

ERE LLP  
440 PARK AVE SOUTH-5TH FL  
NEW YORK, NY 10016

THE BABY BUGGY, INC  
520 EIGHTH AVENUE, 8TH FLOOR  
NEW YORK, NY 10018

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THE BABY BUGGY, INC  
520 EIGHTH AVENUE, 8TH FLOOR  
NEW YORK, NY 10018

INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027



FORM 990

THE BABY BUGGY, INC  
520 EIGHTH AVENUE, 8TH FLOOR  
NEW YORK, NY 10018

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

FORM CHAR500

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

## 2004 Tax Return(s)

**Prepared for** THE BABY BUGGY, INC  
CLIENT CODE: THEBB7082

**Account Number** 787866  
**Release Number** 2004.05050

**Prepared by** ERE LLP  
440 PARK AVE SOUTH-5TH FL  
NEW YORK, NY  
10016  
  
212-576-1400

**Processing** Date: 04/28/2005  
Time: 11:43:47

**Special  
Instructions**

**Messages**

## Return Information

### CAUTION

Form: 990-7 Sheet: 1 Box: 75

- Form 990. Page 3, Part IV. Entries have been made on Interview Form 990-7, Boxes 85 through 90, but no corresponding entry has been made in Box 75. If the organization follows SFAS 117, enter an "X" in Box 75. Otherwise, the entries in Boxes 85 through 90 will be ignored. (20108)

Form: Form 4562 Entity: 1

- Depreciation. Federal Form 4562 related to Form 990 Page 2, was not prepared because there are no current year MACRS acquisitions, listed property assets or amortizable assets. To force the printing of this form, enter an "X" on Interview Form DP-7, Box 37. (21412)

### INFORMATIONAL

Form: A-4 Sheet: 1 Box: 90

- Schedule A. Page 3, Part IV. The entries to identify excess contributions on Interview Form A-4, Boxes 90 through 119, contained 24 individual(s) whose contributions were not in excess of the amount calculated for line 26a and consequently has/have been excluded from the amount on line 26b. (30002)
- Schedule A. \*\* PROJECTION FOR YEAR 2005 \*\*  
Page 3, Part IV. The entries to identify excess contributions on Interview Form A-4, Boxes 90 through 119, contained 24 individual(s) whose contributions were not in excess of the amount calculated for line 26a and consequently has/have been excluded from the amount on line 26b. (30135)

Form: 990 A Pg 3

- Schedule A. Page 3, Part IV. The confidential large donor supporting statements have been produced in the accountant's and taxpayer's copy of the return. These are collated directly behind Schedule A and can be identified by the notation "Do Not File - Not Open to Public Inspection" that prints in the heading of each statement. Be sure that these confidential statements are not inadvertently included in any copy of the return that is being made available for public inspection. (30146)

Form: 990 Pg 6

- Form 990. Page 6. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on Interview Form 9, Box 50, may be used to force this information to print. (30102)

# 2004 Input Overrides Used

NAME: THE BABY BUGGY, INC

ID Number: 31-1777082

Unit	Form	Entity	Box	Description	Amount/Percentage
990	990-4		143	PROGRAM SERVICES DEPRECIATION PERCENTAGE ALLOCATION	.9700000
990	990-4		144	MANAGEMENT AND GENERAL DEPRECIATION PERCENTAGE ALLOCATION	.0100000
990	990-4		145	FUNDRAISING DEPRECIATION PERCENTAGE ALLOCATION	.0200000
990	990-6		96	BUILDINGS AND EQUIPMENT - END OF YEAR	11,593.
990	990-6		98	ACCUMULATED DEPRECIATION - END OF YEAR	5,722.

## 2004 Return Summary

THE BABY BUGGY, INC

31-1777082

FORM 990:

TOTAL REVENUE	1,141,438.
TOTAL EXPENSES	1,053,691.
EXCESS <DEFICIT>	87,747.
BEGINNING NET ASSETS	2,280,607.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (PAGE 1)	2,368,354.

### BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	2,423,984.
ENDING TOTAL LIABILITIES	55,630.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)	2,368,354.

ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3	0.



ERE LLP

440 Park Avenue South  
New York, NY 10016-8012  
Tel: 212.576.1400

42 Memorial Plaza  
Pleasantville, NY 10570  
Tel: 914.741.0800

[www.ere-cpa.com](http://www.ere-cpa.com)

APRIL 28, 2005

THE BABY BUGGY, INC  
520 EIGHTH AVENUE, 8TH FLOOR  
NEW YORK, NY 10018

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2004  
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, EXEMPT ORGANIZATION TAX RETURN  
SCHEDULE A, SUPPLEMENTARY INFORMATION  
SCHEDULE B, SCHEDULE OF CONTRIBUTORS  
NY CHAR500, ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

TAX PREPARATION FEE





ERE LLP

440 Park Avenue South  
New York, NY 10016-8012  
Tel: 212.576.1400

42 Memorial Plaza  
Pleasantville, NY 10570  
Tel: 914.741.0800

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APRIL 28, 2005

THE BABY BUGGY, INC  
520 EIGHTH AVENUE, 8TH FLOOR  
NEW YORK, NY 10018

DEAR SIR:

ENCLOSED IS THE ORGANIZATION'S 2004 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 16, 2005.

MAIL TO - INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

PLEASE SIGN AND MAIL FORM CHAR500 ON OR BEFORE MAY 16, 2005.

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.

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

VERY TRULY YOURS,

ERE LLP



ERE LLP

440 Park Avenue South  
New York, NY 10016-8012  
Tel: 212.576.1400

42 Memorial Plaza  
Pleasantville, NY 10570  
Tel: 914.741.0800

[www.ere-cpa.com](http://www.ere-cpa.com)

APRIL 28, 2005

THE BABY BUGGY, INC  
520 EIGHTH AVENUE, 8TH FLOOR  
NEW YORK, NY 10018

DEAR SIR:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2004 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2004 FORM 990

2004 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,

ERE LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2004

<b>Prepared for</b>	THE BABY BUGGY, INC 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018
<b>Prepared by</b>	ERE LLP 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>	INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 16, 2005
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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 2004 calendar year, or tax year beginning and ending**

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

Please use IRS label or print or type. See Specific Instructions.

**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 Website:** **▶ WWW.BABYBUGGY.ORG**

**J Organization type** (check only one)  501(c) ( **3** ) (insert no.)  4947(a)(1) or  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 **▶ 1,162,807.**

**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** Group Exemption Number **▶**  
**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	997,241.				
b	Indirect public support	1b					
c	Government contributions (grants)	1c					
d	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>313,170.</b> noncash \$ <b>684,071.</b> )	1d				997,241.	
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				44,197.	
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 <b>▶</b> )	7					
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
b	Less: cost or other basis and sales expenses	8a		8b			
c	Gain or (loss) (attach schedule)	8c					
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d					
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ <b>85,901.</b> of contributions reported on line 1a)	9a	21,369.				
b	Less: direct expenses other than fundraising expenses	9b	21,369.				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1			0.	
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				100,000.	
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				1,141,438.	
13	Program services (from line 44, column (B))	13				930,084.	
14	Management and general (from line 44, column (C))	14				60,402.	
15	Fundraising (from line 44, column (D))	15				63,205.	
16	Payments to affiliates (attach schedule)	16					
17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17				1,053,691.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18				87,747.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19				2,280,607.	
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				2,368,354.	

**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	163,188.	11,399.	45,837.
26 Other salaries and wages .....	26	56,868.		
27 Pension plan contributions .....	27			
28 Other employee benefits .....	28	38,358.	1,330.	8,163.
29 Payroll taxes .....	29			
30 Professional fundraising fees .....	30			
31 Accounting fees .....	31	19,650.	19,650.	
32 Legal fees .....	32	23.	23.	
33 Supplies .....	33	28,939.		
34 Telephone .....	34	6,476.	324.	1,360.
35 Postage and shipping .....	35	26,594.	3,922.	83.
36 Occupancy .....	36	51,148.	267.	1,072.
37 Equipment rental and maintenance .....	37	8,120.	81.	162.
38 Printing and publications .....	38			
39 Travel .....	39			
40 Conferences, conventions, and meetings .....	40			
41 Interest .....	41			
42 Depreciation, depletion, etc. (attach schedule) ...	42	1,742.	17.	35.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 2</b>	43e	652,585.	23,389.	6,493.
<small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	44	1,053,691.	930,084.	63,205.

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.)

a <b>AID NEEDY AND DISADVANTAGED FAMILIES THROUGH THE DONATION OF GENTLY USED AND NEW BABY CLOTHING AND EQUIPMENT.</b>				
(Grants and allocations \$ _____)				930,084.
b _____				
(Grants and allocations \$ _____)				
c _____				
(Grants and allocations \$ _____)				
d _____				
(Grants and allocations \$ _____)				
e Other program services (attach schedule)		(Grants and allocations \$ _____)		
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)				<b>930,084.</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 .....	1,189,230.	45	148,941.	
	46 Savings and temporary cash investments .....		46		
	47 a Accounts receivable .....	52,938.			
	b Less: allowance for doubtful accounts .....				
			83,713.	47c	52,938.
	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 .....	108,269.	52		210,140.
	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	914,906.	56	1,975,283.	
57 a Land, buildings, and equipment: basis .....	57a 11,593.				
b Less: accumulated depreciation .....	STMT 5 57b 5,722.	7,613.	57c	5,871.	
58 Other assets (describe .....	SEE STATEMENT 6)	35,725.	58	30,811.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....		2,339,456.	59	2,423,984.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	58,849.	60	55,630.	
	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 .....		65		
66 <b>Total liabilities</b> (add lines 60 through 65) .....		58,849.	66	55,630.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> 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</b> <input checked="" type="checkbox"/> 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 .....	2,280,607.	72	2,368,354.	
	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) .....	2,280,607.	73	2,368,354.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	2,339,456.	74	2,423,984.		

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,227,179.
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments ... \$		<18,424.>
(2)	Donated services and use of facilities ... \$		104,165.
(3)	Recoveries of prior year grants ... \$		
(4)	Other (specify):		
	Add amounts on lines (1) through (4) ...	<b>b</b>	85,741.
<b>c</b>	Line a minus line b	<b>c</b>	1,141,438.
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2) ...	<b>d</b>	0.
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	1,141,438.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,157,856.
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$		104,165.
(2)	Prior year adjustments reported on line 20, Form 990 ... \$		
(3)	Losses reported on line 20, Form 990 ... \$		
(4)	Other (specify):		
	Add amounts on lines (1) through (4) ...	<b>b</b>	104,165.
<b>c</b>	Line a minus line b	<b>c</b>	1,053,691.
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2) ...	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,053,691.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7		163,188.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No



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	76	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> 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?	81b	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?	82a	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   104,165.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	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	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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	85g	
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	85h	
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	88	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	89b	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, 2004 90b   4		
91	The books are in care of CLAUDIA FLEMING 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 33 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 .....					
<b>96</b> Dividends and interest from securities .....			14	44,197.	
<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 .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
<b>a</b> LITIGATION SETTLEMENT					
<b>b</b> INCOME			01	100,000.	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		144,197.	0.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) .....					144,197.

**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 34 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).
101	AID NEEDY AND DISADVANTAGED FAMILIES THROUGH THE DONATION OF BABY GEAR

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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: **ERE 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 AVE SOUTH-5TH FL NEW YORK, NY 10016** EIN: \_\_\_\_\_

423161 01-13-05 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

**2004**

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
CLAUDIA FLEMING ----- BABY BUGGY, 520 8TH AVE, NY, NY 10018	EXEC DIRECTOR	98,396.		
ERIN BERGER ----- BABY BUGGY, 520 8TH AVE, NY, NY 10018	40	64,792.		
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**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	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	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.		X
2	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>SEE STATEMENT 8</b>		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	X	
e	Transfer of any part of its income or assets? .....		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....		X
b	Do you have a section 403(b) annuity plan for your employees? .....		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,341,864.	1,127,515.	287,150.		2,756,529.
<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	13,372.	2,933.	25.		16,330.
<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	674,058.	292,180.	SEE STATEMENT 9		966,238.
<b>23</b> Total of lines 15 through 22	2,029,294.	1,422,628.	287,175.	0.	3,739,097.
<b>24</b> Line 23 minus line 17	2,029,294.	1,422,628.	287,175.		3,739,097.
<b>25</b> Enter 1% of line 23	20,293.	14,226.	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> 74,782.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 649,861.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 3,739,097.
d Add: Amounts from column (e) for lines: 18 16,330. 19 966,238. 22 26b 649,861.					<b>26d</b> 1,632,429.
e Public support (line 26c minus line 26d total)					<b>26e</b> 2,106,668.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 56.3416%
<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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
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 2000 through 2003, 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.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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>		

**Caution:** 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) 2004	(b) 2003	(c) 2002	(d) 2001	(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.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
<b>51a(i)</b>		<input checked="" type="checkbox"/>
<b>a(ii)</b>		<input checked="" type="checkbox"/>
<b>b</b> Other transactions:		
<b>b(i)</b>		<input checked="" type="checkbox"/>
<b>b(ii)</b>		<input checked="" type="checkbox"/>
<b>b(iii)</b>		<input checked="" type="checkbox"/>
<b>b(iv)</b>		<input checked="" type="checkbox"/>
<b>b(v)</b>		<input checked="" type="checkbox"/>
<b>b(vi)</b>		<input checked="" type="checkbox"/>
<b>c</b>		<input checked="" type="checkbox"/>

(i) Cash .....

(ii) Other assets .....

**b** Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization .....

(ii) Purchases of assets from a noncharitable exempt organization .....

(iii) Rental of facilities, equipment, or other assets .....

(iv) Reimbursement arrangements .....

(v) Loans or loan guarantees .....

(vi) Performance of services or membership or fundraising solicitations .....

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

**N/A**

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

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

**b** If "Yes," complete the following schedule: **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship



**Schedule A**

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

**2004**

**\*\* Do Not File \*\***

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

Contributor's Name	Total Contributions	Excess Contributions
JERRY SEINFELD FOUNDATION	100,000.	25,218.
THE CHILDREN'S PLACE	80,000.	5,218.
NEWMARK & CO. REAL ESTATE, INC.	115,900.	41,118.
BEACON THEATRE BOX	320,925.	246,143.
TOYS "R" US CHILDREN'S FUND	100,000.	25,218.
AMERICAN EXPRESS	150,000.	75,218.
CITY CENTER BOX OFFICE	258,292.	183,510.
NETJETS	123,000.	48,218.
Total Excess Contributions to Schedule A, Line 26b .....		<b>649,861.</b>

**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

**2004**

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 boxes 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 2 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

<b>Name of organization</b>  <b>THE BABY BUGGY, INC</b>	<b>Employer identification number</b>  <b>31-1777082</b>
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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
1	JAY & KELLY SUGARMAN FOUNDATION <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.)
2	JOHNSON & JOHNSON <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.)
3	CIBC WORLDMARKET <hr/> <hr/>	\$ 40,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DOREL JUVENILE PRODUCT GROUP <hr/> <hr/>	\$ 106,663.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE CHILDREN'S PLACE <hr/> <hr/>	\$ 89,800.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	K.I.D.S. <hr/> <hr/>	\$ 68,258.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  <b>THE BABY BUGGY, INC</b>	<b>Employer identification number</b>  <b>31-1777082</b>
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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	DELTA ENTERPRISES <hr/> <hr/> <hr/>	\$ 32,863.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	JOHNSON'S BABY <hr/> <hr/> <hr/>	\$ 26,119.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	PLAYTEX PRODUCTS <hr/> <hr/> <hr/>	\$ 21,727.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <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/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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 II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	BABY SUPPLIES _____ _____ _____	\$ 106,663.	_____
5	BABY CLOTHING _____ _____ _____	\$ 89,800.	_____
6	BABY CLOTHING & SUPPLIES _____ _____ _____	\$ 68,258.	_____
7	BABY FURNITURE & SUPPLIES _____ _____ _____	\$ 32,863.	_____
8	BABY SUPPLIES _____ _____ _____	\$ 26,119.	_____
9	BABY SUPPLIES _____ _____ _____	\$ 21,727.	_____

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE	06/30/01	SL	7.00	16	10,094.			10,094.	3,605.		1,442.
2	COMPUTER EQUIPMENT	10/07/02	SL	5.00	16	1,499.			1,499.	375.		300.
	* TOTAL 990 PAGE 2 DEPR					11,593.		0.	11,593.	3,980.	0.	1,742.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENT	107,270.	85,901.	21,369.	21,369.	0.
TO FM 990, PART I, LINE 9	107,270.	85,901.	21,369.	21,369.	0.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	11,821.	8,747.	592.	2,482.
OFFICE EXPENSE	28,902.	16,311.	8,580.	4,011.
UTILITIES	0.			
PROGRAM SUPPLIES	582,199.	582,199.		
AMORTIZATION	8,339.	8,339.		
BROCHURE AND MAILINGS	4,784.	2,331.	2,453.	
CONSULTING	11,894.	130.	11,764.	
WEB DESIGN	1,946.	1,946.		
OTHER PROFESSIONAL FEES	2,700.	2,700.		
TOTAL TO FM 990, LN 43	652,585.	622,703.	23,389.	6,493.

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	1,975,283.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,975,283.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	10,094.	5,047.	5,047.
COMPUTER EQUIPMENT	1,499.	675.	824.
TOTAL TO FORM 990, PART IV, LN 57	11,593.	5,722.	5,871.

FORM 990	OTHER ASSETS	STATEMENT	6
DESCRIPTION		AMOUNT	
PREPAID INSURANCE		12,750.	
WEBSITE DEVELOPMENT COSTS, NET OF AMORTIZATION		18,061.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		30,811.	



FORM 990

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

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARY GINSBERG THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0.	0.	0.	0.
RICHARD PLEPLER THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0.	0.	0.	0.
JESSICA SEINFELD THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	PRESIDENT OF THE BOARD 0.	0.	0.	0.
TINA SHARKEY THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.
DAVID SHEVLIN THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	SECRETARY OF THE BOARD 0.	0.	0.	0.
CLAUDIA FLEMING THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	EXECUTIVE DIRECTOR 40	98,396.	0.	0.
ERIN BERGER THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	PROGRAM DIRECTOR 40	64,792.	0.	0.
PETER BORISH THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.
LIZ LANGE THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.

LIZ ROBBINS THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.
JANE ROSS THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	TREASURER OF THE BOARD 0	0.	0.	0.
SHERRIE ROLLINS WESTIN THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.
STEPHANIE WINSTON WOLKOFF THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.
MARTY FOGELMAN THE BABY BUGGY, INC. 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	DIRECTOR 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>163,188.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,, PART III, LINE 2 STATEMENT 8

SEE PART V, FORM 990

SCHEDULE A	OTHER INCOME			STATEMENT	9
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
IN-KIND CONTRIBUTIONS	674,058.	292,180.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	<u>674,058.</u>	<u>292,180.</u>	<u>0.</u>	<u>0.</u>	

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2004

<b>Prepared for</b>	THE BABY BUGGY, INC 520 EIGHTH AVENUE, 8TH FLOOR NEW YORK, NY 10018
<b>Prepared by</b>	ERE LLP 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>	MAY 16, 2005
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

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 www.oag.state.ny.us/charities/charities.html	<b>2004</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 <b>01/01/2004</b> and ending <b>12/31/2004</b>			
b. Check if applicable: <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>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	e. NY State registration no. <b>069675</b>
	<b>520 EIGHTH AVENUE, 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>INFO@BABYBUGGY.ORG</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/Trustee	Signature	Printed Name	Title
			Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title
			Date

<b>3. Annual Report Exemption Information</b>	
a.	<b>Article 7-A annual report exemption (Article 7-A registrants and dual registrants)</b> 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 use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may also check the box to claim this exemption if no PFR or FRC was used <b>and</b> either: 1) the organization received an allocation from a federated fund, Unity Way or incorporated community appeal <b>and</b> contributions from all other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b.	<b>EPTL annual report exemption (EPTL registrants and dual registrants)</b> Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <b>and</b> the assets (market value) of the organization 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. <b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>	

<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>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee .....	\$ <u>25.</u>
b. Estates, Powers and Trusts Law filing fee .....	\$ <u>250.</u>
c. Total fee .....	\$ <u>275.</u>
<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>	

<b>6. Attachments:</b> For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
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**6. ATTACHMENTS - DOCUMENT ATTACHMENT CHECK-LIST:**

Check the boxes for the documents you are attaching.

FOR ALL FILERS - COPIES OF INTERNAL REVENUE SERVICE FORMS		
<input checked="" type="checkbox"/> <b>IRS Form 990</b>	<input type="checkbox"/> <b>IRS Form 990-EZ</b>	<input type="checkbox"/> <b>IRS Form 990-PF</b>
<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		

ADDITIONAL ARTICLE 7-A DOCUMENT ATTACHMENT REQUIREMENT
<u>Independent Accountant's Report</u>
<input checked="" type="checkbox"/> Audit Report ( <i>total support &amp; revenue more than \$250,000</i> )
<input type="checkbox"/> Review Report ( <i>total support &amp; revenue \$100,001 to \$250,000</i> )
<input type="checkbox"/> No Accountant's Report Required ( <i>total support &amp; revenue not more than \$100,000</i> )