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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization THE BABY BUGGY INC Doing Business As Number and street (or P O box if mail is not delivered to street address) 306 W 37TH STREET 8TH FLOOR Room/suite 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 G Gross receipts \$ 3,787,274
	F Name and address of principal officer KATHERINE SNIDER 306 W 37TH STREET 8TH FLOOR NEW YORK, NY 10018	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527	
	J Website: ▶ WWW.BABYBUGGY.ORG	
	K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation 2001		M State of legal domicile DE

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities FOUNDED IN 2001 BY JESSICA SEINFELD, THE BABY BUGGY, INC AIMS TO PROVIDE ESSENTIAL GOODS, PRODUCTS AND SERVICES TO FAMILIES IN NEED ACROSS THE COUNTRY
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶243,353
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II	Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

Sign Here		***** Signature of officer	2011-11-11 Date		
		KATHERINE SNIDER EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ MBAF-ERE CPAS LLC				Firm's EIN ▶
	Firm's address ▶ 440 PARK AVE SOUTH-5TH FL NEW YORK, NY 10016				Phone no ▶ (212) 576-1400

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

FOUNDED IN 2001 BY JESSICA SEINFELD, THE BABY BUGGY INC AIMS TO PROVIDE ESSENTIAL GOODS, PRODUCTS AND SERVICES TO FAMILIES IN NEED ACROSS THE COUNTRY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 913,214 including grants of \$ 811,129) (Revenue \$)

HEALTH BABY BUGGY DONATES GOODS TO PROGRAMS OFFERED THROUGH OR IN AFFILIATION WITH THE MATERNAL HEALTH, SOCIAL WORK AND LABOR AND DELIVERY DEPARTMENTS IN HOSPITALS INCLUDING THE NICU AT NEW YORK PRESBYTERIAN HOSPITAL SOCIAL WORKERS SCREEN CLIENTS BASED ON NEED AND PROVIDE ITEMS SUCH AS CRIBS AND CAR SEATS TO ENSURE THAT A MOM LIVING IN POVERTY HAS THE TOOLS NECESSARY TO PROVIDE A SAFE ENVIRONMENT FOR HER BABY BABY BUGGY ALSO DONATES TO THE NURSE-FAMILY PARTNERSHIP PROGRAM IN NEW YORK CITY, LOS ANGELES AND DALLAS

4b

(Code) (Expenses \$ 562,458 including grants of \$ 460,373) (Revenue \$)

EDUCATION BABY BUGGY PROVIDES MONTHLY DONATIONS OF GOODS TO FAMILIES LIVING IN POVERTY WHO ARE ENROLLED IN EDUCATION PROGRAMS THAT SERVE THE ENTIRE FAMILY INCLUDING SELECT HEAD START SITES IN NEW YORK CITY, CHICAGO AND WASHINGTON, DC IN ADDITION TO DONATIONS OF GOODS LIKE DIAPERS, STROLLERS AND CLOTHING, BABY BUGGY HAS ALSO OFFERED FINANCIAL LITERACY/BUDGETING PROGRAMS AT MANY OF THESE SITES

4c

(Code) (Expenses \$ 687,775 including grants of \$ 482,293) (Revenue \$)

CRISIS INTERVENTION GOODS ARE DONATED TO PARENTS WHO ARE AT RISK OF FALLING INTO CRISIS OR LOSING CUSTODY OF THEIR CHILDREN DUE TO LOSS OF WORK, HOMELESSNESS, ETC DONATIONS ARE PAIRED WITH CASE MANAGEMENT, COUNSELING, ADVOCACY, JOB AND FINANCIAL LITERACY WORKSHOPS SOME OF THE RECIPIENT SITES IN THIS PROGRAMS ARE THE HARLEM CHILDREN'S ZONE, NEW YORK FOUNDLING NURSERY AND THE CHILD CENTER OF NEW YORK

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 656,426 including grants of \$ 438,447) (Revenue \$)

4e

Total program service expenses

\$ 2,819,873

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	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)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NY , AL , AK , AZ , AR , CA , CO , CT , DE , FL , GA , ID , IL , IN , IA , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , MT , NE , NV , NH , NJ , NM , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , TX , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KATHERINE SNIDER EXECUTIVE DIRECTOR 306 W 37TH STREET 8TH FLOOR NEW YORK,NY 10018 (212) 736-1777

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSICA SEINFELD BOARD PRESIDENT	15 00	X						0	0	0
(2) JANE ROSS DIRECTOR, TREASURER	2 00	X						0	0	0
(3) JENNIFER FRANKLIN DIRECTOR, SECRETARY	2 00	X						0	0	0
(4) LIZ ROBBINS DIRECTOR	2 00	X						0	0	0
(5) SARAH KIRSHBAUM LEVY DIRECTOR	2 00	X						0	0	0
(6) STEPHANIE WINSTON WOLKOFF DIRECTOR	2 00	X						0	0	0
(7) ARI SHALAM DIRECTOR	2 00	X						0	0	0
(8) ERICA REID DIRECTOR	2 00	X						0	0	0
(9) DANIELLE DEVINE DIRECTOR	2 00	X						0	0	0
(10) CARLO BRONZINI VENDER DIRECTOR	2 00	X						0	0	0
(11) MICHAEL TIEDEMANN DIRECTOR	2 00	X						0	0	0
(12) ALI WENTWORTH DIRECTOR	2 00	X						0	0	0
(13) ALI WING DIRECTOR	2 00	X						0	0	0
(14) JENNIFER JAMES DIRECTOR	2 00	X						0	0	0
(15) JENNIFER CARLSTON DIRECTOR	2 00	X						0	0	0
(16) CLAUDIA FLEMING BITAR DIRECTOR	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) STEFANI GREENFIELD DIRECTOR	2 00	X						0	0	0
(18) KATHERINE E SNIDER EXECUTIVE DIRECTOR	40 00			X				145,852	0	18,445
(19) JACKIE RESES DIRECTOR	2 00						X	0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								145,852	0	18,445

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization1

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	539,699		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,659,741		
	g	Noncash contributions included in lines 1a-1f \$		1,970,311		
	h	Total. Add lines 1a-1f		3,199,440		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		90,625	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)			17,813	17,813
8a		Gross income from fundraising events (not including \$ 539,699 of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses	a	177,516		
c		Net income or (loss) from fundraising events . . .	b	177,516		
9a		Gross income from gaming activities See Part IV, line 19 . . .				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . . .			0	
10a		Gross sales of inventory, less returns and allowances . . .				
b		Less cost of goods sold	a			
c		Net income or (loss) from sales of inventory . . .	b			
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		3,307,878	0	0	108,438

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,192,242	2,192,242		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	164,296	41,074	24,644	98,578
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	494,328	331,917	89,229	73,182
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	86,493	48,982	14,955	22,556
10	Payroll taxes	58,635	33,205	10,139	15,291
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	43,381		43,381	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	102,036		102,036	
12	Advertising and promotion				
13	Office expenses	23,346	5,741	14,961	2,644
14	Information technology				
15	Royalties				
16	Occupancy	134,384	119,602	5,375	9,407
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,976	1,684	516	776
23	Insurance	12,051	6,826	2,082	3,143
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	POSTAGE AND DELIVERY	23,359	13,227	4,040	6,092
b	BANK FEES AND RELATED C	16,583	9,390	2,868	4,325
c	TELEPHONE	15,170	8,591	2,623	3,956
d	MAINTENANCE AND REPAIR	12,008	6,801	2,076	3,131
e	PRINTING	1,041	591	178	272
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,382,329	2,819,873	319,103	243,353
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			184,084	1	893,799
	2	Savings and temporary cash investments			2,372,020	2	1,753,019
	3	Pledges and grants receivable, net			171,022	3	112,285
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			433,209	8	309,831
	9	Prepaid expenses and deferred charges			30,302	9	36,308
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	17,568			
	b	Less: accumulated depreciation	10b	16,587	3,054	10c	981
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,969	15	5,177
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,198,660	16	3,111,400	
Liabilities	17	Accounts payable and accrued expenses			28,554	17	26,315
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			28,554	26	26,315
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,448,652	27	2,435,676
	28	Temporarily restricted net assets			721,454	28	649,409
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,170,106	33	3,085,085
34	Total liabilities and net assets/fund balances			3,198,660	34	3,111,400	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,307,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,382,329
3	Revenue less expenses. Subtract line 2 from line 1	3	-74,451
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,170,106
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-10,570
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,085,085

Part XII **Financial Statements and Reporting**

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

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

SCHEDULE A

(Form 990 or 990EZ)

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

2010

Open to Public
Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?
(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 the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,378,293	3,767,520	5,718,837	2,757,101	3,199,440	19,821,191
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	4,378,293	3,767,520	5,718,837	2,757,101	3,199,440	19,821,191
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)						263,356
6 Public Support. Subtract line 5 from line 4						19,557,835

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,378,293	3,767,520	5,718,837	2,757,101	3,199,440	19,821,191
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108,950	109,081	149,097	81,838	90,625	539,591
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)						20,360,782
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	96 060 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96 980 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE BABY BUGGY INC

Employer identification number
31-1777082

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii)

Assets included in Form 990, Part X ▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		17,568	16,587	981
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				981

Schedule D (Form 990) 2010

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,307,878
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,382,329
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-74,451
4	Net unrealized gains (losses) on investments	4	-10,570
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-10,570
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-85,021

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	3,451,565
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-10,570
b	Donated services and use of facilities	2b	154,257
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	143,687
3	Subtract line 2e from line 1	3	3,307,878
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,307,878

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,536,586
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	154,257
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	154,257
3	Subtract line 2e from line 1	3	3,382,329
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,382,329

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. IN ASSESSING THE REALIZABILITY OF TAX BENEFITS, MANAGEMENT CONSIDERS WHETHER IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF ANY TAX POSITION WILL NOT BE REALIZED. THE ULTIMATE REALIZATION OF SUCH TAX POSITIONS IS DEPENDENT UPON THE GENERATION OF FUTURE INCOME. MANAGEMENT CONSIDERS PROJECTED FUTURE INCOME AND TAX PLANNING STRATEGIES IN MAKING THIS ASSESSMENT. BASED UPON THE LEVEL OF HISTORICAL INCOME AND PROJECTIONS FOR FUTURE INCOME, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE ORGANIZATION WILL REALIZE ALL TAX BENEFITS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE BABY BUGGY INC	Employer identification number 31-1777082
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>BEDTIME BASH</u>	<u>SUMMER DINNER</u>	<u>4</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	377,646	296,077	43,492	717,215	
	2	Less Charitable contributions	304,033	198,532	37,135	539,700	
3	Gross income (line 1 minus line 2)	73,613	97,545	6,357	177,515		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	12,495	4,381		16,876	
	7	Food and beverages	41,825	39,817		81,642	
	8	Entertainment	2,250	5,000		7,250	
	9	Other direct expenses	17,043	48,347	6,357	71,747	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					177,515
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					0

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine lines 1 and 7 in column (d)					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE BABY BUGGY INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
31-1777082

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

YesNo

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 31-1777082

Name: THE BABY BUGGY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHT BEGINNINGS INC 8405 GREENSBORO DRIVE 7TH FLOOR MCLEAN,VA 22102	52-1697917	501 (C) 3		8,024	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BROOKLYN HOSPITAL CENTER121 DEKALB AVENUE BROOKLYN,NY 112015493	11-1630755	PRIVATE AGENCY		60,279	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CAMBA INC1720 CHURCH AVENUE BROOKLYN,NY 11226	11-2480339	501 (C) 3		41,895	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CAROLE ROBERSTON CENTER FOR LEARNING 2020 W ROOSEVELT ROAD CHICAGO,IL 60608	36-2882124	501 (C) 3		7,838	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CATHOLIC GUARDIAN SOCIETY AND HOME BUREAU1011 FIRST AVENUE NEW YORK,NY 10022	13-5562186	501 (C) 3		28,993	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC191 JORALEMON STREET BROOKLYN,NY 11201	11-2047151	501 (C) 3		118,293	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CENTER FOR FAMILY REPRESENTATION116 JOHN STREET 19TH FLOOR NEW YORK,NY 10038	51-0419496	501 (C) 3		20,098	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CENTER FOR URBAN COMMUNITY SERVICES INC160 MADISON AVENUE 10TH FLOOR NEW YORK,NY 10016	13-3687891	501 (C) 3		7,568	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
COMMITTEE FOR EARLY CHILDHOOD DEVELOPMENT DAY CARE CENTER INCORPORATED 91-31 191ST STREET HOLLIS,NY 11423	57-1221272	501 (C) 3		5,408	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
COMMUNITY PARENTS HEAD START CORPORATION90 CHAUNCEY STREET BROOKLYN,NY 11233	11-2207085	501 (C) 3		51,854	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
DALLAS COUNTY HOSPITAL DISTRICT5201 HARRY HINES BOULEVARD DALLAS,TX 75235	75-6004221	501 (C) 3		11,750	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
EAST SIDE HOUSE INC337 ALEXANDER AVENUE BRONX,NY 10454	13-1623989	501 (C) 3		20,967	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FBI NEW YORK OFFICE26 FEDERAL PLAZA 22ND FLOOR NEW YORK,NY 10278	53-0209945	GOVERNMENT ENTITY		6,868	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
FORESTDALE INC6735 112TH STREET FOREST HILLS,NY 11375	11-1631747	501 (C) 3		27,396	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HARLEM CHILDREN'S ZONE INC35 E 125TH STREET NEW YORK,NY 10035	23-7112974	501 (C) 3		49,144	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HIGHLAND PARK COMMUNITY DEVELOPMENT CORPORATION2730 ATLANTIC AVENUE 1ST FLOOR BROOKLYN,NY 11207	11-3462888	501 (C) 3		21,794	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
INTERNATIONAL RESCUE COMMITTEE INC122 EAST 42ND STREET NEW YORK,NY 10168	13-5660870	501 (C) 3		19,515	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LEGAL AID SOCIETY199 WATER STREET NEW YORK,NY 10038	13-5562265	501 (C) 3		16,562	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LENOX HILL NEIGHBORHOOD HOUSE INC331 E 70TH STREET NEW YORK,NY 10021	13-1628180	501 (C) 3		15,461	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LITTLE ANGELS HEAD START PROGRAM OF THE ARCHDIOCESE OF NEW YORK1720 METROPOLITAN AVENUE BRONX,NY 10462	13-3639515	501 (C) 3		131,567	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH600 S COMMONWEALTH AVE STE 800 LOS ANGELES,CA 90005	95-6000927	COUNTY AGENCY		32,420	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NEW YORK CITY DEPARTMENT OF EDUCATION52 CHAMBERS STREET NEW YORK,NY 10007	51-0147509	CITY AGENCY		18,633	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NATIONAL ASSOCIATION OF FAMILY DEVELOPMENT CENTERS INC1114 AVENUE J BROOKLYN,NY 11230	11-2707362	501 (C) 3		32,716	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NEW YORK ASIAN WOMEN'S CENTER INC32 BROADWAY 10TH FLOOR NEW YORK,NY 10004	13-3286250	501 (C) 3		58,867	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION160 WATER STREET 6TH FLOOR NEW YORK,NY 10038	13-6400434	CITY AGENCY		101,676	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NEW YORK FOUNDLING HOSPITAL590 AVENUE OF THE AMERICAS NEW YORK,NY 10011	13-1624123	501 (C) 3		36,066	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NORTHERN NEW JERSEY MATERNAL CHILD HEALTH CONSORTIUM INCC/O ST JOSEPHS HOSPITAL MEDICAL 17 ARCADIAN AVE PARAMUS,NJ 07652	52-1816613	501 (C) 3		7,893	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
PARENTS IN COMMUNITY ACTION (PICA)700 HUMBOLDT AVENUE N MINNEAPOLIS,MN 55411	41-0956226	501 (C) 3		17,294	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
PUBLIC HEALTH SOLUTIONS220 CHURCH STREET NEW YORK,NY 10013	13-5669201	501 (C) 3		62,723	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
QUEENS LEGAL SERVICES CORPORATIONC/O LEGAL SERVICES FOR NEW YORK CITY 350 BROADWAY NEW YORK,NY 10013	13-2605604	501 (C) 3		10,510	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
QUICK START DAY CARE CENTER INC188-33 LINDEN BLVD ST ALBANS,NY 11412	11-2219525	501 (C) 3		22,965	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
RICHMOND HOME NEED SERVICES INC178 ROSE AVENUE STATEN ISLAND,NY 10306	13-2688124	501 (C) 3		39,751	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL INC217 WYCKOFF AVENUE BROOKLYN,NY 11237	11-2453853	501 (C) 3		51,722	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SAFE HORIZON INC2 LAFAYETTE STREET 3RD FLOOR NEW YORK,NY 10007	13-2946970	501 (C) 3		294,171	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SANCTUARY FOR FAMILIES INCPO BOX 1406 WALL STREET STATION NEW YORK,NY 10268	13-3193119	501 (C) 3		7,940	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE,NY 11542	11-2777066	501 (C) 3		61,273	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH JAMAICA CENTER FOR CHILDREN & PARENTS 157-11 LINDEN BLVD JAMAICA,NY 11434	51-0179375	501 (C) 3		48,663	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
ST LUKE'S ROOSEVELT HOSPITAL CENTER1111 AMSTERDAM AVENUE NEW YORK,NY 10025	13-2997301	501 (C) 3		8,733	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
THE CHILD CENTER OF NY INC6002 QUEENS BLVD WOODSIDE,NY 11377	11-1733454	501 (C) 3		79,619	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
TRUSTEES OF COLUMBIA UNIVERSITY IN CONTROLLERS OFFICE615 WEST 131ST STREET NEW YORK,NY 10027	13-5598093	501 (C) 3		16,118	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
UNITED STATES CATHOLIC CONFERENCE LITTLE SISTRS ASSMPTN FAM HLTH SRVS333 E 115TH STREET NEW YORK,NY 10029	13-2867881	501 (C) 3		200,162	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS3211 4TH STREET NE WASHINGTON,DC 20017	53-0196617	501 (C) 3		50,782	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
VISITING NURSE SERVICE OF NEW YORK5 PENN PLAZA 12TH FLOOR NEW YORK,NY 10001	13-3189926	501 (C) 3		103,343	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION50 E 168TH STREET BRONX,NY 10452	11-3099604	501 (C) 3		32,208	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA INC100 EDGEWOOD AVENUE NE STE 1100 ATLANTA,GA 30303	58-0566253	501 (C) 3		5,951	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
THE UNIVERSITY HEIGHTS EDUCATIONAL & CULTURAL DEVELOPMENT CMNTY CNTR INC1304 MERRIAM AVENUE STE 2L BRONX,NY 10452	13-4017676	501 (C) 3		69,702	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
MORRIS HEIGHTS HEALTH CENTER INC70 WEST BURNSIDE AVENUE BRONX,NY 10453	06-1081232	501 (C) 3		14,796	REPLACEMENT COST	HOUSEHOLD GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE BABY BUGGY INC

Employer identification number
31-1777082

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE E SNIDER	(i)	145,852	0	0	18,445	0	164,297	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
THE BABY BUGGY INC

Employer identification number
31-1777082

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,963,061	COMPARATIVE VALUE METHOD
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	2	16,162	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization THE BABY BUGGY INC	Employer identification number 31-1777082
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	IN JUNE 2010, BABY BUGGY LAUNCHED ITS FATHERHOOD INITIATIVE. THIS PROJECT PROVIDES CLOTHING, GEAR AND PRODUCTS FOR CHILDREN OF LOW-INCOME, NON-CUSTODIAL FATHERS ENROLLED IN BABY BUGGY FATHERING INITIATIVES IN THE BRONX AND QUEENS. THESE PROGRAMS HELP FATHERS FEEL EMPOWERED TO EMBRACE FATHERHOOD AND THE RESPONSIBILITIES THAT ACCOMPANY IT AND TO PROVIDE POOR DADS THE TOOLS THEY NEED TO KEEP THEIR CHILDREN SAFE AND HEALTHY. BABY BUGGY ALSO OFFERS FINANCIAL EDUCATION WORKSHOPS AND BENEFITS SCREENING TO HELP IMPROVE THE FAMILY'S OVERALL AND FINANCIAL WELL-BEING.

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	IN JUNE 2010, BABY BUGGY EXPANDED ITS DISTRIBUTION OF GOODS TO SELECT SITES IN LOS ANGELES, CHICAGO, DALLAS, MINNEAPOLIS AND WASHINGTON, DC THIS EXPANSION WAS MADE POSSIBLE THROUGH A LARGE COMMITMENT OF PRODUCT FROM HUGGIES, BOPPY AND AVENT AND A LARGE FINANCIAL DONATION FROM THE TARGET CORPORATION

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		AT A MEETING ON JULY 23, 2010, BABY BUGGY'S BOARD OF DIRECTORS APPROVED AMENDMENTS TO BABY BUGGY'S CERTIFICATE OF INCORPORATION AND BY-LAWS TO IMPLEMENT A MEMBERSHIP STRUCTURE WHEREBY ALL OF BABY BUGGY'S DIRECTORS ALSO SERVE AS BABY BUGGY'S MEMBERS AND WHEREBY BABY BUGGY'S MEMBERS HAVE THE RIGHT TO ELECT AND REMOVE DIRECTORS AND APPROVE FUNDAMENTAL CORPORATE CHANGES (E G , MERGER, DISSOLUTION, AMENDMENTS TO BABY BUGGY'S GOVERNING DOCUMENTS, ETC)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		AT A MEETING ON JULY 23, 2010, BABY BUGGY'S BOARD OF DIRECTORS APPROVED AMENDMENTS TO BABY BUGGY'S CERTIFICATE OF INCORPORATION AND BY-LAWS TO IMPLEMENT A MEMBERSHIP STRUCTURE WHEREBY ALL OF BABY BUGGY'S DIRECTORS ALSO SERVE AS BABY BUGGY'S MEMBERS AND WHEREBY BABY BUGGY'S MEMBERS HAVE THE RIGHT TO ELECT AND REMOVE DIRECTORS AND APPROVE FUNDAMENTAL CORPORATE CHANGES (E G , MERGER, DISSOLUTION, AMENDMENTS TO BABY BUGGY'S GOVERNING DOCUMENTS, ETC)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		AT A MEETING ON JULY 23, 2010, BABY BUGGY'S BOARD OF DIRECTORS APPROVED AMENDMENTS TO BABY BUGGY'S CERTIFICATE OF INCORPORATION AND BY -LAWS TO IMPLEMENT A MEMBERSHIP STRUCTURE WHEREBY ALL OF BABY BUGGY'S DIRECTORS ALSO SERVE AS BABY BUGGY'S MEMBERS AND WHEREBY BABY BUGGY'S MEMBERS HAVE THE RIGHT TO ELECT AND REMOVE DIRECTORS AND APPROVE FUNDAMENTAL CORPORATE CHANGES (E G , MERGER, DISSOLUTION, AMENDMENTS TO BABY BUGGY'S GOVERNING DOCUMENTS, ETC)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		AT A MEETING ON JULY 23, 2010, BABY BUGGY'S BOARD OF DIRECTORS APPROVED AMENDMENTS TO BABY BUGGY'S CERTIFICATE OF INCORPORATION AND BY -LAWS TO IMPLEMENT A MEMBERSHIP STRUCTURE WHEREBY ALL OF BABY BUGGY'S DIRECTORS ALSO SERVE AS BABY BUGGY'S MEMBERS AND WHEREBY BABY BUGGY'S MEMBERS HAVE THE RIGHT TO ELECT AND REMOVE DIRECTORS AND APPROVE FUNDAMENTAL CORPORATE CHANGES (E G , MERGER, DISSOLUTION, AMENDMENTS TO BABY BUGGY'S GOVERNING DOCUMENTS, ETC)

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE HR COMMITTEE OF THE BOARD OF DIRECTORS REACHES OUT TO THE TREASURER, PRESIDENT AND A FEW OTHER KEY DIRECTORS, AS WELL AS MANAGERS OF THE ORGANIZATION IN PREPARATION FOR THE EXECUTIVE DIRECTOR'S ANNUAL REVIEW. THE COMMITTEE THEN COMPLETES THE REVIEW WITH THE EXECUTIVE DIRECTOR AT THE END OF THE YEAR. THE BOARD VOTES ON THE SALARY OF THE EXECUTIVE DIRECTOR IN A CLOSED SESSION AS PART OF THE BUDGET APPROVAL PROCESS AT THE END OF THE YEAR. AT THE SAME TIME, THE BOARD APPROVES THE SALARY ALLOCATIONS FOR THE REST OF THE STAFF. FOR THE EXECUTIVE DIRECTOR'S SALARY, THE BOARD COMPARES AGAINST COMPARABLES. THE EXECUTIVE DIRECTOR DOES THE SAME IN DETERMINING HER STAFFS' SALARIES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	BABY BUGGY'S FINANCIAL STATEMENTS FROM THE LAST THREE YEARS AND ITS 990 FORMS FOR THE LAST THREE YEARS CAN BE FOUND ON ITS WEBSITE OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -10,570

Identifier	Return Reference	Explanation
		THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 31-1777082
Name: THE BABY BUGGY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	656,426	including grants of \$ 438,447) (Revenue \$)
BABY BUGGY ALSO SUPPORTS OTHER PROGRAMS INCLUDING SELECT DOMESTIC VIOLENCE SHELTERS SUCH AS THE ASIAN WOMEN'S CENTER, WHICH HELPS TO PROVIDE ASSISTANCE, COUNSELING AND SHELTER FOR WOMEN AND CHILDREN ESCAPING ABUSE LIKEWISE, BABY BUGGY ASSISTS SELECT FATHERHOOD PROGRAMS LIKE THE BRONX FATHERHOOD PROGRAM, WHICH ASSISTS NON-CUSTODIAL FATHERS WHO WANT TO PLAY A STRONGER ROLE IN THEIR CHILDRENS' LIVES			