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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

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

A For the 2012 calendar year, or tax year beginning **JULY 1**, 2012, and ending **JUNE 30**, 2012**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**TOYS FOR HOSPITAL TOTS INC**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

350 FAIRFIELD AVE**700**

City or town, state or country, and ZIP + 4

BRIDGEPORT, CT 06604-6014**D** Employer identification number**23-7156990****E** Telephone number**203-366-6000****F** Group Exemption
Number ▶**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☐ if the organization is not
required to attach Schedule B**I** Website: ▶

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally
not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if
the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	106941
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	11
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G, if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$- of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106952
	10	Grants and similar amounts paid (list in Schedule O)	10	107410
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	275
	17	Total expenses. Add lines 10 through 16	17	107685
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-733	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26471	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	25438	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

GTA 22-21

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	26471	22 25438
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	26471	25 25438
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	26471	27 25438

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? Toys-clothes-supplies-programs,etc for helping children

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	Various children's agencies, schools & programs; backpacks for kids; summer camps; feeding families; medical equipment; safety programs & books; athletic supplies; clothing, school trips, special needs; shelters, etc.		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	107410
29	SEE ATTACHED		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	107410

Part IV	List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)	1974
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a _____	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____; section 4912 ► _____; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► _____ Telephone no. ► _____		
Located at ► _____ ZIP + 4 ► _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____	42b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 _____		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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

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


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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

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 	Date 11-11-13
	DEIRDRE YOUNG, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TOYS FOR HOSPITAL TOTS INC

Employer identification number

23-7156990

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

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

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

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12982	11178	168871	121730	106941	421702
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	12982	11178	168871	121730	106941	421702
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.)						421702

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	12982	11178	168871	121730	106941	421702
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85	16	23	22	11	157
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.)	13067	11194	168894	121752	106952	421859
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.9 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.9 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	.01 %
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

[illegible]

D/B/A WICC HOLIDAY FUND FOR CHILDREN
 FOR THE TAX YEAR 7/1/12 THRU 6/30/13
 BANK OF AMERICA MONEY MARKET ACCOUNT #0070126866

BALANCE FORWARD AS OF 6/30/12: \$25,049.06

DATE	CHK#	PAYEE	DONATIONS	DISBURSED	TRANS OUT	INTEREST	PD DONATN	SER CHG
2012								
7/10/12		Trans First fees		-\$5 00				-\$5 00
7/13/12			\$1,510 00	\$0 00				
7/17/12		Transfer to Checking		\$0 00	\$6,000 00			
7/24/12			\$1,500 00	\$0 00				
7/31/12		Interest		\$0 00		\$1 57		
7/31/12		Click & Pledge donations	\$260 00	\$0 00				
8/3/12		Transfer to Checking		\$0 00	\$7,500 00			
8/10/12		Trans First fees		-\$19 38				-\$19 38
8/13/12			\$2,500 00	\$0 00				
8/17/12			\$1,112 50	\$0 00				
8/29/12			\$600 00	\$0 00				
8/31/12				\$0 00		\$1 19		
8/1-8/31		Click & Pledge donations	\$610 00	\$0 00				
		Trans First fees		-\$39 76				-\$39 76
9/10/12			\$3,720 00	\$0 00				
9/19/12		Transfer to Checking		\$0 00	\$3,000 00			
9/24/12			\$1,077 50	\$0 00				
9/28/12		Interest		\$0 00		\$1 37		
10/10/12		Trans First fees		-\$5 00				-\$5 00
10/19/12			\$2,500 00	\$0 00				
10/31/12		Interest		\$0 00		\$1 01		
11/13/12			\$2,500 00	\$0 00				
11/13/12			\$500 00	\$0 00				
11/13/12		Trans First fees		-\$5 00				-\$5 00
11/16/12			\$3,015 00	\$0 00				
11/20/12		Transfer to Checking		\$0 00	\$15,000 00			
11/26/12			\$1,750 00	\$0 00				
11/30/12			\$3,500 00	\$0 00				
11/30/12		Interest		\$0 00		\$0 71		
11/30/12		Items Deposited Fee		-\$0 50				-\$0 50
12/06/12		Transfer to Checking		\$0 00	\$15,000 00			
12/06/12			\$62,025 00	\$0 00				
12/07/12		Transfer to Checking		\$0 00	\$45,000 00			
12/10/12		Trans First fees		-\$5 00				-\$5 00
12/10/12			\$2,000 00	\$0 00				
12/14/12			\$1,530 00	\$0 00				
12/19/12			\$3,195 00	\$0 00				
12/21/12		Transfer to Checking		\$0 00	\$8,000 00			
12/24/12			\$5,090 00	\$0 00				
12/31/12		Interest		\$0 00		\$0 69		
12/31/12		Items Deposited Fee		-\$16 50				-\$16 50
12/31/12			\$4,686 00	\$0 00				
2013				\$0 00				
01/10/13		Trans First fees		-\$5 00				-\$5 00
01/14/13			\$342 28	\$0 00				
01/22/13				\$0 00	\$5,000 00			
01/31/13		Interest	\$200 00	\$0 00		\$0 99		
01/31/13				\$0 00				
02/15/13		Transfer to Checking		\$0 00	\$5,000 00			
02/25/13			\$1,117 50	\$0 00				
02/11/13		Trans First fees		-\$5 00				-\$5 00
02/28/13		Interest		\$0 00		\$0 73		
03/11/13		Trans First fees		-\$5 00				-\$5 00
03/29/13		Interest		\$0 00		\$0 76		
04/10/13		Trans First fees		-\$5 00				-\$5 00
04/30/13		Interest		\$0 00		\$0 73		
05/10/13		Trans First fees increased 4/1/13		-\$20 00				-\$20 00
05/31/13		Interest		\$0 00		\$0 76		
06/07/13			\$100 00	\$0 00				
06/10/13		Trans First fees		-\$20 00				-\$20 00
06/28/13				\$0 00		\$0 73		
			\$106,940.78	-\$156 14	\$109,500 00	\$11 24	\$0 00	-\$156 14
		BALANCE:	\$22,344.94					

BANK OF AMERICA CHECKING ACCOUNT #385010489569

\$1,422 07

				Regular	FEED THE	CHRISTMAS	BACKPACK	Toys & Misc	Service			
DATE	CHK#	PAYEE	AMOUNT	TRANS IN	DONATIONS	FAMILIES	WISHES	GIVEBACK	Purchases	Charges	Admin	Supplies
2012												
7/16	1067	X Bndgeport American Legion Baseball	\$500 00		\$500 00							
7/17		Transfer from MoneyMarket	\$0 00	\$8,000 00								
7/17	ATM	X Walmart - Back Pack Supplies	\$2,509 89					\$2,509 89				
7/17	ATM	X Walmart - Back Pack Supplies	\$431 74					\$431 74				
7/19	ATM	X Walmart - Back Pack Supplies	\$233 39					\$233 39				
7/23	1068	X Trumbull Police Union Local 1745	\$150 00		\$150 00							
7/23	1069	X Bndgeport CT Police Union Local 1159	\$150 00		\$150 00							
7/23	1070	X Ansonia Police Union Local 913	\$150 00		\$150 00							
7/23	1071	X Pyramid Shnnners	\$150 00		\$150 00							
7/23	1072	X New Haven Home Recovery	\$100 00		\$100 00							
7/23	1073	X Alpha Community Services YMCA	\$250 00		\$250 00							
7/24	ATM	X Walmart - Back Pack Supplies	\$224 00					\$224 00				
7/19		X New checks fee	\$20 00									\$20 00
8/3		Transfer from MoneyMarket	\$0 00	\$7,500 00								
8/3	1074	X Uniformz LLC - Backpacks	\$8,568 00					\$8,568 00				
9/18	1075	X CT Burns Care Foundation	\$500 00		\$500 00							
9/19		Transfer from MoneyMarket	\$0 00	\$3,000 00								
9/20	1076	X Amencan Diabetes	\$1,000 00		\$1,000 00							
9/21	ATM	X Secretary of State of CT	\$50 00								\$50 00	
9/21	ATM	X Secretary of State of CT	\$50 00								\$50 00	
9/28		Service Charge	\$15 00							\$15 00		
10/12	1077	X The Kennedy Center	\$1,000 00		\$1,000 00							
10/23	ATM	Cr Adjustment on 9/24 Sec of State paid twice	-\$50 00								-\$50 00	
10/23		Service Charge Refund	-\$15 00							-\$15 00		
10/23		Service Charge Refund	-\$15 00							-\$15 00		
11/20		Transfer from MoneyMarket	\$0 00	\$15,000 00								
11/20	1078	X Bndgeport Rescue Mission	\$7,000 00			\$7,000 00						
11/30	1079	X Bndgeport P A L - Chrstmas Village	\$150 00		\$150 00							
11/30	1080	X Bndgeport Chargers	\$500 00		\$500 00							
11/30		Service Charge	\$15 00							\$15 00		
12/6		Transfer from MoneyMarket	\$0 00	\$15,000 00								
12/6	CC	X Garroe Surplus - Empire Discount - Toys & Games	\$10,547 00						\$10,547 00			
12/6	CC	X Garroe Surplus - Empire Discount - Toys & Games	\$506 12						\$506 12			
12/6	CC	X Dollar Days - Gloves & Hats	\$3,978 45						\$3,978 45			
12/7	1081	X St Vincent's Special Needs - Chrstmas Gifs	\$5,000 00	\$45,000 00	\$5,000 00							
12/7	1082	X Swim Across The Sound - Chrstmas Gifts	\$5,000 00		\$5,000 00							
12/7	1083	X St Vincent's Behavioral Health Services-Hall-Brooke-gifts	\$5,000 00		\$5,000 00							
12/7	ATM	X UHAUL - Toy boxes	\$19 94									\$19 94
12/10	ATM	X TOYS R US	\$3,217 54						\$3,217 54			
12/10	ATM	X TOYS R US	\$256 06						\$256 06			
12/10	ATM	X TOYS R US	\$1 049 26						\$1,049 26			
12/10	ATM	X TOYS R US	\$2 387 34						\$2 387 34			
12/11	ATM	X Walmart - Toys for Chrstmas Village	\$378 36						\$378 36			
12/11	ATM	X Walmart - Toys for Chrstmas Village	\$1,414 03						\$1,414 03			
12/12	1084	X Al's Angels, Inc	\$1,000 00		\$1,000 00							
12/12	1085	X Tabernacle of The Holy Spint	\$500 00		\$500 00							
12/12	1086	X Boys & Girls Village	\$500 00		\$500 00							
12/12	1087	X King's Pantry	\$500 00		\$500 00							
12/12	1088	X Room To Grow Preschool - Norwalk	\$500 00		\$500 00							
12/12	1089	X Career Resources	\$1,500 00		\$1,500 00							
12/12	1090	X The Open Door Shelter	\$500 00		\$500 00							
12/12	1091	X ABCD - Bassick Head Start Program	\$250 00		\$250 00							
12/12	1092	X The YMCA Bndgeport	\$750 00		\$750 00							
12/12	1093	X The Pilot House	\$500 00		\$500 00							
12/12	1094	X New Haven Home Recovery	\$1,000 00		\$1,000 00							
12/12	1095	X Burroughs Community Center	\$500 00		\$500 00							
12/12	1096	X Emmanuel Cathedral, Inc	\$600 00		\$600 00							
12/12	1097	X Kids in Crnsis	\$500 00		\$500 00							
12/12	1098	X Connecticut Hospice	\$250 00		\$250 00							
12/12	1099	X The Cardinal Shehan Center	\$1,000 00		\$1,000 00							
12/15	ATM	X Walgreens - Santa Hats for Christmas visits	\$28 62									\$28 62
12/17	ATM	X Walmart - Gift Certificates - Kelly Uberti Wish # 11	\$504 94				\$504 94		\$504 94			
12/17	ATM	X Walmart - Gift Certificates - Vanessa Lane Wish #5	\$504 94				\$504 94		\$504 94			
12/17	ATM	X Walmart - Gift Certificates - Knstina Nieves Wish # 4	\$504 94				\$504 94		\$504 94			
12/17	ATM	X Walmart - Gift Certificates - Velda Rossillo Wish #6	\$504 94				\$504 94		\$504 94			
12/17	ATM	X Walmart - Gift Certificates - Talya Netto Wish # 2	\$504 94				\$504 94		\$504 94			
12/17	ATM	X Walmart - Gift Certificates Wish # 2 & George Vogt #9	\$210 88				\$210 88					
12/18	1100	X Bngeport Learning Center	\$750 00		\$750 00							
12/19	1101	X McGivney Community Center	\$500 00		\$500 00							
12/19	1102	X My Sandy Hook Family Fund	\$10,000 00		\$10,000 00							
12/19	1103	X Chase Bank - Cathy DiMenno Xmas Wish #7	\$500 00				\$500 00					
12/19	1104	X Cashway Oil Co - for Angela Kimaytis Wish # 8	\$500 00				\$500 00					
12/19	1105	X M O R E Diane Conca - Wish #1	\$500 00				\$500 00					
12/20	1106	X Nicole Bella - Wish #3	\$500 00				\$500 00					
12/20	1107	X Jacey Haskell - Wish #13	\$900 00				\$900 00					
12/21	1108	X Bndgeport Rescue Mission	\$5,000 00			\$5,000 00						
12/21		Transfer from MoneyMarket	\$0 00	\$8 000 00								
12/21	ATM	X Walmart - Gift Certificates Kelly Uberti Wish # 11	\$504 94				\$504 94		\$504 94			
12/21	ATM	X Walmart - Gift Certificates Kelly Uberti Wish # 11	\$504 94				\$504 94		\$504 94			
12/24	1109	X Target - Gift Card Wish #12 Danielle Malkin	\$900 00				\$900 00		\$900 00			
12/24	ATM	X Pilgram Furniture - Wish #14	\$1 000 00				\$1,000 00					
2013												
1/14	1110	X Daughters of Chanty - Food bank	\$500 00		\$500 00							
1/21	1111	X We Transport - Lighthouse Program-Christmas Village buses	\$3,915 00						\$3,915 00			
1/22	1112	X Stratford Police Union Local #407-Safety Coloring Books	\$150 00		\$150 00							
1/22		Transfer from MoneyMarket	\$0 00	\$5,000 00								
2/1	1113	X Waklee Memorial Funeral Home-Wargo/Koundry funeral	\$2,000 00		\$2,000 00							
2/5	1114	X Center for Cancer Research	\$150 00		\$150 00							
2/6	1115	X CT Children's Medical Center	\$250 00		\$250 00							
2/7	1116	X Multicultural Magnet School - Disney Tnp	\$500 00		\$500 00							
2/15			\$0 00	\$5,000 00								
3/14	1117	X ST James School - Student Fund	\$250 00		\$250 00							
3/14	1118	X The Lighthouse Program	\$150 00		\$150 00							
3/14	1119	X CT HOBY	\$100 00		\$100 00							
6/10	1120	X Augusta Lewis Troup School	\$500 00		\$500 00							
6/25	1121	X King's Pantry - Restoration	\$500 00		\$500 00							
6/28	1122	X Bndgeport P A L - Chrstmas Village Lighthouse Program	\$1,000 00		\$1,000 00							
			\$107,528 20	\$109,500 00	\$47,250 00	\$12,000 00	\$8,545 46	\$11,967 02	\$27,647 16	\$0 00	\$50 00	\$68 56
BALANCE			\$3,393 87									

\$3,393 87

BOARD OF DIRECTORS
AS OF 12/17/12

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

(203) 366-6000
FED ID#237156990

OFFICERS AND DIRECTORS

<u>TITLE</u>	<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>RESIDENCE ADDRESS</u>	<u>E-MAIL</u>
<u>PRESIDENT</u>	MICHAEL BELLAMY	X 2 LAFAYETTE SQUARE 7th FL BRIDGEPORT, CT. 06604	275 STODDARD RD WATERBURY, CT 06708	mikebellamy@cumulus.com
<u>VICE PRESIDENT</u>	DANIEL MANGINI	X 2 LAFAYETTE SQUARE 7th FL BRIDGEPORT, CT. 06604	39 IVES STREET, UNIT 105 HAMDEN, CT 06518	dannylynons@cumulus.com
<u>TREASURER</u>	DEIRDRE YOUNG	X 2 LAFAYETTE SQUARE 7th FL BRIDGEPORT, CT. 06604	1700 BROADBRIDGE AVE B-28 STRATFORD, CT. 06614	dee.young@cumulus.com
<u>SECRETARY</u>	CHRISTOPHER MANCINI	X 2 LAFAYETTE SQUARE 7th FL BRIDGEPORT, CT. 06604	26 ARNOLD STREET WATERBURY, CT 06708	chris.mancini@cumulu.com
<u>DIRECTOR</u>	ALISSA BALOUSKUS	2 LAFAYETTE SQUARE 7th FL BRIDGEPORT, CT. 06604	194 GULF ST, #205 MILFORD, CT 06460	alissa.balouskus@cumulus.com
<u>DIRECTOR</u>	ANTHONY GUARINO	2 LAFAYETTE SQUARE 7th FL BRIDGEPORT, CT. 06604	566 NEWFIELD AVE STAMFORD, CT 06905	tony@wicc600.com tony.reno@cumulus.com
<u>DIRECTOR</u>	JOHN ADDEO	2 LAFAYETTE SQUARE 7th FL BRIDGEPORT, CT. 06604	1773 LITCHFIELD TURNPIKE WOODBIDGE, CT 06525	jm.buchanan@cumulus.com

X DIRECTOR ALSO

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

TOYS FOR HOSPITAL TOTS, INC

Employer identification number

23-7156990

OTHER EXPENSES LINE 16: 275

ANNUAL REPORT FEE, POSTAGE, BANK FEES, SUPPLIES