

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2002 calendar year, or tax year period beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**THE BABY BUGGY, INC**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**520 EIGHTH AVENUE, 8TH FLOOR**  
 City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10018**

**D Employer identification number**  
**31-1777082**

**E Telephone number**  
**(212) 736-1777**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Web site:** ▶ **WWW.BABYBUGGY.ORG**

**J Organization type** (check only one)  501(c) ( **3** )  (insert no.)  4947(a)(1)  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,287,713.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN ▶

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Direct public support	1a	199,921.				
b	Indirect public support	1b					
c	Government contributions (grants)	1c					
d	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>189,921.</b> noncash \$ <b>10,000.</b> )	1d				199,921.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2					
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4					
5	Dividends and interest from securities	5				2,933.	
6a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c					
7	Other investment income (describe ▶ )	7					
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other			
b	Less: cost or other basis and sales expenses	8a					
c	Gain or (loss) (attach schedule)	8b					
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c					
8d		8d					
9	Special events and activities (attach schedule)						
a	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	9a	1,084,859.				
b	Less: direct expenses other than fundraising expenses	9b	147,265.				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1			937,594.	
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
11	Other revenue (from Part VII, line 103)	11					
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				1,140,448.	
13	Program services (from line 44, column (B))	13				117,436.	
14	Management and general (from line 44, column (C))	14				100,123.	
15	Fundraising (from line 44, column (D))	15				4,618.	
16	Payments to affiliates (attach schedule)	16					
17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17				222,177.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18				918,271.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19				123,166.	
20	Other changes in net assets or fund balances (attach explanation)	20				0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21				1,041,437.	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) .....				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule) .....	23			
24	Benefits paid to or for members (attach schedule) .....	24			
25	Compensation of officers, directors, etc. ....	25	82,250.	7,800.	2,600.
26	Other salaries and wages .....	26	1,350.	1,350.	
27	Pension plan contributions .....	27			
28	Other employee benefits .....	28	17,459.	2,162.	531.
29	Payroll taxes .....	29			
30	Professional fundraising fees .....	30	35,040.	35,040.	
31	Accounting fees .....	31	19,200.	19,200.	
32	Legal fees .....	32	899.	899.	
33	Supplies .....	33			
34	Telephone .....	34	4,517.	494.	141.
35	Postage and shipping .....	35	4,203.	256.	
36	Occupancy .....	36			
37	Equipment rental and maintenance .....	37	9,405.	9,405.	
38	Printing and publications .....	38	295.	295.	
39	Travel .....	39			
40	Conferences, conventions, and meetings .....	40			
41	Interest .....	41			
42	Depreciation, depletion, etc. (attach schedule) ...	42	1,517.	1,517.	
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 2</b>	43e	46,042.	32,627.	1,346.
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	222,177.	100,123.	4,618.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<b>a</b>	<b>AID NEEDY AND DISADVANTAGED FAMILIES THROUGH THE DONATION OF GENTLY USED BABY CLOTHING AND EQUIPMENT.</b>	
	(Grants and allocations \$ _____)	117,436.
<b>b</b>	_____	
	(Grants and allocations \$ _____)	
<b>c</b>	_____	
	(Grants and allocations \$ _____)	
<b>d</b>	_____	
	(Grants and allocations \$ _____)	
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ _____)
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>117,436.</b>

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	111,108.	45 514,350.
	46 Savings and temporary cash investments .....		46
	47 a Accounts receivable .....	5,532.	
	b Less: allowance for doubtful accounts .....		47c 5,532.
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		48c
	49 Grants receivable .....		49
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....		53
	54 Investments - securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis .....		
	b Less: accumulated depreciation .....		55c
56 Investments - other .....	SEE STATEMENT 4	0.	56 498,862.
57 a Land, buildings, and equipment: basis .....	11,593.		
b Less: accumulated depreciation .....	STMT 5 2,238.	9,373.	57c 9,355.
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 6 )		14,775.	58 24,193.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....		162,156.	59 1,052,292.
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	38,990.	60 10,855.
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe <input type="checkbox"/> )		65
66 <b>Total liabilities</b> (add lines 60 through 65) .....		38,990.	66 10,855.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....		67
	68 Temporarily restricted .....		68
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....	0.	70 0.
	71 Paid-in or capital surplus, or land, building, and equipment fund .....	0.	71 0.
	72 Retained earnings, endowment, accumulated income, or other funds .....	123,166.	72 1,041,437.
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	123,166.	73 1,041,437.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	162,156.	74 1,052,292.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="radio"/> exempt or <input type="radio"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a   0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b   282,180.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c   N/A		
d	Section 162(e) lobbying and political expenditures 85d   N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e   N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f   N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a   N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b   N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a   N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b   N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911   0.; section 4912   0.; section 4955   0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2002 90b   3		
91	The books are in care of JESSICA SEINFELD Telephone no. 212-736-1777		
	Located at 520 EIGHTH AVENUE NEW YORK, NY ZIP + 4 10018		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92   N/A		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments ...			14		
<b>96</b> Dividends and interest from securities .....		2,933.			
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....					937,594.
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		2,933.		0.	937,594.
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) .....					940,527.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature **ELLENBOGEN RUBENSTEIN EISDORFER & CO LLP** Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 **440 PARK AVENUE SOUTH, 5TH FLOOR** EIN \_\_\_\_\_  
**NEW YORK, NY 10016-8012** Phone no. **212-576-1400**

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2002**

Name of the organization

THE BABY BUGGY, INC

Employer identification number

31 1777082

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ERIN BERGER ----- BABY BUGGY, 520 8TH AVE, NY, NY 10018	COO 40	56,250.	3,963.	
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	1			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE > \$50,000 -----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? .....	2a	<b>X</b>
<b>b</b> Lending of money or other extension of credit? .....	2b	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? .....	2c	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? .....	2e	<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) .....	3	<b>X</b>
<b>4</b> Do you have a section 403(b) annuity plan for your employees? .....	4	<b>X</b>
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►** \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12**  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).** (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	287,150.				287,150.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	25.				25.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	287,175.	0.	0.	0.	287,175.
<b>24</b> Line 23 minus line 17	287,175.				287,175.
<b>25</b> Enter 1% of line 23	2,872.				
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 5,744.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					<b>26b</b> 150,293.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 287,175.
d Add: Amounts from column (e) for lines: 18 25. 19 22 _____ 26b 150,293.					<b>26d</b> 150,318.
e Public support (line 26c minus line 26d total)					<b>26e</b> 136,857.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 47.6563%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

**N/A**

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule A Identification of Excess Contributions Included on Part IV-A, Line 26b 2002**

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
JERRY SEINFELD FOUNDATION	100,000.	94,256.
WILPON FAMILY FOUNDATION	25,000.	19,256.
HBO	12,500.	6,756.
NEWSCORPORATION FOUNDATION	10,000.	4,256.
TISCH FOUNDATION	10,000.	4,256.
PAUL NEWMAN	10,000.	4,256.
ABC FOUNDATION	7,500.	1,756.
ESTYLE	6,500.	756.
OLD NAVY	11,233.	5,489.
ESTYLE	15,000.	9,256.
Total Excess Contributions to Schedule A, Line 26b .....		150,293.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2002**

Name of 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 box(es) for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do 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 and Form 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

<b>Name of organization</b>  THE BABY BUGGY, INC	<b>Employer identification number</b>  31-1777082
--	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BEACON THEATRE BOX	\$ 320,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GAP, INC. (OLD NAVY)	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TOYS "R" US CHILDREN'S FUND	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	AMERICAN EXPRESS	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CDC MORTGAGE CAPITAL, INC.	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	EMI MUSIC PUBLISHING	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  THE BABY BUGGY, INC	<b>Employer identification number</b>  31-1777082
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SEPTEMBER 11TH FUND <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MIRAMAX FILMS <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	AMERICAN EXPRESS WTC DISASTER RELIEF FUND <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENT	1,084,859.		1,084,859.	147,265.	937,594.
TO FM 990, PART I, LINE 9	1,084,859.		1,084,859.	147,265.	937,594.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	6,740.	5,792.	738.	210.
OFFICE EXPENSE	7,687.	4,939.	2,486.	262.
UTILITIES	1,338.	1,338.		
AMORTIZATION	2,000.		2,000.	
PUBLIC RELATIONS	27,403.		27,403.	
MARKETING	874.			874.
TOTAL TO FM 990, LN 43	46,042.	12,069.	32,627.	1,346.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

EXPLANATION

TO AID NEEDY AND DISADVANTAGED FAMILIES THROUGH THE DONATION OF GENTLY USED BABY CLOTHING AND EQUIPMENT.

FORM 990 OTHER INVESTMENTS STATEMENT 4

DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITIES AND OTHER INVESTMENTS	COST	498,862.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		498,862.

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FORM 990                      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT                      STATEMENT      5

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	10,094.	2,163.	7,931.
COMPUTER EQUIPMENT	1,499.	75.	1,424.
TOTAL TO FORM 990, PART IV, LN 57	<u>11,593.</u>	<u>2,238.</u>	<u>9,355.</u>

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FORM 990    OTHER ASSETS    STATEMENT      6

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DESCRIPTION	AMOUNT
PREPAID INSURANCE	6,693.
WEBSITE DEVELOPMENT COSTS, NET OF A	17,500.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>24,193.</u>

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FORM 990    OTHER REVENUE NOT INCLUDED ON FORM 990    STATEMENT      7

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DESCRIPTION	AMOUNT
IN-KIND CONTRIBUTIONS	157,281.
TOTAL TO FORM 990, PART IV-A	<u>157,281.</u>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARY GINSBERG THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	DIRECTOR 0.	0.	0.	0.
RICHARD PLEPLER THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	DIRECTOR 0.	0.	0.	0.
JESSICA SEINFELD THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	DIRECTOR 0.	0.	0.	0.
TINA SHARKEY THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.
DAVID SHEVLIN THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	DIRECTOR 0.	0.	0.	0.
CLAUDIA FLEMING THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	EXECUTIVE DIRECTOR 40	26,000.	1,938.	0.
ERIN BERGER THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	PROGRAM DIRECTOR 40	56,250.	3,963.	0.
PETER BORISH THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.
LIZ LANGE THE BABY BUGGY, INC. 520 EIGHTH AVENU NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.

THE BABY BUGGY, INC

31-1777082

LIZ ROBBINS	DIRECTOR			
THE BABY BUGGY, INC. 520 EIGHTH	0			
AVENU		0.	0.	0.
NEW YORK, NY 10018				

TOTALS INCLUDED ON FORM 990, PART V		<u>82,250.</u>	<u>5,901.</u>	<u>0.</u>
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# 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).

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

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

**Note: Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization <b>THE BABY BUGGY, INC</b>	Employer identification number <b>31-1777082</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>520 EIGHTH AVENUE, 8TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 will cover.

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year **2002** or  
 tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

**3a** 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** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ **N/A**

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_  
 LHA **For Paperwork Reduction Act Notice, see instruction** Form **8868** (12-2000)

# TAX RETURN FILING INSTRUCTIONS

NEW YORK ANNUAL FINANCIAL REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2002

<b>Prepared for</b>	THE BABY BUGGY, INC 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018
<b>Prepared by</b>	ELLENBOGEN RUBENSTEIN EISDORFER & CO LLP 440 PARK AVENUE SOUTH, 5TH FLOOR NEW YORK, NY 10016-8012
<b>Mail tax return to</b>	STATE OF NEW YORK DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY, NEW YORK, NY 10271
<b>Return must be mailed on or before</b>	AUGUST 15, 2003
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NEW YORK STATE DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.  PLEASE BE SURE THE ATTACHED NEW YORK CERTIFICATION FORM CHAR010 HAS BEEN PROPERLY SIGNED AND DATED.

CHAR010

Certification to Accompany Reports Submitted  
on Forms Other than Official Department of  
Law (Attorney General) Forms

STATE OF NEW YORK  
DEPARTMENT OF LAW  
CHARITIES BUREAU - REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NY 10271  
[www.oag.state.ny.us/charities/charities.html](http://www.oag.state.ny.us/charities/charities.html)

Attorney General's registration number: 069675

Name of Registrant: THE BABY BUGGY, INC

Mailing Address: 520 EIGHTH AVENUE, 8TH FLOOR

NEW YORK, NY 10018

Tel. No.: (212) 736-1777 Fax. No.: \_\_\_\_\_

Email Address \_\_\_\_\_

I (We) certify, under penalty for perjury, that the following documents (list submitted documents) attached hereto:

**FORM 990, SCHEDULE A AND SCHEDULE B**

all of which comprise the 2002 (insert year of report) periodic report of  
THE BABY BUGGY, INC (insert legal name of organization)

have been examined by me (us) and to the best of my (our) knowledge and belief the contents thereof are true,  
correct and complete.

\_\_\_\_\_  
NAME and TITLE (printed) Signature

Tel. No.: \_\_\_\_\_ Fax. No.: \_\_\_\_\_

Email Address \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NAME and TITLE (printed) Signature

Tel. No.: \_\_\_\_\_ Fax. No.: \_\_\_\_\_

Email Address \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

CHAR010 (Rev. 10/02)

CHAR 497

ANNUAL FINANCIAL REPORT

(Charitable Organization)

FOR THE YEAR ENDED 12/31/2002

STATE OF NEW YORK
DEPARTMENT OF LAW
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
New York, NY 10271
www.oag.state.ny.us/charities/charities.html

FULL OFFICIAL NAME AND ADDRESS OF ORGANIZATION

Official Name: THE BABY BUGGY, INC
Street Address: 520 EIGHTH AVENUE, 8TH FLOOR
City: NEW YORK State: NY ZIP: 10018

ORGANIZATION'S MAIL ADDRESS, TELEPHONE NUMBER & EMAIL

Street Address:
City: State: ZIP:
Phone Number: (212) 736-1777 Ext:
Email:

STATE REGISTRATION NUMBER

069675

FEDERAL I.D. NUMBER

31-1777082

For Office Use Only

DATE RECEIVED

EXAMINED BY/DATE

This form, including any attachments, is a public record and a copy will be provided upon request to any interested persons.

RECEIPT NO.

AMOUNT

- Executive Law Annual Filing Exemption: "X" box if your total contributions did not exceed \$25,000 and you did not engage the services of a professional fund raiser or fund raising counsel during this fiscal year. (See page 4)
EPTL Annual Filing Exemption: "X" box if your total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year. (For dual registrants only - see page 4)
This is a combined report for organizations. (Prior written approval of Attorney General required to submit combined reports)

FINANCIAL SUMMARY

TOTAL

Support and Revenue

Table with 2 columns: Description and Total. Rows include Direct public support (199,921), Indirect public support, Government grants, Program service revenue, Other revenue (940,527), and Total support and revenue (1,140,448).

Expenses

Program services (list individually):

Table with 2 columns: Description and Total. Rows include SEE STATEMENT 1 (117,436), Public information combined with fund raising, Payments to affiliates, Total program services (117,436), Management and general expenses (100,123), Fund raising expenses (4,618), Total expenses (222,177), Excess (deficit) of support and revenue over expenses (918,271), Fund balances or net worth at beginning of year (123,166), and Fund balances or net worth at end of year (1,041,437).

Summary of Balance Sheet (as of 12/31/2002)

Table with 2 columns: Description and Total. Rows include Assets (1,052,292), Liabilities (10,855), and Fund balances (line 21 minus line 22) (1,041,437).

Explanation of income and expense items, if required:

**THE BABY BUGGY, INC**

<b>SCHEDULE 1: CONTRIBUTIONS</b>	Total Amount	Portion Other Than Cash
NOTE: Do not report donated services or facilities in this schedule.		
<b>Direct Public Support</b>		
1. Direct mail	199,921.	
2. Telephone solicitation campaigns		
3. Commercial co-ventures (complete Schedule 4)		
4. Door-to-Door		
5. Special events (contribution portion only)		
6. Telethon		
7. Other (specify):		
8. Other (specify):		
9. Other (specify):		
10. Total general public support (add lines 1 through 9)	199,921.	0.
11. Foundation and trust grants		
12. Corporate and other business grants		
13. Legacies and bequests		
14. Total direct public support (add lines 10 through 13) (Transfer total line 14 to page 1, line 1)	199,921.	0.
<b>Indirect Public Support</b>		
15. From Federated Fund Raising Agencies		
16. From affiliates		
17. From other fund raising agencies		
18. Total indirect public support (add lines 15 through 17) (Transfer total line 18 to page 1, line 2)		
<b>Government Grants</b>		
19. Specify Agency:		
(a)		
(b)		
(c)		
(d)		
(e) All other government grants		
20. Total government grants (add lines 19(a) through 19(e)) (Transfer total line 20 to page 1, line 3)		
21. Total contributions (sum of lines 14, 18 and 20) <b>SEE STATEMENT 2</b>	199,921.	0.

**ACTIVITY STATEMENTS**

- Have your books/records been audited by or for any government agency/funding source this fiscal year?  YES\*  NO  
 \*If YES, specify agency: \_\_\_\_\_ Period audited: \_\_\_\_\_
- Does your organization allocate costs of multipurpose activities among program services, management and general, and fund raising; i.e., Direct Mail, Telethon?  YES\*  NO  
 \*If YES, See IRS Instructions - Reporting Joint Costs of Multi-Purpose Activities.
- Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value?  YES\*  NO  
 \*If YES, indicate the value: 282,180. Do not include this amount as support or as an expense on page 1.

**THE BABY BUGGY, INC**  
**SCHEDULE 2: PROFESSIONAL FUND RAISERS (PFR)**

Item SEE ATTACHMENTS	Contract 1	Contract 2	Contract 3	Contract 4
1. Name, address and telephone number of PFR	EVENT ASSOCIATES, IN			
2. Contract Period	02/08/02 - 05/06/02			
3. Type of services provided by PFR	CONSULTING FOR FUNDRAISING E			
4. Total gross revenue	1,074,751.			
5. Total expenses, including payments to PFR	43,375.			
6. Total uncollected pledges				
7. Accounting method used in preparing this report	<input type="radio"/> CASH <input checked="" type="radio"/> ACCRUAL <input type="radio"/> OTHER (Specify) .....	<input type="radio"/> CASH <input type="radio"/> ACCRUAL <input type="radio"/> OTHER (Specify) .....	<input type="radio"/> CASH <input type="radio"/> ACCRUAL <input type="radio"/> OTHER (Specify) .....	<input type="radio"/> CASH <input type="radio"/> ACCRUAL <input type="radio"/> OTHER (Specify) .....
8. Did service result in solicitation in New York State	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

\* DO NOT exclude amounts retained by PFR (e.g., amounts reported on line 5).

NONE

**SCHEDULE 3: FUND RAISING COUNSEL (FRC)**

Item	Contract 1	Contract 2	Contract 3	Contract 4
1. Name, address and telephone number of FRC				
2. Contract Period				
3. Type of services provided by FRC				
4. Total paid to FRC				
5. Did services result in solicitation in New York State?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

NONE

**SCHEDULE 4: COMMERCIAL CO-VENTURERS (CCV)**

Item	Contract 1	Contract 2	Contract 3	Contract 4
1. Name, address and telephone number of CCV				
2. Contract Period				
3. Description of co-venture				
4. Brief description of financial terms and conditions of written contract				
5. Has your organization received an accounting from the CCV as required by §173-a(3) of Article 7-A of the Executive Law?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

**THE BABY BUGGY, INC**  
**FILING FEES AND ATTACHMENTS REQUIRED TO ACCOMPANY CHAR497:**

CHAR497 must be submitted by charitable organizations registered pursuant to Article 7-A of the Executive Law ("Article 7-A"), including those organizations known as dual registrants that are also registered pursuant to the Estates, Powers and Trusts Law (the "EPTL"). Article 7-A governs the solicitation of contributions from New Yorkers, whereas the EPTL governs the administration of charitable assets in New York State. Organizations and entities that are registered pursuant to the EPTL only, should not use CHAR497. For detail instructions, see CHAR023 (Summary of Registration and Filing Requirements for Charitable Entities).

ARTICLE 7-A:

*Where Total Support and Revenue Is:*

- \$100,000 or less:      ● \$10.00 Article 7-A filing fee  
                                 ● Certification by Charitable Organization  
                                 ● No Public Accountant's Report is needed
- \$100,001 to \$250,000: ● \$10.00 Article 7-A filing fee  
                                 ● Certification by Charitable Organization  
                                 ● Independent Public Accountant's Review
- More than \$250,000: ● \$25.00 Article 7-A filing fee  
                                 ● Certification by Charitable Organization  
                                 ● Independent Public Accountant's Audit

Note: If your total contributions did not exceed \$25,000 and you did not engage the services of a professional fund raiser ("PFR") or a fund raising counsel ("FRC") during this fiscal year, check the applicable box on page 1 of the CHAR497 (Annual Financial Report) and complete the Article 7-A section of CHAR006 (Notice of Annual Filing Exemption). No Article 7-A filing fee is required.

EPTL:

If the registrant is also required to register with the Attorney General pursuant to the EPTL, another filing fee and additional documents, such as CHAR003 (Securities Schedule), may be due pursuant to that statute.

EPTL fees, which are based on the registrant's net worth at the end of the reporting period, are as follows:

<u>Net Worth</u>	<u>EPTL Filing Fee</u>
Less than \$50,000	\$25.00
\$50,000 or more, but less than \$250,000	\$50.00
\$250,000 or more, but less than \$1,000,000	\$100.00
\$1,000,000 or more, but less than \$10,000,000	\$250.00
\$10,000,000 or more, but less than \$50,000,000	\$750.00
\$50,000,000 or more	\$1500.00

Note: If your total gross receipts during the fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during the fiscal year, check the applicable box on page 1 of the CHAR497 (Annual Financial Report) and complete the EPTL section of CHAR006 (Notice of Annual Filing Exemption). No EPTL filing fee is required.

**THE BABY BUGGY, INC**  
**DOCUMENT ATTACHMENT CHECK-OFF:**

Check the boxes for the documents you are attaching:

Article 7-A Filing Fee

- \$25.00 fee (total support & revenue more than \$250,000)
- \$10.00 fee (total support & revenue \$250,000 or less)
- No Article 7-A fee (total contributions less than \$25,000 and did not engage PFR or FRC) - *Submit CHAR006 (Notice of Annual Filing Exemption)*

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 or contributions received not more than \$25,000 with no PFR/FRC)

Completed Internal Revenue Service Forms

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> IRS Form 990               | <input type="checkbox"/> IRS Form 990-EZ               | <input type="checkbox"/> IRS Form 990-PF               |
| <input checked="" type="checkbox"/> Schedule A to IRS Form 990 | <input type="checkbox"/> Schedule A to IRS Form 990-EZ | <input type="checkbox"/> Schedule B to IRS Form 990-PF |
| <input checked="" type="checkbox"/> Schedule B to IRS Form 990 | <input type="checkbox"/> Schedule B to IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-T                |
| <input type="checkbox"/> IRS Form 990-T                        | <input type="checkbox"/> IRS Form 990-T                |  |

Additional Documents for Dual Registrants

- EPTL Filing Fee:  \$25.00 (net worth of less than \$50,000)  
 \$50.00 (net worth of \$50,000 or more, but less than 250,000)  
 \$100.00 (net worth of \$250,000 or more, but less than 1,000,000)  
 \$250.00 (net worth of \$1,000,000 or more, but less than 10,000,000)  
 \$750.00 (net worth of \$10,000,000 or more, but less than 50,000,000)  
 \$1500.00 (net worth of \$50,000,000 or more)  
 No EPTL fee (total gross receipts less than \$25,000 and assets did not exceed \$25,000 at any time during year) -  
*Submit CHAR006 (Notice of Annual Filing Exemption)*
- CHAR003 (Securities Schedule) - required if securities are held at any time during the year

Other Attachments (if any)

- List: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION BY CHARITABLE ORGANIZATION**

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.

Signature of President or Authorized Officer	Printed Name	Title	Date Signed
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Signature of Chief Financial Officer	Printed Name	Title	Date Signed
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After this report has been executed by two distinct officials, please send it with the appropriate **attachments** and **fee** to:

**State of New York Department of Law**  
**Charities Bureau - Registration Section**  
**120 Broadway**  
**New York, NY 10271-0332**

Forms and instructions for registration and annual financial filing are available on the Charities Bureau website at [www.oag.state.ny.us/charities/charities.html](http://www.oag.state.ny.us/charities/charities.html)

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CHAR 497	PROGRAM SERVICES	STATEMENT	1
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DESCRIPTION OF PROGRAM SERVICE ONE	EXPENSE AMOUNT
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AID NEEDY AND DISADVANTAGED FAMILIES THROUGH THE DONATION OF GENTLY USED BABY CLOTHING AND EQUIPMENT.	117,436.
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TOTAL TO FORM CHAR 497, PAGE 1, LINE 7	117,436.
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CHAR 497	EXPLANATION OF NONCASH CONTRIBUTIONS	STATEMENT	2
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BABY CLOTHING AND EQUIPMENT.

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CHAR 497	NAME, ADDRESS AND TELEPHONE NUMBER OF PFR	STATEMENT	3
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CONTRACT 1.

NAME, ADDRESS AND TELEPHONE NUMBER OF PROFESSIONAL FUND RAISER (PFR)

EVENT ASSOCIATES, INC., 162 WEST 56TH ST. STE 405, NY,NY 10019, 212-245-6570

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CHAR 497	TYPE OF SERVICES PROVIDED BY PFR	STATEMENT	4
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CONTRACT 1.

TYPE OF SERVICES PROVIDED BY PROFESSIONAL FUND RAISER (PFR)

CONSULTING FOR FUNDRAISING EVENTS