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Form 990-EZ

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization: Toys For Hospital Tots Inc

Number and street (or P O box, if mail is not delivered to street address): 380 FAIRFIELD AVE — Room/suite: 7TH FL

City or town, state or country, and ZIP + 4: BRIDGEPORT CT 06604-6014

D Employer Identification number: 23 7156990

E Telephone number: 203-366-6000

F Group Exemption Number ▶

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶

J **Tax-exempt status** (check only one) — ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	11,178.44
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	16.47
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	11194.91
Expenses	10	Grants and similar amounts paid (attach schedule)	10	13,476.75
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ Secty of STATE - SERV. Charge)	16	37.00
	17	**Total expenses.** Add lines 10 through 16 ▶	17	13513.75
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2318.84)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19238.02
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	16919.18

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Part II **Balance Sheets.** If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		19238.02	22	16,919.18
23	Land and buildings			23	
24	Other assets (describe ▶ _____)			24	
25	**Total assets**		19238.02	25	16919.18
26	**Total liabilities** (describe ▶ _____)			26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)		19238.02	27	16919.18

7

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 TOYS FOR CHILDREN IN Hospitals

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 VARIOUS CHILDREN AGENCIES, SCHOOLS PROGRAMS FOR CHILDREN (SEE ATT LIST) 13476.75

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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 attached list		N/A		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶ _____			
42a	The organization's books are in care of ▶ DEIDRE Young Telephone no. ▶ 203-366-6200			
	Located at ▶ 350 Fairfield Ave, Bridgeport CT ZIP + 4 ▶ 06604-6014			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(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

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶

Sign Here	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			
	▶ Signature of officer: Deirdre Young		Date: 11-8-10	
	▶ Type or print name and title: Deirdre Young			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
			Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Toys For Hospital Tots Inc

Employer identification number 23 7156990

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
4 **Total.** Add lines 1 through 3 . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10 .						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41493	24895	19297	12982	11178	109845
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	41493	24895	19297	12982	11178	109,845
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						109,845

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	41493	24895	19297	12982	11178	109845
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	465	433	230	85	16	1229
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	465	433	230	85	16	1229
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						111,074

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	/ %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	/ %

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Provide any other additional information. See instructions.

N/A

D/B/A WICC HOLIDAY FUND FOR CHILDREN
FOR THE TAX YEAR 7/1/09 THRU 6/30/10
BANK OF AMERICA MONEY MARKET ACCOUNT #0070126866

BALANCE FORWARD AS OF 6/30/09: $18,034.14

DATE	CK#	PAYEE	DONATIONS	DISBURSED	TRANS OUT	INTEREST	PD DONATNS	SER CHG
2009								
7/31/09		Interest		$0.00		$1.53		
8/5/09		Transfer to Checking		$0.00	$1,000.00			
8/11/09			$269.29	$0.00				
8/21/09			$500.11	$0 00				
8/31/09		Interest		$0 00		$1.48		
9/30/09		Interest		$0 00		$1.46		
10/30/09		Interest		$0 00		$1.51		
11/12/09			$100.00	$0 00				
11/23/09			$230.82	$0 00				
11/30/09		Interest		$0.00		$1.47		
12/1/09		Transfer to Checking		$0 00	$10,000 00			
12/7/09			$495.00	$0.00				
12/13/09			$515.00	$0.00				
12/21/09			$2,467.00	$0.00				
12/24/09			$1,040 00	$0.00				
12/30/09		Interest		$0.00		$0.82		
2010				$0.00				
1/4/10			$1,155.00	$0.00				
1/29/10		Interest		$0.00		$1.33		
1/12/10			$3,281.00	$0 00				
			$100.00	$0 00				
2/26/10				$0.00		$1.32		
3/15/10			$294.29	$0.00				
3/30/10			$500.11	$0 00				
3/31/10		Interest		$0 00		$1.48		
4/12/10		Transfer to Checking		$0 00	$2,000 00			
4/30/10				$0.00		$1 37		
5/17/10			$230 82	$0.00				
5/28/10				$0.00		$1.37		
6/30/10				$0.00		$1 33		
			$11,178.44	$0.00	$13,000 00	$16 47	$0 00	$0.00
		BALANCE:	**$16,229.05**					

TOYS FOR HOSPITAL TOTS INC
D/B/A WICC HOLIDAY FUND FOR CHILDREN
DISTRIBUTION FOR THE TAX YEAR 7/1/09 THRU 6/30/10
BANK OF AMERICA CHECKING ACCOUNT #0070126877

BALANCE FORWARD AS OF 6/30/09: **$1,203.88**

DATE	CK#		PAYEE	AMOUNT	TRANS IN	DONATIONS	MISC AIDS & TOY PRCHS	SER CHG	ADMINST	POSTAGE AND SUPPLIES	ADVRTSNG
2009											
7/2/2009	1107	X	BOY SCOUTS OF AMERICA	$125 00		$125 00					
7/13/2009	1108	X	Bridgeport American Legion Baseball	$500 00		$500 00					
7/31/2009	1109	X	David Ellison-Thomas Merton House Back Pack Drive	$501 75			$501 75				
8/5/2009	1110	X	Central High School - Scholarship Fund	$150 00		$150 00					
8/5/2009	1111	X	Trumbull Police Union Local 1745-Safety Program	$150 00		$150 00					
8/5/2009			Transfer from Money Market	$0 00	$1,000 00						
8/11/2009	1112	X	NeighborWorks New Horizons - Back to School Promc	$250 00		$250 00					
9/15/2009	1113	X	Shelton Police Union - Safety Program	$100 00		$100 00					
9/28/2009	1114	X	Secretary of State of CT - Annual Report	$25 00					$25 00		
10/7/2009	1115	X	Connecticut Center for Child Development	$100 00		$100 00					
11/25/2009			Service charge	$25 00				$25 00			
12/1/2009	1116	X	King's Pantry	$300 00	$10,000 00	$300 00					
12/2/2009	1117	X	Longfellow School for the Black-Williams Family	$1,000 00		$1,000 00					
			Service charge refund	-$25 00				-$25 00			
12/3/2009	1118	X	Stratford PAL POP Warner Redskins-Championship	$350 00		$350 00					
12/3/2009	1119	X	Center for Cancer Research Funding Inc	$150 00		$150.00					
12/9/2009	1120	X	Longfellow School	$500 00		$500 00					
12/9/2009	1121	X	Helping Hand Center Inc	$500 00		$500 00					
12/9/2009	1122	X	Bridgeport P A L - Christmas Village	$500 00		$500 00					
12/9/2009	1123	X	The Morales Family - Fire destroyed home-2 children	$500 00		$500 00					
12/18/2009	1124	X	Emmanuel Cathedral	$250 00		$250 00					
12/18/2009	1125	X	Boys & Girls Village Inc	$500 00		$500 00					
12/18/2009	1126	X	Cesar Batalla School	$500 00		$500 00					
12/18/2009	1127	X	Clifford Beers Clinic	$250 00		$250 00					
12/18/2009	1128	X	ABCD Bassick Site	$500 00		$500 00					
12/18/2009	1129	X	McGivney Community Center, Inc	$500 00		$500 00					
12/18/2009	1130	X	Child Guidance Center of Greater Bridgeport	$500 00		$500 00					
12/18/2009	1131	X	Cardinal Shehan Center	$500 00		$500 00					
12/29/2009			Service Charge	$12 00				$12 00			
2010											
			Service charge refund	$0.00							
1/13/2010	1132	X	BAYM (Bridgeport Area Youth Ministries)	$1,000 00		$1,000 00					
1/14/2010	1133	X	Bridgeport Connecticut Police Union Local 1159	$150 00		$150 00					
2/12/2010	1134	X	Pyramid Shriners #9	$150 00		$150 00					
4/12/2010			Transfer from Money Market	$0 00	$2,000 00						
4/12/2010	1135	X	Edison School	$1,000 00		$1,000 00					
4/12/2010	1136	X	Jettie Tisdale School	$1,000 00		$1,000 00					
4/22/2010	1137	X	Thurgood Marshall Middle School	$500 00		$500 00					
5/5/2010	1138		Central Magnet High School	$500 00		$500 00					
				$0 00							
				$13,513 75	$13,000 00	$12,975 00	$501 75	$12 00	$25 00	$0 00	$0 00

BALANCE: **$690.13**

BOARD OF DIRECTORS
AS OF 9/28/09

OFFICERS AND DIRECTORS

TOYS FOR HOSPITAL TOTS, INC.
WICC RADIO ID #0060648
2 LAFAYETTE SQUARE
BRIDGEPORT, CT 06604

(203) 366-6000
FED ID#237156990

TITLE	NAME		BUSINESS ADDRESS	RESIDENCE ADDRESS	E-MAIL
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DIRECTOR	ALISSA BALOUSKUS		350 FAIRFIELD AVE 7th FL BRIDGEPORT, CT. 06604	194 GULF ST, #205 MILFORD, CT 06460	alissa balouskus@cumulus com
DIRECTOR	ANTHONY GUARINO		350 FAIRFIELD AVE 7th FL BRIDGEPORT, CT. 06604	566 NEWFIELD AVE STAMFORD, CT 06905	tony@wicc600 com

X DIRECTOR ALSO