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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
THE BABY BUGGY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
306 W 37TH STREET 8TH FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
NEW YORK, NY 10018

F Name and address of principal officer  
KATHERINE SNIDER  
306 W 37TH STREET 8TH FLOOR  
NEW YORK, NY 10018

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) ( )

☐ (Insert no )

☐ 4947(a)(1) or☐ 527

J Website: WWW BABYBUGGY ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation 2001

M State of legal domicile DE

Part I

Summary

Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>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 WORKING THROUGH A NETWORK OF 70 ANTI-POVERTY PROGRAMS ACROSS THE COUNTRY, BABY BUGGY HAS DONATED OVER 6 7 MILLION ITEMS TO HUNDREDS OF THOUSANDS OF FAMILIES IN NEED IN 2013, BABY BUGGY MADE DONATIONS TO PROGRAMS IN 14 CITIES BALTIMORE, CHICAGO, DALLAS, DETROIT, HOUSTON, LAS VEGAS, LOS ANGELES, MIAMI, NEW YORK, SAN FRANCISCO, SEATTLE, AS WELL AS JERSEY CITY, EAST ORANGE AND PATTERSON, NJ VOLUNTEERS LOGGED IN OVER 10,000 HOURS TO HELP THE ORGANIZATION SORT, MEND AND BUNDLE DONATIONS</div> <div></div> <div></div> <div></div>							
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>							
	3	Number of voting members of the governing body (Part VI, line 1a)		3	20			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20			
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	14			
	6	Total number of volunteers (estimate if necessary)		6	5,066			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0			
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0			
Revenue	8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
	9	Program service revenue (Part VIII, line 2g)		4,174,996		6,889,796		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0		0		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,716		40,485		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0		0		
	12			4,229,712		6,930,281		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		3,477,593		5,592,108		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0		0		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		894,514		958,577		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		0		
	b	Total fundraising expenses (Part IX, column (D), line 25) <div>198,280</div>						
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		470,183		823,123		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		4,842,290		7,373,808		
	19	Revenue less expenses Subtract line 18 from line 12		-612,578		-443,527		
Net Assets or Fund Balances				Beginning of Current Year		End of Year		
	20	Total assets (Part X, line 16)		3,284,701		2,874,261		
	21	Total liabilities (Part X, line 26)		38,964		57,589		
	22	Net assets or fund balances Subtract line 21 from line 20		3,245,737		2,816,672		

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

KATHERINE SNIDER EXECUTIVE DIRECTOR

Type or print name and title

2014-08-11

Date

Paid Preparer Use Only

Print/Type preparer's name  
MARC TAUB CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN  
P00236664

Firm's name

MBAF CPAS LLC

Firm's EIN

13-3842744

Firm's address

440 PARK AVE SOUTH-5TH FL

NEW YORK, NY 10016

Phone no

(212) 576-1400

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Check if Schedule O contains a response or note to any line 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. WORKING THROUGH A NETWORK OF 70 ANTI-POVERTY PROGRAMS ACROSS THE COUNTRY, BABY BUGGY HAS DONATED OVER 6.7 MILLION ITEMS TO HUNDREDS OF THOUSANDS OF FAMILIES IN NEED. IN 2013, BABY BUGGY MADE DONATIONS TO PROGRAMS IN 14 CITIES: BALTIMORE, CHICAGO, DALLAS, DETROIT, HOUSTON, LAS VEGAS, LOS ANGELES, MIAMI, NEW YORK, SAN FRANCISCO, SEATTLE, AS WELL AS JERSEY CITY, EAST ORANGE AND PATTERSON, NJ. VOLUNTEERS LOGGED IN OVER 10,000 HOURS TO HELP THE ORGANIZATION SORT, MEND AND BUNDLE DONATIONS.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.



















(Code	(Expenses \$	6,788,181	including grants of \$	5,592,108 )	(Revenue \$	)
HEALTH PROGRAMS OFFERED IN AFFILIATION WITH THE MATERNAL HEALTH, NICU AND LABOR/DELIVERY DEPARTMENT IN HOSPITALS IN ADDITION, BABY BUGGY ALSO DONATES TO THE NURSE-FAMILY PARTNERSHIP (NFP) PROGRAM IN NEW YORK CITY, JERSEY CITY, LOS ANGELES, DALLAS AND HOUSTON NFP PAIRS POOR FIRST-TIME MOMS WITH A VISITING NURSE FROM THE 20TH WEEK OF PREGNANCY UNTIL HER CHILD'S SECOND BIRTHDAY DEMONSTRATED IMPACTS INCLUDE BETTER MATERNAL HEALTH, LOWER RATES OF CHILD ABUSE AND CHILDHOOD ACCIDENTS, LONGER INTERVALS BETWEEN BIRTH AND BETTER MATERNAL EMPLOYMENT AND GRADUATION RATES CRISIS INTERVENTION GOODS ARE DONATED TO PARENTS WHO ARE AT RISK OF FALLING INTO CRISIS OR LOSING CUSTODY OF THEIR CHILDREN DUE TO LOSS OF WORK, HOMELESSNESS, ETC DONATIONS ARE PAIRED WITH CASE MANAGEMENT, COUNSELING, ADVOCACY, JOB, FINANCIAL LITERACY AND PARENTING WORKSHOPS, AS WELL AS CRISIS INTERVENTION WHEN NECESSARY SOME OF THE RECIPIENT SITES IN THIS PROGRAM ARE THE HARLEM CHILDREN'S ZONE, NEW YORK FOUNDLING NURSERY AND THE CHILD CENTER OF NEW YORK FATHERHOOD PROGRAM THAT PROVIDES CLOTHING, GEAR AND PRODUCTS FOR CHILDREN OF LOW-INCOME, NON-CUSTODIAL FATHERS ENROLLED IN FATHERING INITIATIVE AT AGENCIES IN NEW YORK CITY AND LOS ANGELES THE PROGRAMS HELP FATHERS FEEL EMPOWERED TO EMBRACE FATHERHOOD AND THE RESPONSIBILITIES THAT ACCOMPANY IT AND TO PROVIDE POOR DADS THE TOOLS THEY NEED TO KEEP THEIR CHILDREN SAFE AND HEALTHY BABY BUGGY OFFERS FINANCIAL EDUCATION WORKSHOPS AND BENEFITS SCREENING TO HELP IMPROVE THE FAMILY'S OVERALL AND FINANCIAL WELL-BEING EDUCATION BABY BUGGY PROVIDES MONTHLY DONATIONS OF GOODS TO FAMILIES LIVING IN POVERTY WHO ARE ENROLLED IN EDUCATION PROGRAMS THAT SERVE THE ENTIRE FAMILY INCLUDING SELECT HEAD START SITES IN NEW YORK CITY, CHICAGO AND WASHINGTON, DC IN ADDITION TO DONATIONS OF GOODS LIKE DIAPERS, STROLLERS AND CLOTHING, BABY BUGGY HAS ALSO OFFERED FINANCIAL LITERACY/BUDGETING PROGRAMS AT MANY OF THESE SITES DOMESTIC VIOLENCE BABY BUGGY SUPPORTS SELECT SHELTERS SUCH AS THE ASIAN WOMEN'S CENTER, WHICH HELP PROVIDE SUPPORT, CRISIS INTERVENTION, CASE MANAGEMENT, COUNSELING, LIFE SKILLS, PARENTING, AND JOB READINESS WORKSHOPS, AND SHELTER FOR WOMEN AND CHILDREN ESCAPING ABUSE						

[illegible][illegible]

<b>4e</b>	<b>Total program service expenses</b>	<b>6,788,181</b>
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <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? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 or note to any line in this Part V

☐

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

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 or note to any line 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		
b	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	
b	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		
a	The governing body?	Yes	
b	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
b	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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	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
b	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	STELLA DOMENECH 306 W 37TH STREET 8TH FLOOR NEW YORK, NY 10018 (212) 736-1790

Part VII

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

Check if Schedule O contains a response or note to any line 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 AND 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) RANDI ZUCKERBERG DIRECTOR	2 00	X						0	0	0
(13) LISA SECCIA DIRECTOR	2 00	X						0	0	0
(14) JESSICA SEINFELD DIRECTOR AND PRESIDENT	15 00	X		X				0	0	0
(15) ARI SHALAM DIRECTOR	2 00	X						0	0	0
(16) MICHAEL TIEDEMANN DIRECTOR, VP AND 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>	▼	282,216	0	25,058

**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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	793,929			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,095,867			
	g	Noncash contributions included in lines 1a-1f \$		5,528,554			
	h	Total. Add lines 1a-1f . . . . .		6,889,796			
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) . . . . .		39,630		
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) . . . . .			855		855
8a		Gross income from fundraising events (not including \$ 793,929 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b	106,646			
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 . . . . .		6,930,281	0	0	40,485	

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 or note to any line 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.	5,592,108	5,592,108		
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.	185,058	92,529	55,517	37,012
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.	632,999	454,073	60,439	118,487
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	80,084	62,512	2,660	14,912
10	Payroll taxes.	60,436	43,134	5,850	11,452
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	6,841	914	5,927	
c	Accounting.	49,700	6,637	43,063	
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).	57,915	7,734	50,181	
12	Advertising and promotion.	86,067	244	85,823	
13	Office expenses.	121,528	49,414	64,664	7,450
14	Information technology.				
15	Royalties.				
16	Occupancy.	141,979	132,041	4,969	4,969
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	2,226		2,226	
23	Insurance.	10,408	7,286	1,249	1,873
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	PROGRAM SUPPLIES	280,278	280,278		
b	DELIVERY	41,861	39,567	2,294	
c	REPAIRS AND MAINTENANCE	18,766	15,908	1,448	1,410
d	PRINTING	5,554	3,802	1,037	715
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	7,373,808	6,788,181	387,347	198,280
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 or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			763,310	1	297,304
	2	Savings and temporary cash investments . . . . .			1,769,827	2	144,957
	3	Pledges and grants receivable, net . . . . .			124,510	3	54,850
	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 . . . . .			491,887	8	428,333
	9	Prepaid expenses and deferred charges . . . . .			33,572	9	24,205
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	31,776	2,130	10c	10,462
	b	Less accumulated depreciation . . . . .	10b	21,314			
	11	Investments—publicly traded securities . . . . .			99,465	11	1,914,150
	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) . . . . .			3,284,701	16	2,874,261	
Liabilities	17	Accounts payable and accrued expenses . . . . .			38,964	17	57,589
	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 . . . . .			38,964	26	57,589
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 . . . . .			2,762,123	27	2,447,902
	28	Temporarily restricted net assets . . . . .			483,614	28	368,770
	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 . . . . .			3,245,737	33	2,816,672
	34	Total liabilities and net assets/fund balances . . . . .			3,284,701	34	2,874,261

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	6,930,281
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	7,373,808
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-443,527
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	3,245,737
5	Net unrealized gains (losses) on investments . . . . .	5	14,462
6	Donated services and use of facilities . . . . .	6	
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	2,816,672

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
***www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public  
Inspection

<b>Name of the organization</b> THE BABY BUGGY INC	<b>Employer identification number</b> 31-1777082
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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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,757,101	3,199,440	4,394,948	4,174,996	6,889,796	21,416,281
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	2,757,101	3,199,440	4,394,948	4,174,996	6,889,796	21,416,281
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)						2,988,353
6 Public support. Subtract line 5 from line 4						18,427,928

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,757,101	3,199,440	4,394,948	4,174,996	6,889,796	21,416,281
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,838	90,625	75,786	54,716	39,630	342,595
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						21,758,876
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>84 690 %</td></tr></table>	14	84 690 %
14	84 690 %			
15	Public support percentage for 2012 Schedule A, Part II, line 14	<table><tr><td>15</td><td>94 490 %</td></tr></table>	15	94 490 %
15	94 490 %			
16a	<b>33 1/3% support test—2013.</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	<input type="checkbox"/>		
b	<b>33 1/3% support test—2012.</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	<input type="checkbox"/>		
17a	<b>10%-facts-and-circumstances test—2013.</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	<input type="checkbox"/>		
b	<b>10%-facts-and-circumstances test—2012.</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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

► \$

**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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part 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 . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 . . . . .		31,776	21,314	10,462
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				10,462



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	7,022,724
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	14,462
b	Donated services and use of facilities . . . . .	2b	77,981
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	92,443
3	Subtract line 2e from line 1 . . . . .	3	6,930,281
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	6,930,281

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	7,451,789
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	77,981
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	77,981
3	Subtract line 2e from line 1 . . . . .	3	7,373,808
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	7,373,808

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE 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 2010. 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, 2013. 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."

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

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

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>BEDTIME BASH</u>	<u>SUMMER DINNER</u>	<u>1</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . .	515,120	358,750	26,705	900,575	
	2	Less Contributions . . .	433,039	339,906	20,984	793,929	
3	Gross income (line 1 minus line 2) . . . .	82,081	18,844	5,721	106,646		
Direct Expenses	4	Cash prizes . . . .					
	5	Noncash prizes . . .					
	6	Rent/facility costs . . .	16,660			16,660	
	7	Food and beverages .	38,570	13,944		52,514	
	8	Entertainment . . . .					
	9	Other direct expenses .	26,851	4,900	5,721	37,472	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(106,646)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					0

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

		(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 Subtract line 7 from line 1, 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. 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).

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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 . . . . .

58

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Software ID:

Software Version:

EIN: 31-1777082

Name: THE BABY BUGGY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN MANHATTAN PERINATAL PARTNERSHIP 127 WEST 127TH STREET NEW YORK,NY 10027	13-3782555	501 (C)(3)		5,099	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BALTIMORE CITY HEALTH DEPARTMENT - MATERNAL & INFANT CARE PROGRAM 620 N CAROLINE STREET 2ND FLOOR BALTIMORE,MD 21205	74-1613878	CITY AGENCY		29,542	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BAYLOR COLLEGE OF MEDICINE TEEN HEALTH CLINIC 8111 LAWN STREET HOUSTON,TX 77088		501 (C)(3)		27,609	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BED STUY FAMILY HEALTH CENTER 1413 FULTON STREET BROOKLYN,NY 11216	11-2412205	501 (C)(3)		10,911	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
BIENVENIDOS CHILDREN'S CENTER INC 205 E PALM STREET ALTADENA,CA 91001	95-4042883	501 (C)(3)		20,480	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 INC 30 3RD AVENUE ROOM 618 BROOKLYN,NY 11217	13-3428222	501 (C)(3)		21,787	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CAMBA INC 1720 CHURCH AVENUE BROOKLYN,NY 11226	11-2480339	501 (C)(3)		70,259	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES INC 191 JORALEMON STREET BROOKLYN,NY 11201	11-2047151	501 (C)(3)		10,860	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 BUREAU 1011 FIRST AVENUE NEW YORK,NY 10022	13-5562186	501 (C)(3)		11,337	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET 19TH FLOOR NEW YORK,NY 10038	51-0419496	501 (C)(3)		54,957	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOSPITAL & MEDICAL CENTER 8541 S STATE STREET SUITE 1A CHICAGO,IL 60619	36-2170152	501 (C)(3)		29,652	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
CHILDREN'S INSTITUTE INC 2121 W TEMPLE STREET LOS ANGELES,CA 90026	95-1641424	501 (C)(3)		325,079	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 INC 193-04 JAMAICA AVENUE HOLLIS,NY 11423	11-2343437	501 (C)(3)		96,586	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
COUNCIL OF PEOPLE'S ORGANIZATION 1081 CONEY ISLAND AVENUE BROOKLYN,NY 11230	75-3046891	501 (C)(3)		18,208	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
DALLAS COUNTY HOSPITAL DISTRICT 5201 HARRY HINES BOULEVARD DALLAS,TX 75235	75-6004221	501 (C)(3)		95,349	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
EASTSIDE BABY CORNER 1510 NW MAPLE ST ISSAQUAH,WA 98027	91-1617032	501 (C)(3)		23,965	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
EAST SIDE HOUSE INC 337 ALEXANDER AVENUE BRONX,NY 10454	13-1623989	501 (C)(3)		5,740	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)		208,738	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
YOUTH CONSULTATION SERVICES INC 260 BROADWAY NEWARK,NJ 07104	22-1487560	501 (C)(3)		6,316	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
FAMILY HOPE PO BOX 94077 PASADENA,CA 91107	95-4451243	501 (C)(3)		53,079	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORESTDALE INC 6735 112TH STREET FOREST HILLS,NY 11375	11-1631747	501 (C)(3)		116,981	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HARLEM CHILDREN'S ZONE INC 35 E 125TH STREET NEWYORK,NY 10035	23-7112974	501 (C)(3)		258,280	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HIGHLAND PARK COMMUNITY DEVELOPMENT CORPORATION 2730 ATLANTIC AVENUE 1ST FLOOR BROOKLYN,NY 11207	11-3462888	501 (C)(3)		355,954	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
HOMELESS PRENATAL PROGRAM 2500 18TH ST SAN FRANCISCO ,CA 94110	94-3146280	501 (C)(3)		27,609	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
INTERNATIONAL RESCUE COMMITTEE INC 122 EAST 42ND STREET NEWYORK,NY 10168	13-5660870	501 (C)(3)		60,371	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LA FAMILY HOUSING 7843 LANKERSHIM BLVD NORTH HOLLYWOOD,CA 91605	95-3920560	501 (C)(3)		28,510	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SOUTHERN NEVADA HEALTH DISTRICT 700 DESERT LANE LAS VEGAS,NV 89106	13-5562265	COUNTY AGENCY		27,609	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LEGAL AID SOCIETY 199 WATER STREET NEWYORK,NY 10038		501 (C)(3)		8,685	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
LENOX HILL NEIGHBORHOOD HOUSE INC 331 E 70TH STREET NEWYORK,NY 10021	13-1628180	501 (C)(3)		16,223	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 HEALTH 600 S COMMONWEALTH AVE STE 800 LOS ANGELES,CA 90005	95-6000927	501 (C)(3)		165,712	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

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

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MORRIS HEIGHTS HEALTH CENTER INC 70 WEST BURNSIDE AVENUE BRONX,NY 10453	06-1081232	501 (C)(3)		26,404	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 INC 1114 AVENUE J BROOKLYN,NY 11230	11-2707362	501 (C)(3)		46,996	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 INC 32 BROADWAY 10TH FLOOR NEW YORK,NY 10004	13-3286250	501 (C)(3)		53,958	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 CORPORATION 160 WATER STREET 6TH FLOOR NEW YORK,NY 10038	13-2655001	501 (C)(3)		345,624	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF THE AMERICAS NEW YORK,NY 10011	13-1624123	501 (C)(3)		79,736	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 INC C/O ST JOSEPHS HOSPITAL MEDICAL 17 ARCADIAN AVE PARAMUS,NJ 07652	52-1816613	501 (C)(3)		31,674	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
PROTOTYPES 831 EAST ARROW HIGHWAY POMONA,CA 91767	95-4092046	501 (C)(3)		33,162	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
PUBLIC HEALTH SOLUTIONS 220 CHURCH STREET NEW YORK,NY 10013	13-5669201	501 (C)(3)		104,892	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
QUEENS LEGAL SERVICES CORPORATION C/O LEGAL SERVICES FOR NEW YORK CITY 350 BROADWAY NEW YORK,NY 10013	13-2605604	501 (C)(3)		33,991	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 INC 188-33 LINDEN BLVD ST ALBANS,NY 11412	11-2219525	501 (C)(3)		33,560	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND HOME NEED SERVICES INC 178 ROSE AVENUE STATEN ISLAND,NY 10306	13-2688124	501 (C)(3)		36,130	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL INC 217 WYCKOFF AVENUE BROOKLYN,NY 11237	11-2453853	501 (C)(3)		9,475	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
RIVERFUND INC 11155 ROSELAND ROAD UNIT 16 SEBASTIAN,FL 32958	59-3212877	501 (C)(3)		85,915	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SAFE HORIZON INC 2 LAFAYETTE STREET 3RD FLOOR NEW YORK,NY 10007	13-2946970	501 (C)(3)		397,220	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH 30 VAN NESS AVE SUITE 210 SAN FRANCISCO,CA 94102	11-2777066	CITY AGENCY		26,210	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE,NY 11542		501 (C)(3)		275,001	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
SHELTER PARTNERSHIP 5600 RICKENBACKER ROAD BELL,CA 90201	95-3976214	501 (C)(3)		712,917	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)		50,468	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 CENTER 1111 AMSTERDAM AVENUE NEW YORK,NY 10025	13-2997301	501 (C)(3)		29,535	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 INC 6002 QUEENS BLVD WOODSIDE,NY 11377	11-1733454	501 (C)(3)		66,058	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S RESCUE FUND 100 SOUTH BEDORE ROAD MR KISCO,NY 10549	13-3486829	501 (C)(3)		10,048	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
THE TIYYA FOUNDATION 20 TRUMAN SUITE 104 IRVINE,CA 92620	27-3128801	501 (C)(3)		5,458	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
THE UNIVERSITY HEIGHTS EDUCATION & CULTURAL DEVELOPMENT COMMUNITY CENTER 1304 MERRIAM AVENUE STE 2L BRONX,NY 10452	13-4017676	501 (C)(3)		62,957	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 OFFICE 615 WEST 131ST STREET NEWYORK,NY 10027	13-5598093	501 (C)(3)		10,349	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 ASSUMPTION FAMILY HEALTH 333 E 115TH STREET NEWYORK,NY 10029	13-2867881	501 (C)(3)		375,039	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 BISHOPS 3211 4TH STREET NE WASHINGTON,DC 20017	53-0196617	501 (C)(3)		77,921	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 YORK 5 PENN PLAZA 12TH FLOOR NEWYORK,NY 10001	13-3189926	501 (C)(3)		320,049	REPLACEMENT COST	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED
(WHEDCO) WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION 50 E 168TH STREET BRONX,NY 10452	11-3099604	501 (C)(3)		59,874	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, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
THE BABY BUGGY INC

Employer identification number  
31-1777082

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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)	158,672	6,500	0	0	25,058	190,230	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 3	THE HR COMMITTEE OF THE BOARD OF DIRECTORS 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 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 STAFF'S SALARIES.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

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		5,528,554	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 through 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? . . . . .				YesNo
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?				YesNo
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				YesNo
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				

Part III

**Supplemental Information.** 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.

Return Reference	Explanation
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2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
THE BABY BUGGY INC

Employer identification number

31-1777082

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MR ARI SHALAM HAS A FAMILY RELATIONSHIP WITH MS JESSICA SEINFELD 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
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 )
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 )
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
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 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
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
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
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR