>NEW YORK, NY 10018</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>KATHERINE SNIDER</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.BABYBUGGY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2001</b> <b>M</b> State of legal domicile: <b>DE</b>	

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BABY BUGGY IS DEDICATED TO PROVIDING POOR FAMILIES WITH ESSENTIAL GOODS AND SERVICES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4213</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,434,948.</b>	<b>Current Year</b> <b>4,174,996.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>75,786.</b>	<b>54,716.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,510,734.</b>	<b>4,229,712.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,335,528.</b>	<b>3,477,593.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>865,739.</b>	<b>894,514.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>40,000.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>201,127.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>443,220.</b>	<b>470,183.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,684,487.</b>	<b>4,842,290.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>826,247.</b>	<b>-612,578.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>3,965,050.</b>	<b>End of Year</b> <b>3,284,701.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>53,718.</b>	<b>38,964.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,911,332.</b>	<b>3,245,737.</b>

### Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer		Date	
	▶ <b>KATHERINE SNIDER, EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00236664</b>
	Firm's name ▶ <b>MBAF CPAS, LLC</b>	Firm's EIN ▶ <b>13-3842744</b>		
	Firm's address ▶ <b>440 PARK AVE SOUTH-5TH FL</b> <b>NEW YORK, NY 10016</b>		Phone no. <b>212-576-1400</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
FOUNDED IN 2001, BABY BUGGY'S MISSION IS TO PROVIDE FAMILIES IN NEED WITH ESSENTIAL GEAR, CLOTHING, PRODUCTS AND SERVICES FOR CHILDREN 0 THROUGH 12 WITH THE GOAL OF IMPROVING THEIR SAFETY, HEALTH AND WELL-BEING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,321,606. including grants of \$ 3,477,593. ) (Revenue \$ )
BABY BUGGY PROVIDES DONATIONS OF GOODS TO LOW-INCOME FAMILIES ENROLLED IN VARIOUS PROGRAMS ACROSS NEW YORK CITY, LOS ANGELES AND A FEW OTHER SELECT LOCATIONS. DONATIONS ARE PAIRED WITH PROGRAMS THAT PROVIDE FAMILIES WITH CASE MANAGEMENT, COUNSELING, ADVOCACY, FINANCIAL LITERACY, JOB READINESS AND PARENTING WORKSHOPS, AS WELL AS CRISIS INTERVENTION WHEN NECESSARY. THE SITES THAT ARE SERVED RANGE FROM CRISIS INTERVENTION, WHICH ARE SITES THAT PROVIDE PARENTS WHO ARE AT RISK OF LOSING CUSTODY OF THEIR CHILDREN DUE TO LOSS OF WORK, HOMELESSNESS, ETC.; EDUCATION PROGRAMS THAT SERVE ENTIRE FAMILIES LIVING IN POVERTY SUCH AS HEAD START AND EARLY HEAD START SITES; HEALTH PROGRAMS OFFERED IN AFFILIATION WITH MATERNAL HEALTH, NICU AND LABOR/DELIVERY DEPARTMENTS IN HOSPITALS AND THE NURSE-FAMILY

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,321,606.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHERINE SNIDER, EXECUTIVE DIRECTOR - 212-736-1130 306 W. 37TH STREET, 8TH FLOOR, NEW YORK, NY 10018

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAUDIA FLEMING BITAR DIRECTOR	2.00	X						0.	0.	0.
(2) JENNIFER CARLSTON DIRECTOR	2.00	X						0.	0.	0.
(3) MINDY DEHNERT DIRECTOR	2.00	X						0.	0.	0.
(4) DANIELE DEVINE DIRECTOR	2.00	X						0.	0.	0.
(5) STACEY BENDET EISNER DIRECTOR	2.00	X						0.	0.	0.
(6) JENNIFER FRANKLIN DIRECTOR, SECRETARY	2.00	X		X				0.	0.	0.
(7) STEFANI GREENFIELD DIRECTOR	2.00	X						0.	0.	0.
(8) JENNIFER JAMES DIRECTOR	2.00	X						0.	0.	0.
(9) JENNIFER KOEN DIRECTOR	2.00	X						0.	0.	0.
(10) MICHELLE MYERS DIRECTOR	2.00	X						0.	0.	0.
(11) MICHAEL NISSAN DIRECTOR	2.00	X						0.	0.	0.
(12) ERICA REID DIRECTOR	2.00	X						0.	0.	0.
(13) LISA SECCIA DIRECTOR	2.00	X						0.	0.	0.
(14) JESSICA SEINFELD DIRECTOR, PRESIDENT	15.00	X		X				0.	0.	0.
(15) ARI SHALAM DIRECTOR	2.00	X						0.	0.	0.
(16) MICHAEL TIEDEMANN DIRECTOR, TREASURER	2.00	X		X				0.	0.	0.
(17) CARLO BRONZINI VENDER DIRECTOR	2.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALI WENTWORTH DIRECTOR	2.00	X						0.	0.	0.
(19) ALI WING DIRECTOR	2.00	X						0.	0.	0.
(20) STEPHANIE WINSTON WOLKOFF DIRECTOR	2.00	X						0.	0.	0.
(21) KATHERINE E. SNIDER EXECUTIVE DIRECTOR	40.00			X				159,252.	0.	22,608.
(22) LISA KUSSELL DIRECTOR OF CORPORATE SPONSORSHIP	40.00				X			116,232.	0.	0.
<b>1b Sub-total</b>								275,484.	0.	22,608.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								275,484.	0.	22,608.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	314,560.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,860,436.			
	g Noncash contributions included in lines 1a-1f: \$		3,151,894.			
	h Total. Add lines 1a-1f		4,174,996.			
	Program Service Revenue	2 a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		54,716.		54,716.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 314,560. of contributions reported on line 1c). See Part IV, line 18	a	84,576.			
		b Less: direct expenses	b	84,576.		
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		4,229,712.	0.	0.	54,716.	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,477,593.	3,477,593.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	189,608.	93,673.	58,013.	37,922.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	592,245.	425,574.	53,196.	113,475.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	51,237.	39,484.	2,127.	9,626.
<b>10</b> Payroll taxes	61,424.	41,305.	8,351.	11,768.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	11,049.	1,168.	9,881.	
<b>c</b> Accounting	50,190.	5,304.	44,886.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	112,339.	11,871.	100,468.	
<b>12</b> Advertising and promotion	5,482.	579.	4,903.	
<b>13</b> Office expenses	15,288.	10,280.	2,078.	2,930.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	139,125.	131,239.	3,248.	4,638.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,300.		1,300.	
<b>23</b> Insurance	8,883.	6,040.	1,244.	1,599.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PRINTING</b>	33,112.	22,266.	4,502.	6,344.
<b>b</b> <b>POSTAGE AND DELIVERY</b>	32,105.	21,589.	4,365.	6,151.
<b>c</b> <b>BANK FEES AND RELATED C</b>	30,168.	12,700.	16,761.	707.
<b>d</b> <b>REPAIR AND MAINTENANCE</b>	17,750.	11,936.	2,413.	3,401.
<b>e</b> All other expenses	13,392.	9,005.	1,821.	2,566.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,842,290.	4,321,606.	319,557.	201,127.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,298,754.	1	763,310.	
	<b>2</b> Savings and temporary cash investments .....	1,645,469.	2	1,769,827.	
	<b>3</b> Pledges and grants receivable, net .....	360,741.	3	124,510.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	638,785.	8	491,887.	
	<b>9</b> Prepaid expenses and deferred charges .....	19,441.	9	33,572.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,219.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 19,089.	1,860.	<b>10c</b> 2,130.	
	<b>11</b> Investments - publicly traded securities .....		11	99,465.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....		15		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		3,965,050.	16	3,284,701.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	53,718.	17	38,964.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		53,718.	26	38,964.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,469,382.	27	2,762,123.	
	<b>28</b> Temporarily restricted net assets .....	441,950.	28	483,614.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	3,911,332.	33	3,245,737.	
<b>34</b> Total liabilities and net assets/fund balances .....	3,965,050.	34	3,284,701.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,229,712.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,842,290.
3	Revenue less expenses. Subtract line 2 from line 1	3	-612,578.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,911,332.
5	Net unrealized gains (losses) on investments	5	-6,684.
6	Donated services and use of facilities	6	-46,333.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,245,737.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **THE BABY BUGGY, INC.** Employer identification number **31-1777082**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5718837.	2757101.	3199440.	4394948.	4174996.	20245322.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	5718837.	2757101.	3199440.	4394948.	4174996.	20245322.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						688,650.
6 <b>Public support.</b> Subtract line 5 from line 4.						19556672.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	5718837.	2757101.	3199440.	4394948.	4174996.	20245322.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	149,097.	81,838.	90,625.	75,786.	54,716.	452,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						20697384.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	94.49	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	96.21	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2012**

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
THE CHILDREN'S PLACE	454,021.	40,073.
TARGET STORES	849,765.	435,817.
BRAVADO DESIGNS, MEDELA INC.	626,708.	212,760.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 688,650.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

THE BABY BUGGY, INC.

Employer identification number

31-1777082

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)



Name of organization <b>THE BABY BUGGY, INC.</b>	Employer identification number <b>31-1777082</b>
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**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	JERRY & JESSICA SEINFELD 211 CENTRAL PARK WEST NEW YORK, NY 10024	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE IACocca FAMILY FOUNDATION 190 N. CANON DRIVE, SUITE #306 BEVERLY HILLS, CA 90210	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BRAVADO DESIGNS, MEDELA INC. 1101 CORPORATE DRIVE MCHENRY, IL 60050	\$ 626,708.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE CHILDREN'S PLACE 500 PLAZA DRIVE SECAUCUS, NJ 07094	\$ 230,021.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SEARS HOLDING CORPORATION 3333 BEVERLY ROAD B2-094A HOFFMAN ESTATES, IL 60179	\$ 118,157.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	STOKKE, LLC 5 HIGH RIDGE PARK STAMFORD, CT 06905	\$ 89,889.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE BABY BUGGY, INC.</b>	Employer identification number <b>31-1777082</b>
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**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
7	<p><u>KIRNA ZABETE, INC.</u></p> <p><u>96 GREENE STREET</u></p> <p><u>NEW YORK, NY 10012</u></p>	\$ <u>86,508.</u>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p><small>(Complete Part II if there is a noncash contribution.)</small></p>
8	<p><u>PEDIPED FOOTWEAR</u></p> <p><u>1191 CENTER POINT DRIVE</u></p> <p><u>HENDERSON, NV 89074</u></p>	\$ <u>86,198.</u>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p><small>(Complete Part II if there is a noncash contribution.)</small></p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II if there is a noncash contribution.)</small></p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II if there is a noncash contribution.)</small></p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II if there is a noncash contribution.)</small></p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p><small>(Complete Part II if there is a noncash contribution.)</small></p>

Name of organization <b>THE BABY BUGGY, INC.</b>	Employer identification number <b>31-1777082</b>
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**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
<u>3</u>	<u>NURSING BRAS AND BREASTFEEDING SUPPLIES</u> _____ _____	\$ <u>626,708.</u>	<u>12/31/12</u>
<u>4</u>	<u>ASSORTED BABY AND CHILDREN'S CLOTHING</u> _____ _____	\$ <u>230,021.</u>	<u>12/31/12</u>
<u>5</u>	<u>ASSORTED CHILDREN'S COATS, CLOTHING, AND TOYS</u> _____ _____	\$ <u>118,157.</u>	<u>12/31/12</u>
<u>6</u>	<u>STROLLERS AND OTHER GEAR</u> _____ _____	\$ <u>89,889.</u>	<u>12/31/12</u>
<u>7</u>	<u>WOMEN'S CLOTHING AND ACCESSORIES</u> _____ _____	\$ <u>86,508.</u>	<u>12/31/12</u>
<u>8</u>	<u>ASSORTED CHILDREN'S FOOTWEAR</u> _____ _____	\$ <u>86,198.</u>	<u>12/31/12</u>

Name of organization  <b>THE BABY BUGGY, INC.</b>	Employer identification number  <b>31-1777082</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

**THE BABY BUGGY, INC.**

Employer identification number

**31-1777082**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		21,219.	19,089.	2,130.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,130.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,335,071.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-6,684.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	112,043.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	105,359.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,229,712.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,229,712.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,000,666.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	158,376.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	158,376.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,842,290.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,842,290.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME**

**TAXES PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT**

**METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX**

**RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL**

**STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION,**

**INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND**

**TRANSITION.**



**Part XIII** Supplemental Information (continued)

IN ASSESSING THE REALIZABILITY OF TAX BENEFITS, MANAGEMENT CONSIDERS WHETHER IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF ANY TAX POSITION WILL NOT BE REALIZED. THE ULTIMATE REALIZATION OF SUCH TAX POSITIONS IS DEPENDENT UPON THE GENERATION OF FUTURE INCOME. MANAGEMENT CONSIDERS PROJECTED FUTURE INCOME AND TAX PLANNING STRATEGIES IN MAKING THIS ASSESSMENT. BASED UPON THE LEVEL OF HISTORICAL INCOME AND PROJECTIONS FOR FUTURE INCOME, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE ORGANIZATION WILL REALIZE ALL TAX BENEFITS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED DECEMBER 31, 2012. HOWEVER, THE ORGANIZATION MAY BE SUBJECT TO AUDIT BY TAX AUTHORITIES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. MANAGEMENT BELIEVES THAT ITS NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.

SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, THE ORGANIZATION WOULD CLASSIFY IT AS "INTEREST EXPENSE." THE ORGANIZATION WOULD CLASSIFY PENALTIES IN CONNECTION WITH UNDERPAYMENTS OF TAX AS "OTHER EXPENSE."

THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE UNITED STATES FEDERAL AND NEW YORK STATE JURISDICTIONS. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE INTERNAL REVENUE SERVICE OR NEW YORK STATE FOR RETURNS FILED BEFORE 2009.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization **THE BABY BUGGY, INC.** Employer identification number **31-1777082**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BEDTIME BASH (event type)	NYC MARATHON (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	367,539.	31,597.		399,136.
	<b>2</b> Less: Contributions .....	289,461.	25,099.		314,560.
	<b>3</b> Gross income (line 1 minus line 2) .....	78,078.	6,498.		84,576.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	14,280.			14,280.
	<b>7</b> Food and beverages .....	35,250.			35,250.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	28,548.	6,498.		35,046.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 84,576 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				0.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
 

<b>13a</b>	The organization's facility	%
<b>13b</b>	An outside facility	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**THE BABY BUGGY, INC.**

**Employer identification number  
31-1777082**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE TEEN HEALTH CLINIC - 8111 LAWN STREET - HOUSTON, TX 77088	74-1613878	501 (C) 3	0.	13,604.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BED STUY FAMILY HEALTH CENTER 1413 FULTON STREET BROOKLYN, NY 11216	11-2412205	501 (C) 3	0.	19,150.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BIENVENIDOS CHILDREN'S CENTER INC. 205 E PALM STREET ALTADENA, CA 91001	95-4042883	501 (C) 3	0.	10,443.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BOTTOMLESS CLOSET 15 PENN PLAZA NEW YORK, NY 10001	13-4037622	501 (C) 3	0.	11,754.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BRONXWORKS 60 E. TREMONT AVE BRONX, NY 10453	13-3254484	501 (C) 3	0.	6,420.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BROOKLYN COMPREHENSIVE PERINATAL CARE COUNCIL, INC. - 30 3RD AVENUE, ROOM 618 - BROOKLYN, NY 11217	13-3428222	501 (C) 3	0.	10,946.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **57.**
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBA, INC. 1720 CHURCH AVENUE BROOKLYN, NY 11226	11-2480339	501 (C) 3	0.	12,456.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. - 191 JORALEMON STREET - BROOKLYN, NY 11201	11-2047151	501 (C) 3	0.	171,472.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CATHOLIC GUARDIAN SOCIETY AND HOME BUREAU - 1011 FIRST AVENUE - NEW YORK, NY 10022	13-5562186	501 (C) 3	0.	14,622.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET, 19TH FLOOR NEW YORK, NY 10038	51-0419496	501 (C) 3	0.	11,230.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CHILDREN'S INSTITUTE, INC. 2121 W. TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501 (C) 3	0.	70,517.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
COMMITTEE FOR EARLY CHILDHOOD DEVELOPMENT DAY CARE CENTER, INC. - 193-04 JAMAICA AVENUE - HOLLIS, NY 11423	11-2343437	501 (C) 3	0.	8,745.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
COMMUNITY PARENTS HEAD START CORPORATION - 90 CHAUNCEY STREET - BROOKLYN, NY 11233	11-2207085	501 (C) 3	0.	99,129.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
DALLAS COUNTY HOSPITAL DISTRICT 5201 HARRY HINES BOULEVARD DALLAS, TX 75235	75-6004221	501 (C) 3	0.	294,230.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
EAST SIDE HOUSE, INC. 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501 (C) 3	0.	20,913.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL SOCIAL SERVICES OF NEW YORK - 305 7TH AVENUE - NEW YORK, NY 10001	13-3709095	501 (C) 3	0.	93,397.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
FAMILY HOPE PO BOX 94077 PASADENA, CA 91107	95-4451243	501 (C) 3	0.	13,850.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
FORESTDALE, INC. 6735 112TH STREET FOREST HILLS, NY 11375	11-1631747	501 (C) 3	0.	127,202.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HARLEM CHILDREN'S ZONE, INC. 35 E 125TH STREET NEW YORK, NY 10035	23-7112974	501 (C) 3	0.	110,541.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HIGHLAND PARK COMMUNITY DEVELOPMENT CORPORATION - 2730 ATLANTIC AVENUE, 1ST FLOOR - BROOKLYN, NY 11207	11-3462888	501 (C) 3	0.	111,913.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HOSPITAL AUDIENCES, INC 548 BROADWAY NEW YORK, NY 10012	13-6277895	501 (C) 3	0.	6,143.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HUDSON PERINATAL CONSORTIUM 242 10TH STREET JERSEY CITY, NJ 07302	22-3205376	501 (C) 3	0.	26,210.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168	13-5660870	501 (C) 3	0.	17,453.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LA FAMILY HOUSING 7843 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91605	95-3920560	501 (C) 3	0.	12,961.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	13-5562265	501 (C) 3	0.	5,065.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LENOX HILL NEIGHBORHOOD HOUSE, INC. - 331 E. 70TH STREET - NEW YORK, NY 10021	13-1628180	501 (C) 3	0.	10,709.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH - 600 S. COMMONWEALTH AVE. STE. #800 - LOS ANGELES, CA 90005	95-6000927	COUNTY AGENCY	0.	147,389.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
MANHATTAN SCHOOL FOR CHILDREN 154 WEST 93RD STREET NEW YORK, NY 10025		PUBLIC SCHOOL	0.	7,595.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
MORRIS HEIGHTS HEALTH CENTER, INC. 70 WEST BURNSIDE AVENUE BRONX, NY 10453	06-1081232	501 (C) 3	0.	12,648.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NATIONAL ASSOCIATION OF FAMILY DEVELOPMENT CENTERS, INC. - 1114 AVENUE J - BROOKLYN, NY 11230	11-2707362	501 (C) 3	0.	31,110.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NEW YORK ASIAN WOMEN'S CENTER, INC. - 32 BROADWAY, 10TH FLOOR - NEW YORK, NY 10004	13-3286250	501 (C) 3	0.	60,209.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION - 160 WATER STREET, 6TH FLOOR - NEW YORK, NY 10038	13-2655001	501 (C) 3	0.	289,721.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF THE AMERICAS NEW YORK, NY 10011	13-1624123	501 (C) 3	0.	28,227.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN NEW JERSEY MATERNAL CHILD HEALTH CONSORTIUM, INC. - C/O ST. JOSEPHS HOSPITAL & MEDICAL, 17 ARCADIAN AVE - PARAMUS, NJ 07652	52-1816613	501 (C) 3	0.	30,329.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NYS OFFICE OF CHILDREN & FAMILY SERVICES - 80 MAIDEN LANE - NEW YORK, NY 10038		GOV'T. AGENCY	0.	9,299.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NYS OFFICE OF CORRECTIONAL SERVICES - 247 HARRIS ROAD - BEDFORD HILLS, NY 10507		GOV'T. AGENCY	0.	5,347.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
PARENTS IN COMMUNITY ACTION (PICA) 700 HUMBOLDT AVENUE, N MINNEAPOLIS, MN 55411	41-0956226	501 (C) 3	0.	7,268.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
PUBLIC HEALTH SOLUTIONS 220 CHURCH STREET NEW YORK, NY 10013	13-5669201	501 (C) 3	0.	39,484.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
QUEENS LEGAL SERVICES CORPORATION C/O LEGAL SERVICES FOR NEW YORK CITY, 350 BROADWAY - NEW YORK, NY 10013	13-2605604	501 (C) 3	0.	28,754.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
QUICK START DAY CARE CENTER, INC. 188-33 LINDEN BLVD. ST. ALBANS, NY 11412	11-2219525	501 (C) 3	0.	22,089.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
RICHMOND HOME NEED SERVICES, INC. 178 ROSE AVENUE STATEN ISLAND, NY 10306	13-2688124	501 (C) 3	0.	31,650.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
RIVERFUND, INC. 11155 ROSELAND ROAD, UNIT 16 SEBASTIAN, FL 32958	59-3212877	501 (C) 3	0.	117,154.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HORIZON, INC. 2 LAFAYETTE STREET, 3RD FLOOR NEW YORK, NY 10007	13-2946970	501 (C) 3	0.	266,847.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SAFE SPACE 89-74 162 STREET JAMAICA, NY 11432	11-1711014	501 (C) 3	0.	5,094.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501 (C) 3	0.	174,608.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SOUTH JAMAICA CENTER FOR CHILDREN & PARENTS - 157-11 LINDEN BLVD. - JAMAICA, NY 11434	51-0179375	501 (C) 3	0.	46,504.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
ST. JOHN'S BREAD & LIFE 795 LEXINGTON AVE BROOKLYN, NY 11221	11-3174514	501 (C) 3	0.	10,642.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
ST. LUKE'S ROOSEVELT HOSPITAL CENTER - 1111 AMSTERDAM AVENUE - NEW YORK, NY 10025	13-2997301	501 (C) 3	0.	13,756.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
THE CHILD CENTER OF NY, INC. 6002 QUEENS BLVD. WOODSIDE, NY 11377	11-1733454	501 (C) 3	0.	34,333.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
THE CHILDREN'S RESCUE FUND 100 SOUTH BEDORE ROAD MR. KISCO, NY 10549	13-3486829	501 (C) 3	0.	15,467.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
THE FAMILY CENTER 315 W 36TH STREET NEW YORK, NY 10018	13-3910716	501 (C) 3	0.	8,594.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY HEIGHTS EDUCATIONAL & CULTURAL DEVELOPMENT CMNTY CNTR, INC. - 1304 MERRIAM AVENUE, STE. 2L - BRONX, NY 10452	13-4017676	501 (C) 3	0.	122,189.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
TRUSTEES OF COLUMBIA UNIVERSITY IN CONTROLLERS OFFICE - 615 WEST 131ST STREET - NEW YORK, NY 10027	13-5598093	501 (C) 3	0.	11,487.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
UNITED STATES CATHOLIC CONFERENCE LITTLE SISTRS ASSMPTN FAM HLTH SRVS - 333 E 115TH STREET - NEW YORK, NY 10029	13-2867881	501 (C) 3	0.	270,234.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 3211 4TH STREET, NE - WASHINGTON, DC 20017	53-0196617	501 (C) 3	0.	28,744.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
VISITING NURSE SERVICE OF NEW YORK 5 PENN PLAZA 12TH FLOOR NEW YORK, NY 10001	13-3189926	501 (C) 3	0.	243,253.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION - 50 E 168TH STREET - BRONX, NY 10452	11-3099604	501 (C) 3	0.	46,492.	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: BABY BUGGY REQUIRES EXISTING SITES TO SUBMIT APPLICATIONS FOR RENEWALS EACH YEAR. THOSE THAT NO LONGER MEET BABY BUGGY'S CRITERIA ARE NOT RENEWED. IN ADDITION, BABY BUGGY INVITES APPROXIMATELY 5 NEW SITES TO APPLY TO BECOME PART OF THE NETWORK EACH YEAR. PART OF THE APPLICATION PROCESS INVOLVES A SITE VISIT BY A BABY BUGGY PROGRAM STAFF MEMBER AND THE EXECUTIVE DIRECTOR. ONCE AN APPLICATION IS ACCEPTED, BABY BUGGY SENDS A SITE A STANDARD MONTHLY REQUEST FORM FOR DONATIONS. SITES FILL IN THESE FORMS BASED ON THEIR CLIENTS' NEEDS; BABY BUGGY FILLS DONATIONS BASED ON THESE NEEDS. BABY BUGGY SENDS PACKING SLIPS



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**THE BABY BUGGY, INC.**

Employer identification number

**31-1777082**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization? .....	<b>5a</b>	X
<b>b</b>	Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization? .....	<b>6a</b>	X
<b>b</b>	Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE E. SNIDER EXECUTIVE DIRECTOR	(i)	153,252.	6,000.	0.	0.	22,608.	181,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: THE HR COMMITTEE OF THE BOARD OF DIRECTORS REACHES OUT TO THE TREASURER, PRESIDENT AND A FEW OTHER KEY DIRECTORS, AS WELL AS MANAGERS OF THE ORGANIZATION IN PREPARATION FOR THE EXECUTIVE DIRECTOR'S ANNUAL REVIEW. THE COMMITTEE THEN COMPLETES THE REVIEW WITH THE EXECUTIVE DIRECTOR AT THE END OF THE YEAR. THE BOARD VOTES ON THE SALARY OF THE EXECUTIVE DIRECTOR IN A CLOSED SESSION AS PART OF THE BUDGET APPROVAL PROCESS AT THE END OF THE YEAR. AT THE SAME TIME, THE BOARD APPROVES THE SALARY ALLOCATIONS FOR THE REST OF THE STAFF. FOR THE EXECUTIVE DIRECTOR'S SALARY, THE BOARD COMPARES AGAINST COMPARABLES. THE EXECUTIVE DIRECTOR DOES THE SAME IN DETERMINING HER STAFFS' SALARIES.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **THE BABY BUGGY, INC.** Employer identification number **31-1777082**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		3,151,894.	COMPARATIVE VALUE ME
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

THE BABY BUGGY, INC.

Employer identification number

31-1777082

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2012 OVER 2,000 FAMILIES IN THE BABY BUGGY NETWORK WERE DISPLACED BY HURRICANE SANDY. SITES THAT WE SERVE, INCLUDING NURSE-FAMILY PARTNERSHIP SITES IN STATEN ISLAND AND NEW JERSEY, AND EARLY HEAD START SITES IN THE ROCKAWAYS AND CONEY ISLAND WERE CLOSED AND/OR DESTROYED DUE TO THE STORM. BABY BUGGY MOBILIZED QUICKLY AND DELIVERED TRUCKS FULL OF FOOD, WARM CLOTHING, DIAPERS, SPACE HEATERS AND MORE TO DISTRIBUTE TO YOUNG FAMILIES WHO WERE ALREADY UNDER GREAT STRESS. THE WORK OF SUPPORTING THESE FAMILIES DURING THIS PERIOD OF RECOVERY CONTINUES INTO 2013.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTNERSHIP (NFP); DOMESTIC VIOLENCE SHELTERS THAT PROVIDE MOTHERS AND THEIR CHILDREN WITH SUPPORT, COUNSELING AND LIFE SKILLS; AS WELL AS FATHERHOOD PROGRAMS THAT ENABLE FATHERS, CUSTODIAL AND NON-CUSTODIAL, WITH THE TOOLS THEY NEED TO EMBRACE FATHERHOOD AND THE RESPONSIBILITIES THAT ACCOMPANY IT SO THESE FATHERS CAN KEEP THEIR CHILDREN SAFE AND HEALTHY.

FORM 990, PART VI, SECTION A, LINE 2: MR. ARI SHALAM IS RELATED TO MS. JESSICA SEINFELD BY MARRIAGE AS HE IS MARRIED TO MS. SEINFELD'S SISTER. MR. SHALAM HAD BEEN A DONOR TO BABY BUGGY SINCE 2001 AND WAS ELECTED ONTO THE BOARD TO HELP FILL A GAP IN THE BOARD AS HE HAS SIGNIFCANT EXPERIENCE IN NYC REAL ESTATE.

FORM 990, PART VI, SECTION A, LINE 6: BABY BUGGY'S CERTIFICATE AND

Name of the organization THE BABY BUGGY, INC.	Employer identification number 31-1777082
--	--

BY-LAWS PROVIDE FOR A MEMBERSHIP STRUCTURE WHEREBY ALL OF BABY BUGGY'S DIRECTORS ALSO SERVE AS BABY BUGGY'S MEMBERS AND WHEREBY BABY BUGGY'S MEMBERS HAVE THE RIGHT TO ELECT AND REMOVE DIRECTORS AND APPROVE FUNDAMENTAL CORPORATE CHANGES (E.G., MERGER, DISSOLUTION, AMENDMENTS TO BABY BUGGY'S GOVERNING DOCUMENTS, ETC.).

FORM 990, PART VI, SECTION A, LINE 7A: BABY BUGGY'S CERTIFICATE AND BY-LAWS PROVIDE FOR A MEMBERSHIP STRUCTURE WHEREBY ALL OF BABY BUGGY'S DIRECTORS ALSO SERVE AS BABY BUGGY'S MEMBERS AND WHEREBY BABY BUGGY'S MEMBERS HAVE THE RIGHT TO ELECT AND REMOVE DIRECTORS AND APPROVE FUNDAMENTAL CORPORATE CHANGES (E.G., MERGER, DISSOLUTION, AMENDMENTS TO BABY BUGGY'S GOVERNING DOCUMENTS, ETC.).

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOOKKEEPING ASSISTANT AND THEN SENT TO THE ORGANIZATION'S PRESIDENT, SECRETARY, TREASURER AND FINANCE COMMITTEE FOR FINAL REVIEW. THE TREASURER OF THE BOARD OF DIRECTORS UPDATES THE REST OF THE BOARD ON THE PROCESS AND EACH BOARD MEMBER RECIVES A COPY OF THE FORM PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS RECEIVES THE CONFLICT OF INTEREST POLICY AND ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT PRIOR TO THE ANNUAL (JANUARY) BOARD MEETING. THE SECRETARY OF THE BOARD REVIEWS THIS POLICY WITH THE BOARD AT THAT MEETING. BOARD MEMBERS ARE INVITED TO ASK QUESTIONS AT THE MEETING AND/OR DISCUSS POTENTIAL CONFLICTS WITH THE SECRETARY AND/OR EXECUTIVE DIRECTOR FOLLOWING THE MEETING. ALL DIRECTORS MUST COMPLETE AND SIGN THE DISCLOSURE STATEMENT AND SEND IT TO THE EXECUTIVE DIRECTOR WITHIN A MONTH OF THE MEETING.

Name of the organization <b>THE BABY BUGGY, INC.</b>	Employer identification number <b>31-1777082</b>
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FORM 990, PART VI, SECTION B, LINE 15A: THE HR COMMITTEE OF THE BOARD  
 REVIEWS THE SALARY AND PERFORMANCE OF THE EXECUTIVE DIRECTOR AT THE END OF  
 THE YEAR. THE BOARD VOTES ON THE SALARY OF THE EXECUTIVE DIRECTOR IN A  
 CLOSED SESSION AS PART OF THE BUDGET APPROVAL PROCESS AT THE BEGINNING OF  
 THE NEXT YEAR. AT THE SAME TIME, THE BOARD APPROVES THE SALARY ALLOCATIONS  
 FOR THE REST OF THE STAFF. FOR THE EXECUTIVE DIRECTOR'S SALARY, THE BOARD  
 COMPARES AGAINST COMPARABLES. THE EXECUTIVE DIRECTOR DOES THE SAME IN  
 DETERMINING HER STAFF'S SALARIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
 AK,AL,AR,AZ,CA,CO,CT,DE,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ  
 NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19: BABY BUGGY'S FINANCIAL STATEMENTS  
 FROM THE LAST FIVE YEARS AND ITS FORMS 990 SINCE 2001 CAN BE FOUND ON ITS  
 WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C  
 THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>THE BABY BUGGY, INC.</b>	Employer identification number (EIN) or  <b>31-1777082</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>306 W. 37TH STREET, 8TH FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KATHERINE SNIDER, EXECUTIVE DIRECTOR**

- The books are in the care of ▶ 306 W. 37TH STREET, 8TH FLOOR - NEW YORK, NY 10018  
 Telephone No. ▶ 212-736-1130 FAX No. ▶ 212-736-1774
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2012 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20\_\_\_\_

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

**THE BABY BUGGY, INC.**

**31-1777082**

Name and title of officer

**KATHERINE SNIDER  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>4229712</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MBAF CPAS, LLC** to enter my PIN **10018**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**13428976664**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2012

<b>Prepared for</b>	THE BABY BUGGY, INC. 306 W. 37TH STREET, 8TH FLOOR NEW YORK, NY 10018
<b>Prepared by</b>	MBAF CPAS, LLC 440 PARK AVE SOUTH-5TH FL NEW YORK, NY 10016
<b>Mail tax return to</b>	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
<b>Return must be mailed on or before</b>	AUGUST 15, 2013
<b>Special Instructions</b>	<p>NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.</p> <p>ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.</p>

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2012</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <b>01/01/2012</b> and ending (mm/dd/yyyy) <b>12/31/2012</b>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>THE BABY BUGGY, INC.</b>	d. Fed. employer ID no. (EIN) <b>31-1777082</b>	e. NY State registration no. <b>069675</b>
	Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>306 W. 37TH STREET, 8TH FLOOR</b>	f. Telephone number <b>212 736-1777</b>	
	City or town, state or country and ZIP + 4 <b>NEW YORK, NY 10018</b>	g. Email <b>KATHERINE@BABYBUGGY</b>	

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name <b>KATHERINE SNIDER</b>	Title <b>EXECUTIVE DIRECTOR</b>
			Date
b. Chief Financial Officer or Treas.	Signature	Printed Name <b>MICHAEL TIEDEMANN</b>	Title <b>TREASURER</b>
			Date

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? ..... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee .....	\$ <u>25.</u>	<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
b. EPTL filing fee .....	\$ <u>250.</u>	
c. <b>Total fee</b> .....	\$ <u>275.</u>	

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b>
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**5. Fee Instructions**

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

**Organization's Registration Type    Fee Instructions**

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

**6. Attachments - Document Attachment Check-List**

Check the boxes for the documents you are attaching.

**For All Filers**

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> <b>IRS Form 990</b> <input checked="" type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> <b>IRS Form 990-EZ</b> <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> <b>IRS Form 990-PF</b> <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T
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**Additional Article 7-A Document Attachment Requirement**

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)