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

FOUNDED IN 2001, BABY BUGGY'S MISSION IS TO PROVIDE FAMILIES IN NEED WITH ESSENTIAL GEAR, CLOTHING, PRODUCTS AND SERVICES FOR CHILDREN 0 THROUGH 12 WITH THE GOAL OF IMPROVING THEIR SAFETY, HEALTH AND WELL-BEING

**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



















4a	(Code ) (Expenses \$ 4,321,606 including grants of \$ 3,477,593 ) (Revenue \$ )
	<p>BABY BUGGY PROVIDES DONATIONS OF GOODS TO LOW-INCOME FAMILIES ENROLLED IN VARIOUS PROGRAMS ACROSS NEW YORK CITY, LOS ANGELES AND A FEW OTHER SELECT LOCATIONS. DONATIONS ARE PAIRED WITH PROGRAMS THAT PROVIDE FAMILIES WITH CASE MANAGEMENT, COUNSELING, ADVOCACY, FINANCIAL LITERACY, JOB READINESS AND PARENTING WORKSHOPS, AS WELL AS CRISIS INTERVENTION WHEN NECESSARY. THE SITES THAT ARE SERVED RANGE FROM CRISIS INTERVENTION, WHICH ARE SITES THAT PROVIDE PARENTS WHO ARE AT RISK OF LOSING CUSTODY OF THEIR CHILDREN DUE TO LOSS OF WORK, HOMELESSNESS, ETC., EDUCATION PROGRAMS THAT SERVE ENTIRE FAMILIES LIVING IN POVERTY SUCH AS HEAD START AND EARLY HEAD START SITES, HEALTH PROGRAMS OFFERED IN AFFILIATION WITH MATERNAL HEALTH, NICU AND LABOR/DELIVERY DEPARTMENTS IN HOSPITALS AND THE NURSE-FAMILY PARTNERSHIP (NFP), DOMESTIC VIOLENCE SHELTERS THAT PROVIDE MOTHERS AND THEIR CHILDREN WITH SUPPORT, COUNSELING AND LIFE SKILLS, AS WELL AS FATHERHOOD PROGRAMS THAT ENABLE FATHERS, CUSTODIAL AND NON-CUSTODIAL, WITH THE TOOLS THEY NEED TO EMBRACE FATHERHOOD AND THE RESPONSIBILITIES THAT ACCOMPANY IT SO THESE FATHERS CAN KEEP THEIR CHILDREN SAFE AND HEALTHY.</p>

[illegible]


<b>4e</b>	<b>Total program service expenses</b>	<b>4,321,606</b>
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Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> 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> 	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> 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>		No
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>		No
<b>5</b> 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>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> 		No
<b>7</b> 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> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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> 		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
<b>11</b> 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		
<b>a</b> 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> 	Yes	
<b>b</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> 		No
<b>c</b> 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> 		No
<b>d</b> 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> 		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 		No
<b>f</b> 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> 	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
<b>b</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 and XII is optional</i> 		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> 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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> 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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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> 		No
<b>18</b> 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> 	Yes	
<b>19</b> 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> 		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
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 made these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
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 (212) 736-1130

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 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) CLAUDIA FLEMING BITAR DIRECTOR	2 00	X						0	0	0
(2) JENNIFER CARLSTON DIRECTOR	2 00	X						0	0	0
(3) MINDY DEHNERT DIRECTOR	2 00	X						0	0	0
(4) DANIELLE DEVINE DIRECTOR	2 00	X						0	0	0
(5) STACEY BENDET EISNER DIRECTOR	2 00	X						0	0	0
(6) JENNIFER FRANKLIN DIRECTOR, SECRETARY	2 00	X		X				0	0	0
(7) STEFANI GREENFIELD DIRECTOR	2 00	X						0	0	0
(8) JENNIFER JAMES DIRECTOR	2 00	X						0	0	0
(9) JENNIFER KOEN DIRECTOR	2 00	X						0	0	0
(10) MICHELLE MYERS DIRECTOR	2 00	X						0	0	0
(11) MICHAEL NISSAN DIRECTOR	2 00	X						0	0	0
(12) ERICA REID DIRECTOR	2 00	X						0	0	0
(13) LISA SECCIA DIRECTOR	2 00	X						0	0	0
(14) JESSICA SEINFELD DIRECTOR, PRESIDENT	15 00	X		X				0	0	0
(15) ARI SHALAM DIRECTOR	2 00	X						0	0	0
(16) MICHAEL TIEDEMANN DIRECTOR, TREASURER	2 00	X		X				0	0	0
(17) CARLO BRONZINI VENDER DIRECTOR	2 00	X						0	0	0

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	275,484	0	22,608

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 2

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For 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> . . . . .	<b>4</b>	Yes
<b>5</b>	Did 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> . . . . .	<b>5</b>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

			(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	314,560		
	d	Related organizations . . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,860,436		
	g	Noncash contributions included in lines 1a-1f \$		3,151,894		
	h	Total. Add lines 1a-1f . . . . .		4,174,996		
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) . . . . .	54,716		
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) . . . . .				
8a		Gross income from fundraising events (not including \$ 314,560 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	84,576		
b		Less direct expenses . . . . .	b	84,576		
c		Net income or (loss) from fundraising events . .		0		
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from gaming activities . .				
10a		Gross sales of inventory, less returns and allowances .	a			
b		Less cost of goods sold . . . . .	b			
c		Net income or (loss) from sales of inventory . .				
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .					
12	Total revenue. See Instructions . . . . .		4,229,712	0	0	54,716

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).

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

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 United States. See Part IV, line 21.	3,477,593	3,477,593		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	189,608	93,673	58,013	37,922
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.	592,245	425,574	53,196	113,475
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	51,237	39,484	2,127	9,626
10	Payroll taxes.	61,424	41,305	8,351	11,768
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	11,049	1,168	9,881	
c	Accounting.	50,190	5,304	44,886	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	112,339	11,871	100,468	
12	Advertising and promotion.	5,482	579	4,903	
13	Office expenses.	15,288	10,280	2,078	2,930
14	Information technology.				
15	Royalties.				
16	Occupancy.	139,125	131,239	3,248	4,638
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.	1,300		1,300	
23	Insurance.	8,883	6,040	1,244	1,599
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PRINTING	33,112	22,266	4,502	6,344
b	POSTAGE AND DELIVERY	32,105	21,589	4,365	6,151
c	BANK FEES AND RELATED C	30,168	12,700	16,761	707
d	REPAIR AND MAINTENANCE	17,750	11,936	2,413	3,401
e	All other expenses	13,392	9,005	1,821	2,566
25	Total functional expenses. Add lines 1 through 24e.	4,842,290	4,321,606	319,557	201,127
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,298,754	1	763,310
	2	Savings and temporary cash investments . . . . .			1,645,469	2	1,769,827
	3	Pledges and grants receivable, net . . . . .			360,741	3	124,510
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other 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) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			638,785	8	491,887
	9	Prepaid expenses and deferred charges . . . . .			19,441	9	33,572
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	21,219	1,860	10c	2,130
	b	Less accumulated depreciation . . . . .	10b	19,089			
	11	Investments—publicly traded securities . . . . .				11	99,465
	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 . . . . .				15	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			3,965,050	16	3,284,701	
Liabilities	17	Accounts payable and accrued expenses . . . . .			53,718	17	38,964
	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	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			53,718	26	38,964
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			3,469,382	27	2,762,123
	28	Temporarily restricted net assets . . . . .			441,950	28	483,614
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .			3,911,332	33	3,245,737
	34	Total liabilities and net assets/fund balances . . . . .			3,965,050	34	3,284,701

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	4,229,712
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,842,290
3	Revenue less expenses Subtract line 2 from line 1	3	-612,578
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,911,332
5	Net unrealized gains (losses) on investments	5	-6,684
6	Donated services and use of facilities	6	-46,333
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,245,737

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	
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
3b	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

2012

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 - 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?

(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 monetary 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) 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 ")	5,718,837	2,757,101	3,199,440	4,394,948	4,174,996	20,245,322
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	5,718,837	2,757,101	3,199,440	4,394,948	4,174,996	20,245,322
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)						688,650
6 Public support. Subtract line 5 from line 4						19,556,672

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	5,718,837	2,757,101	3,199,440	4,394,948	4,174,996	20,245,322
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	149,097	81,838	90,625	75,786	54,716	452,062
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	<b>Total support</b> (Add lines 7 through 10)						20,697,384
12	Gross receipts from related activities, etc (see instructions)					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94 490 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	96 210 %
16a	<b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
b	<b>33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a	<b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport 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.")						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
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 ▶		
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 ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization THE BABY BUGGY INC	Employer identification number  31-1777082
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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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

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

3

Using the organization's acquisition, 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(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 . . . . .		21,219	19,089	2,130
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,130

Schedule D (Form 990) 2012



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	4,335,071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-6,684
b	Donated services and use of facilities . . . . .	2b	112,043
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	105,359
3	Subtract line 2e from line 1 . . . . .	3	4,229,712
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	4,229,712

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	5,000,666
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	158,376
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	158,376
3	Subtract line 2e from line 1 . . . . .	3	4,842,290
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 XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	4,842,290

Part XIII

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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. THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED DECEMBER 31, 2012. HOWEVER, THE ORGANIZATION MAY BE SUBJECT TO AUDIT BY TAX AUTHORITIES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. MANAGEMENT BELIEVES THAT ITS NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION. SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, THE ORGANIZATION WOULD CLASSIFY IT AS "INTEREST EXPENSE." THE ORGANIZATION WOULD CLASSIFY PENALTIES IN CONNECTION WITH UNDERPAYMENTS OF TAX AS "OTHER EXPENSE." THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE UNITED STATES FEDERAL AND NEW YORK STATE JURISDICTIONS. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE INTERNAL REVENUE SERVICE OR NEW YORK STATE FOR RETURNS FILED BEFORE 2009.

31-1777082

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BEDTIME BASH (event type)	NYC MARATHON (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	367,539	31,597	399,136
	2	Less Contributions . . . .	289,461	25,099	314,560
	3	Gross income (line 1 minus line 2) . . . .	78,078	6,498	84,576
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . . .			
	6	Rent/facility costs . . . .	14,280		14,280
	7	Food and beverages . . . .	35,250		35,250
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	28,548	6,498	35,046
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			
					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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
Direct Expenses	6	Volunteer labor . . . . .			
	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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Enter 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 of the third party

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 Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

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? . . . . .

☒ Yes ☐ No

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. Part II can be duplicated if additional space is needed.

(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 listed in the line 1 table . . . . .

57

3

Enter total number of other organizations listed in the line 1 table . . . . .

**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.  
Part III can be duplicated 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, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 BABY BUGGY REQUIRES EXISTING SITES TO SUBMIT APPLICATIONS FOR RENEWALS EACH YEAR THOSE THAT NO LONGER MEET BABY BUGGY'S CRITERIA ARE NOT RENEWED IN ADDITION, BABY BUGGY INVITES APPROXIMATELY 5 NEW SITES TO APPLY TO BECOME PART OF THE NETWORK EACH YEAR PART OF THE APPLICATION PROCESS INVOLVES A SITE VISIT BY A BABY BUGGY PROGRAM STAFF MEMBER AND THE EXECUTIVE DIRECTOR ONCE AN APPLICATION IS ACCEPTED, BABY BUGGY SENDS A SITE A STANDARD MONTHLY REQUEST FORM FOR DONATIONS SITES FILL IN THESE FORMS BASED ON THEIR CLIENTS' NEEDS, BABY BUGGY FILLS DONATIONS BASED ON THESE NEEDS BABY BUGGY SENDS PACKING SLIPS ALONG WITH EACH DONATION, WHICH MUST BE FILLED OUT BY THE SITES UPON RECEIPT BABY BUGGY'S PROGRAM TEAM AND STATS MANAGER INPUT DONATION AMOUNTS INTO THE DATABASE TO TRACK WHAT SITES RECEIVE EACH MONTH THE TEAM REVIEWS THIS DATA REGULARLY TO ENSURE THAT THERE ARE NO OUTLIERS AND TO DETERMINE CHANGES/TRENDS IN SITES' NEEDS

Additional Data								Return to Form
Software ID: <div>Software Version: <div>EIN: 31-1777082</div>Name: THE BABY BUGGY INC</div>								
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	
BAYLOR COLLEGE OF MEDICINE TEEN HEALTH CLINIC8111 LAWN STREET HOUSTON, TX 77088	74-1613878	501 (C) 3		13,604	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
BED STUY FAMILY HEALTH CENTER1413 FULTON STREET BROOKLYN, NY 11216	11-2412205	501 (C) 3		19,150	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
BIENVENIDOS CHILDREN'S CENTER INC205 E PALM STREET ALTADENA, CA 91001	95-4042883	501 (C) 3		10,443	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
BOTTOMLESS CLOSET15 PENN PLAZA NEW YORK, NY 10001	13-4037622	501 (C) 3		11,754	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
BRONXWORKS60 E TREMONT AVE BRONX, NY 10453	13-3254484	501 (C) 3		6,420	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
BROOKLYN COMPREHENSIVE PERINATAL CARE COUNCIL INC30 3RD AVENUE ROOM 618 BROOKLYN, NY 11217	13-3428222	501 (C) 3		10,946	REPLACEMENT COST	ASSORTED CHILDREN'S 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		12,456	REPLACEMENT COST	ASSORTED CHILDREN'S 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		171,472	REPLACEMENT COST	ASSORTED CHILDREN'S 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		14,622	REPLACEMENT COST	ASSORTED CHILDREN'S 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		11,230	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
CHILDREN'S INSTITUTE INC2121 W TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501 (C) 3		70,517	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
COMMITTEE FOR EARLY CHILDHOOD DEVELOPMENT DAY CARE CENTER INC193-04 JAMAICA AVENUE HOLLIS, NY 11423	11-2343437	501 (C) 3		8,745	REPLACEMENT COST	ASSORTED CHILDREN'S 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		99,129	REPLACEMENT COST	ASSORTED CHILDREN'S 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		294,230	REPLACEMENT COST	ASSORTED CHILDREN'S 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		20,913	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
EPISCOPAL SOCIAL SERVICES OF NEW YORK 305 7TH AVENUE NEW YORK, NY 10001	13-3709095	501 (C) 3		93,397	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
FAMILY HOPEPO BOX 94077 PASADENA, CA 91107	95-4451243	501 (C) 3		13,850	REPLACEMENT COST	ASSORTED CHILDREN'S 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		127,202	REPLACEMENT COST	ASSORTED CHILDREN'S 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		110,541	REPLACEMENT COST	ASSORTED CHILDREN'S 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		111,913	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
HOSPITAL AUDIENCES INC 548 BROADWAY NEW YORK, NY 10012	13-6277895	501 (C) 3		6,143	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
HUDSON PERINATAL CONSORTIUM242 10TH STREET JERSEY CITY, NJ 07302	22-3205376	501 (C) 3		26,210	REPLACEMENT COST	ASSORTED CHILDREN'S 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		17,453	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
LA FAMILY HOUSING7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	95-3920560	501 (C) 3		12,961	REPLACEMENT COST	ASSORTED CHILDREN'S 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		5,065	REPLACEMENT COST	ASSORTED CHILDREN'S 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		10,709	REPLACEMENT COST	ASSORTED CHILDREN'S 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		147,389	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
MANHATTAN SCHOOL FOR CHILDREN154 WEST 93RD STREET NEW YORK, NY 10025	06-1081232	PUBLIC SCHOOL		7,595	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
MORRIS HEIGHTS HEALTH CENTER INC10 WEST BURNSIDE AVENUE BRONX, NY 10453		501 (C) 3		12,648	REPLACEMENT COST	ASSORTED CHILDREN'S 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		31,110	REPLACEMENT COST	ASSORTED CHILDREN'S 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		60,209	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION160 WATER STREET 6TH FLOOR NEW YORK, NY 10038	13-2655001	501 (C) 3		289,721	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
NEW YORK FOUNDLING HOSPITALS90 AVENUE OF THE AMERICAS NEW YORK, NY 10011	13-1624123	501 (C) 3		28,227	REPLACEMENT COST	ASSORTED CHILDREN'S 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		30,329	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
NYS OFFICE OF CHILDREN & FAMILY SERVICES80 MAIDEN LANE NEW YORK, NY 10038		GOVT AGENCY		9,299	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
NYS OFFICE OF CORRECTIONAL SERVICES 247 HARRIS ROAD BEDFORD HILLS, NY 10507		GOVT AGENCY		5,347	REPLACEMENT COST	ASSORTED CHILDREN'S 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		7,268	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
PUBLIC HEALTH SOLUTIONS1240 CHURCH STREET NEW YORK, NY 10013	13-5669201	501 (C) 3		39,484	REPLACEMENT COST	ASSORTED CHILDREN'S 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		28,754	REPLACEMENT COST	ASSORTED CHILDREN'S 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		22,089	REPLACEMENT COST	ASSORTED CHILDREN'S 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		31,650	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
RIVERFUND INC11155 ROSELAND ROAD UNIT 16 SEBASTIAN, FL 32958	59-3212877	501 (C) 3		117,154	REPLACEMENT COST	ASSORTED CHILDREN'S 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		266,847	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
SAFE SPACE89-74 162 STREET JAMAICA, NY 11432	11-1711014	501 (C) 3		5,094	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
SCO FAMILY OF SERVICES1 ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501 (C) 3		174,608	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
SOUTH JAMAICA CENTER FOR CHILDREN & PARENTS 157-11 LINDEN BLVD JAMAICA, NY 11434	51-0179375	501 (C) 3		46,504	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
ST JOHN'S BREAD & LIFE 795 LEXINGTON AVE BROOKLYN, NY 11221	11-3174514	501 (C) 3		10,642	REPLACEMENT COST	ASSORTED CHILDREN'S 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		13,756	REPLACEMENT COST	ASSORTED CHILDREN'S 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		34,333	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
THE CHILDREN'S RESCUE FUND100 SOUTH BEDORE ROAD MR KISCO, NY 10549	13-3486829	501 (C) 3		15,467	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
THE FAMILY CENTER315 W 36TH STREET NEW YORK, NY 10018	13-3910716	501 (C) 3		8,594	REPLACEMENT COST	ASSORTED CHILDREN'S 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		122,189	REPLACEMENT COST	ASSORTED CHILDREN'S 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		11,487	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED	
UNITED STATES CATHOLIC CONFERENCE LITTLE SISTERS ASSUMPTN FAM HLTH SRVS333 E 115TH STREET NEW YORK, NY 10029	13-2867881	501 (C) 3		270,234	REPLACEMENT COST	ASSORTED CHILDREN'S 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		28,744	REPLACEMENT COST	ASSORTED CHILDREN'S 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		243,253	REPLACEMENT COST	ASSORTED CHILDREN'S 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		46,492	REPLACEMENT COST	ASSORTED CHILDREN'S 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

2012

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					
	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use				
	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence				
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees				
	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)				
b	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 of the expenses described above? If "No," complete Part III to explain				1b	
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?				2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract				
	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study				
	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?				4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?				4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	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?				5a	No
b	Any related organization?				5b	No
	If "Yes," to line 5a or 5b, describe in Part III					
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?				6a	No
b	Any related organization?				6b	No
	If "Yes," to line 6a or 6b, describe in Part III					
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				7	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?				9	

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE E SNIDER EXECUTIVE DIRECTOR	(i)	153,252	6,000	0	0	22,608	181,860	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 3	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.

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►Complete if the organizations 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 noncash 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		3,151,894	COMPARATIVE VALUE METHOD
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
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? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

No

No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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

**2012**

**Open to Public  
Inspection**

Name of the organization THE BABY BUGGY INC	<b>Employer identification number</b>  31-1777082
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	IN 2012 OVER 2,000 FAMILIES IN THE BABY BUGGY NETWORK WERE DISPLACED BY HURRICANE SANDY SITES THAT WE SERVE, INCLUDING NURSE-FAMILY PARTNERSHIP SITES IN STATEN ISLAND AND NEW JERSEY, AND EARLY HEAD START SITES IN THE ROCKAWAYS AND CONEY ISLAND WERE CLOSED AND/OR DESTROYED DUE TO THE STORM BABY BUGGY MOBILIZED QUICKLY AND DELIVERED TRUCKS FULL OF FOOD, WARM CLOTHING, DIAPERS, SPACE HEATERS AND MORE TO DISTRIBUTE TO YOUNG FAMILIES WHO WERE ALREADY UNDER GREAT STRESS THE WORK OF SUPPORTING THESE FAMILIES DURING THIS PERIOD OF RECOVERY CONTINUES INTO 2013

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 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 6	BABY BUGGY'S CERTIFICATE AND BY-LAWS PROVIDE FOR 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	BABY BUGGY'S CERTIFICATE AND BY-LAWS PROVIDE FOR 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 COMPLETED FORM 990 IS 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 RECIVES 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 15A	THE HR COMMITTEE OF THE BOARD REVIEWS THE SALARY AND PERFORMANCE OF 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 BEGINNING OF THE NEXT 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 STAFF'S SALARIES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	BABY BUGGY'S FINANCIAL STATEMENTS FROM THE LAST FIVE YEARS AND ITS FORMS 990 SINCE 2001 CAN BE FOUND ON ITS WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR