

MBAF CPAS, LLC  
440 PARK AVE. SOUTH  
NEW YORK, NY 10016

THE BABY BUGGY, INC.  
306 W. 37TH STREET, 8TH FLOOR  
NEW YORK, NY 10018



COPY

# IRS e-file Signature Authorization for an Exempt Organization

Form **8879-EO**

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

# 2014

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**THE BABY BUGGY, INC.**

**31-1777082**

Name and title of officer

**KATHERINE SNIDER  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>6,510,084.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MBAF CPAS, LLC** to enter my PIN **10018**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*** Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**13428976664**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>THE BABY BUGGY, INC.</b>		<b>D Employer identification number</b> 31-1777082
	Doing business as		<b>E Telephone number</b> (212) 736-1777
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	306 W. 37TH STREET, 8TH FLOOR		<b>G Gross receipts \$</b> 6,965,658.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		
<b>F Name and address of principal officer:</b> KATHERINE SNIDER SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶	

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FOUNDED IN 2001 BY JESSICA SEINFELD, BABY BUGGY'S MISSION IS TO PROVIDE FAMILIES IN NEED WITH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	17
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	5313
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	6,889,796.	6,476,257.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,485.	33,827.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,930,281.	6,510,084.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,592,108.	4,668,523.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	958,577.	1,104,857.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 192,973.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	823,123.	810,705.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,373,808.	6,584,085.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-443,527.	-74,001.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	2,874,261.	2,939,264.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	57,589.	57,588.
		2,816,672.	2,881,676.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	KATHERINE SNIDER, EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARC TAUB, CPA				P00236664
	Firm's name ▶ MBAF CPAS, LLC	Firm's EIN ▶ 13-3842744			
	Firm's address ▶ 440 PARK AVE. SOUTH NEW YORK, NY 10016	Phone no. 212-576-1400			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
FOUNDED IN 2001 BY JESSICA SEINFELD, BABY BUGGY'S MISSION IS TO PROVIDE FAMILIES IN NEED WITH ESSENTIAL GEAR, CLOTHING, PRODUCTS AND SERVICES FOR CHILDREN 0 THROUGH 14 WITH THE GOAL OF IMPROVING THEIR SAFETY, HEALTH, AND WELL-BEING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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.

4a (Code: ) (Expenses \$ 6,011,833. including grants of \$ 4,668,523. ) (Revenue \$ 0. )
HEALTH: BABY BUGGY DONATED TO THE NURSE-FAMILY PARTNERSHIP (NFP) PROGRAM IN LOS ANGELES, NEW YORK CITY, JERSEY CITY, SAN FRANCISCO, SAN DIEGO, HOUSTON, DALLAS AND SEVERAL OTHER CITIES WITH HIGH-CHILD POVERTY RATES. 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. IN ADDITION, BABY BUGGY DONATED TO SELECTED HEALTH PROGRAMS FOR LOW-INCOME FAMILIES INCLUDING EISNER PEDIATRIC AND HEALTH CLINIC IN LOS ANGELES.

SEE THE CONTINUATION ON SCHEDULE O.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,011,833.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> .....		X
<b>b</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> .....		X
<b>26</b> 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 "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 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> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
<b>1a</b>	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>1a</b> 19		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 19		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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, CT, FL, GA, IL, KS, KY, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     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, address, and telephone number of the person who possesses the organization's books and records: **KATHERINE SNIDER - 212-736-1777**  
**306 W. 37TH STREET, 8TH FLOOR, NEW YORK, NY 10018**

SEE SCHEDULE O FOR FULL LIST OF STATES



**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ALI WENTWORTH DIRECTOR	2.00	X						0.	0.	0.
(19) ALI WING DIRECTOR	2.00	X						0.	0.	0.
(20) STEPHANIE WINSTON WOLKOFF DIRECTOR	2.00	X						0.	0.	0.
(21) CAROLINE KUNITZ DIRECTOR	2.00	X						0.	0.	0.
(22) CONNIE VERDUCCI DIRECTOR	2.00	X						0.	0.	0.
(23) KATHERINE E. SNIDER EXECUTIVE DIRECTOR	40.00			X				179,656.	0.	25,179.
(24) LISA KUSSELL DIRECTOR OF CORPORATE SPON	40.00				X			110,419.	0.	25,179.
<b>1b Sub-total</b>								290,075.	0.	50,358.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								290,075.	0.	50,358.

**2** Total number of individuals (including but not limited to those listed above) 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>		X
<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>	X	
<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>		X

**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
NONE		

**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)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	934,456.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5,541,801.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		4,870,207.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			33,827.			33,827.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		309,631.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		309,631.					
	<b>c</b> Gain or (loss) .....			0.			
	<b>d</b> Net gain or (loss) .....				0.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 934,456. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		145,943.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	145,943.			
<b>c</b> Net income or (loss) from fundraising events .....				0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....				6,510,084.	0.	0.	33,827.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,668,523.	4,668,523.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	210,179.	105,089.	63,054.	42,036.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	689,982.	541,163.	63,610.	85,209.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	138,512.	111,980.	2,548.	23,984.
<b>10</b> Payroll taxes	66,184.	50,366.	4,084.	11,734.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	6,481.	245.	6,114.	122.
<b>c</b> Accounting	58,051.	2,194.	54,764.	1,093.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	22,321.	843.	21,058.	420.
<b>12</b> Advertising and promotion	81,135.	6,537.	74,517.	81.
<b>13</b> Office expenses	148,696.	67,997.	65,667.	15,032.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	153,172.	138,940.	7,113.	7,119.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	4,216.		4,216.	
<b>23</b> Insurance	14,792.	11,167.	1,701.	1,924.
<b>24</b> 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.)				
<b>a</b> PROGRAM SUPPLIES	230,027.	230,027.		
<b>b</b> DELIVERY	53,914.	50,940.	2,700.	274.
<b>c</b> REPAIRS AND MAINTENANCE	21,712.	17,265.	2,426.	2,021.
<b>d</b> PRINTING	13,936.	7,821.	4,191.	1,924.
<b>e</b> All other expenses	2,252.	736.	1,516.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,584,085.	6,011,833.	379,279.	192,973.
<b>26</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	297,304.	<b>1</b>	447,110.
	<b>2</b> Savings and temporary cash investments .....	144,957.	<b>2</b>	6,146.
	<b>3</b> Pledges and grants receivable, net .....	54,850.	<b>3</b>	13,800.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	428,333.	<b>8</b>	706,140.
	<b>9</b> Prepaid expenses and deferred charges .....	24,205.	<b>9</b>	35,692.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 31,776.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 25,530.	10,462.	<b>10c</b> 6,246.
	<b>11</b> Investments - publicly traded securities .....	1,914,150.	<b>11</b>	1,724,130.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,874,261.	<b>16</b>	2,939,264.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	57,589.	<b>17</b>	57,588.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	57,589.	<b>26</b>	57,588.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,447,902.	<b>27</b>	2,511,419.
	<b>28</b> Temporarily restricted net assets .....	368,770.	<b>28</b>	370,257.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	2,816,672.	<b>33</b>	2,881,676.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,874,261.	<b>34</b>	2,939,264.	

**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	6,510,084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,584,085.
3	Revenue less expenses. Subtract line 2 from line 1	3	-74,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,816,672.
5	Net unrealized gains (losses) on investments	5	36,096.
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	102,909.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,881,676.

**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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3199440.	4394948.	4174996.	6889796.	6476257.	25135437.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3199440.	4394948.	4174996.	6889796.	6476257.	25135437.
<b>5</b> 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) .....						5073291.
<b>6 Public support.</b> Subtract line 5 from line 4.						20062146.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	3199440.	4394948.	4174996.	6889796.	6476257.	25135437.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	90,625.	75,786.	54,716.	39,630.	33,827.	294,584.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						25430021.

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

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	78.89 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	84.69 %

**16a 33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

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



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

(Complete only if you checked the box on line 9 of Part I 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI 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).

Horizontal lines for supplemental information.

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution table (2a-2d). 3. Number of easements modified. 4. Number of states. 5-9. Questions about monitoring policy, staff hours, expenses, and reporting requirements.

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.

Form with 2 main questions: 1a. If organization elected not to report, provide footnote text. 1b. If organization elected to report, provide amounts for revenue and assets. 2. If organization received or held assets for financial gain, provide amounts for revenue and assets.

**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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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	(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.	25,530.	6,246.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,246.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**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	6,676,090.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	36,096.	
b	Donated services and use of facilities	2b	129,910.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	166,006.	
3	Subtract line 2e from line 1	3	6,510,084.	
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	6,510,084.	

**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	6,713,995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	129,910.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	129,910.	
3	Subtract line 2e from line 1	3	6,584,085.	
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	6,584,085.	

**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.

**PART X, LINE 2:**

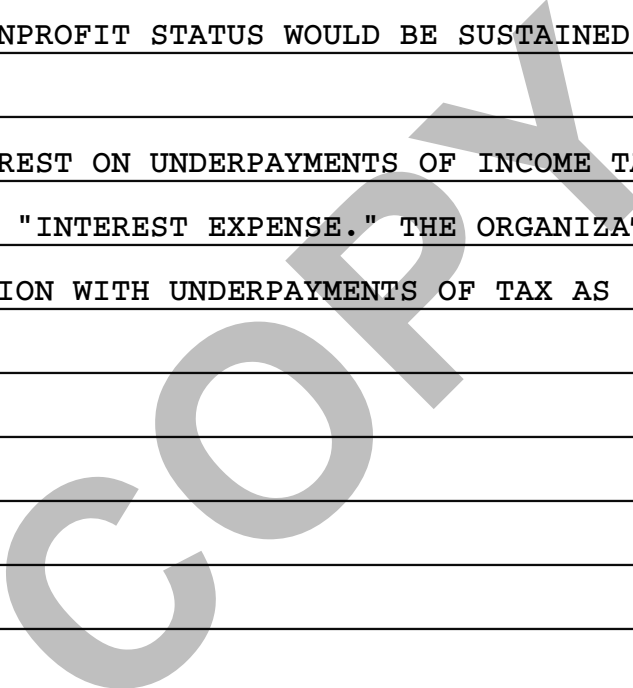
THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE FEDERAL AND NEW YORK STATE JURISDICTIONS. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE INTERNAL REVENUE SERVICE OR NEW YORK STATE FOR RETURNS FILED BEFORE 2011.

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, DISCLOSURE, AND TRANSITION.

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED . 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."



**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.

▶ 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

**2014**

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 <input type="checkbox"/> Mail solicitations b <input type="checkbox"/> Internet and email solicitations c <input type="checkbox"/> Phone solicitations d <input type="checkbox"/> In-person solicitations	e <input type="checkbox"/> Solicitation of non-government grants f <input type="checkbox"/> Solicitation of government grants g <input type="checkbox"/> Special fundraising events
--	---
- 2 a 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BEDTIME BASH (event type)	SUMMER DINNER (event type)	2 (total number)		
Revenue	1	Gross receipts	462,575.	301,000.	316,824.	1,080,399.
	2	Less: Contributions	363,641.	295,311.	275,504.	934,456.
	3	Gross income (line 1 minus line 2)	98,934.	5,689.	41,320.	145,943.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	19,716.	50.	8,219.	27,985.
	7	Food and beverages	50,335.	0.	10,790.	61,125.
	8	Entertainment	1,265.	1,175.	11,122.	13,562.
	9	Other direct expenses	27,618.	4,464.	11,189.	43,271.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				145,943.
	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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	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 conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct 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 conducted 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 to be 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 provide any additional information (see instructions).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV Supplemental Information** *(continued)*

COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2014**

Open to Public  
Inspection

Name of the organization

**THE BABY BUGGY, INC.**

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 Domestic Organizations and Domestic Governments.** 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
ALAMEDA COUNTY PUBLIC HEALTH DEPT. 1100 SAN LEANDRO BOULEVARD, SUITE 1 SAN LEANDRO, CA 94577	94-6000501	COUNTY AGENCY	0.	17,408.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
ALTAMED HEALTH SERVICES CORP. 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	95-2810095	501 (C) 3	0.	14,046.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
A BEACON OF HOPE WOMENS CENTER INC. - 2750 OLD ALABAMA ROAD, SUITE 100 - JOHNS CREEK, GA 30022	58-2424267	501 (C) 3	0.	96,079.	REPLACEMENT COSTS	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	0.	24,910.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
PROTOTYPES A CENTER FOR INN IN HEALTH MENTAL HEALTH & SOCIAL SER - 1000 NORTH ALAMEDA STREET, SUITE 390 - LOS ANGELES, CA 90012	95-4092046	501 (C) 3	0.	21,480.	REPLACEMENT COSTS	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	0.	13,048.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

**3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. - 191 JORALEMON STREET - BROOKLYN, NY 11201	11-2047151	501 (C) 3	0.	11,123.	REPLACEMENT COSTS	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	0.	15,049.	REPLACEMENT COSTS	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	0.	44,953.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
CENTRAL CITY COMMUNITY HEALTH CENTER - 5970 S CENTRAL AVE - LOS ANGELES, CA 90001	95-4492570	501 (C) 3	0.	12,427.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
MERCY HOSPITAL & MEDICAL CENTER 2525 S MICHIGAN AVE CHICAGO, IL 60616	36-2170152	501 (C) 3	0.	35,218.	REPLACEMENT COSTS	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	0.	27,069.	REPLACEMENT COSTS	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	0.	52,150.	REPLACEMENT COSTS	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	0.	129,568.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
COMMUNITY HEALTHCARE NETWORK INC. 60 MADISON AVE, 5TH FLOOR NEW YORK, NY 10010	13-3083068	501 (C) 3	0.	10,848.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CRADLES TO CRAYONS INC. 155 NORTH BEACON STREET BRIGHTON, MA 02135	04-3584367	501 (C) 3	0.	11,842.	REPLACEMENT COSTS	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	0.	35,628.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
EISNER PEDIATRIC & FAMILY MEDICAL CENTER - 1530 S OLIVE ST - LOS ANGELES, CA 90015	95-1690966	501 (C) 3	0.	31,976.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
EL NIDO FAMILY CENTERS 10200 SEPULVEDA BLVD STE 350 MISSION HILLS, CA 91345	95-3186429	501 (C) 3	0.	28,212.	REPLACEMENT COSTS	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	0.	11,840.	REPLACEMENT COSTS	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	0.	238,597.	REPLACEMENT COSTS	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	0.	37,609.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
FORESTDALE, INC. 6735 112TH STREET FOREST HILLS, NY 11375	11-1631747	501 (C) 3	0.	88,096.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
FRIENDS OF THE FAMILY 16861 PARTHENIA STREET NORTH HILLS, CA 91343	95-2765505	501 (C) 3	0.	47,340.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HATIAN AMERICAN CAUCUS - HAITI INC. - 21415 113TH AVE - QUEENS VILLAGE, NY 11429	45-4996133	501 (C) 3	0.	10,419.	REPLACEMENT COSTS	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 NEW YORK, NY 10035	23-7112974	501 (C) 3	0.	124,660.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
MORRIS HEIGHTS HEALTH CENTER, INC. 70 WEST BURNSIDE AVENUE BRONX, NY 10453	06-1081232	501 (C) 3	0.	14,004.	REPLACEMENT COSTS	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	0.	189,994.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
HOMEBOY INDUSTRIES 130 W. BRUNO STREET LOS ANGELES, CA 90012	95-4800735	501 (C) 3	0.	11,319.	REPLACEMENT COSTS	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	74-1613878	501 (C) 3	0.	26,113.	REPLACEMENT COSTS	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 - NEW YORK, NY 10168	13-5660870	501 (C) 3	0.	21,734.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
LA CONSERVATION CORP P O BOX 15868 LOS ANGELES, CA 90015	95-4002138	501 (C) 3	0.	6,787.	REPLACEMENT COSTS	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	0.	26,151.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SAFE HORIZON, INC. 2 LAFAYETTE STREET, 3RD FLOOR NEW YORK, NY 10007	13-2946970	501 (C) 3	0.	241,301.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
SOUTHERN NEVADA HEALTH DISTRICT NURSE-FAMILY PARTNERSHIP - 700 DESERT LANE - LAS VEGAS, NV 89106		COUNTY AGENCY	0.	35,548.	REPLACEMENT COSTS	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 - NEW YORK, NY 10021	13-1628180	501 (C) 3	0.	23,019.	REPLACEMENT COSTS	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 S - 333 E 115TH STREET - NEW YORK, NY 10029	13-2867881	501 (C) 3	0.	173,711.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
LUTHERAN SOCIAL SERVICES OF NY 475 RIVERSIDE DRIVE, SUITE 1244 NEW YORK, NY 10115	45-2799940	501 (C) 3	0.	7,085.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
LE BONHEUR CHILDREN'S HOSPITAL 850 POPLAR AVENUE BLD 2 MEMPHIS, TN 38105	62-1872938	501 (C) 3	0.	17,408.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY - 120 BROADWAY, 7TH FL - NEW YORK, NY 10271	13-2738818	501 (C) 3	0.	7,944.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	95-1691293	501 (C) 3	0.	18,885.	REPLACEMENT COSTS	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	0.	31,604.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNITED WAY OF GREATER UNION COUNTY INC - 33 WEST GRAND STREET - ELIZABETH, NJ 07202	22-1904427	501 (C) 3	0.	45,085.	REPLACEMENT COSTS	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	COUNTY AGENCY	0.	110,553.	REPLACEMENT COSTS	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	0.	36,714.	REPLACEMENT COSTS	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 - NEW YORK, NY 10027	13-5598093	501 (C) 3	0.	6,264.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
OPERATION SHOWERS OF APPRECIATION 2303 CANYON VISTA DRIVE FALLBROOK, CA 92028	26-2419938	501 (C) 3	0.	8,278.	REPLACEMENT COSTS	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 AVENUE - PARAMUS, NJ	52-1816613	501 (C) 3	0.	8,438.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
PEOPLE ASSISTING THE HOMELESS (PATH) BEYOND SHELTER - 340 N. MADISON AVE. - LOS ANGELES, CA 90004	95-3950196	501 (C) 3	0.	17,695.	REPLACEMENT COSTS	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	0.	15,418.	REPLACEMENT COSTS	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	0.	55,619.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
QUEENS LEGAL SERVICES CORPORATION C/O LEGAL SERVICES FOR NEW YORK CITY, 350 BROADWAY - NEW YORK, NY 10013	13-2605604	501 (C) 3	0.	28,683.	REPLACEMENT COSTS	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	0.	23,857.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
REACH OUT AND READ OF GREATER NY 30 EAST 33RD STREET, 6TH FL NEW YORK, NY 10016	13-4080045	501 (C) 3	0.	660,564.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
COMMUNITY PARTNERS INC. 1000 N. ALAMEDA STREET, SUITE 240 LOS ANGELES, CA 90012	95-4302067	501 (C) 3	0.	20,105.	REPLACEMENT COSTS	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	11-2777066	501 (C) 3	0.	184,408.	REPLACEMENT COSTS	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	0.	274,072.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
SHIELDS FOR FAMILIES PO BOX 59129 LOS ANGELES, CA 90059	95-4336420	501 (C) 3	0.	8,129.	REPLACEMENT COSTS	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	0.	5,388.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
SPIRITT FAMILY SERVICES 8000 PAINTER AVE WHITTIER, CA 90602	95-2852683	501 (C) 3	0.	15,313.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NY CITY HEALTH AND HOSPITALS CORPORATION - 160 WATER STREET, 6TH FLOOR - NEW YORK, NY 10038	13-2655001	501 (C) 3	0.	387,886.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
THE LEGACY CENTER 1633 CENTRE ST RIDGEWOOD, NY 11385	27-1033434	501 (C) 3	0.	61,811.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
RIVER FUND NEW YORK, INC. 89-11 LEFFERTS BLVD RICHMOND HILL, NY 11419	11-3450363	501 (C) 3	0.	148,563.	REPLACEMENT COSTS	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	0.	13,079.	REPLACEMENT COSTS	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, I - 1304 MERRIAM AVENUE, STE. 2L - BRONX, NY 10452	13-4017676	501 (C) 3	0.	17,446.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
AHRC - NYC NEW PROJECTS INC. 83 MAIDEN LN 11TH FL NEW YORK, NY 10038	13-3587176	501 (C) 3	0.	8,544.	REPLACEMENT COSTS	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 NEW YORK, NY 10001	13-3189926	501 (C) 3	0.	376,558.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.
WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION (WHEDCO) - 50 E 168TH STREET - BRONX, NY 10452	11-3099604	501 (C) 3	0.	65,671.	REPLACEMENT COSTS	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	0.	13,775.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
YOUTH POLICY INSTITUTE 634 S. SPRING STREET, 10TH FL LOS ANGELES, CA 90014	52-1278339	501 (C) 3	0.	6,405.	REPLACEMENT COSTS	ASSORTED CHILDREN'S GOODS	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR INFANTS AND YOUNG CHILDREN IN NEED.





**Part III Grants and Other Assistance to Domestic Individuals.** 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.

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

**Part IV** Supplemental Information

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.

COPY

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE BABY BUGGY, INC.**

Employer identification number

**31-1777082**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on 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 .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.
- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

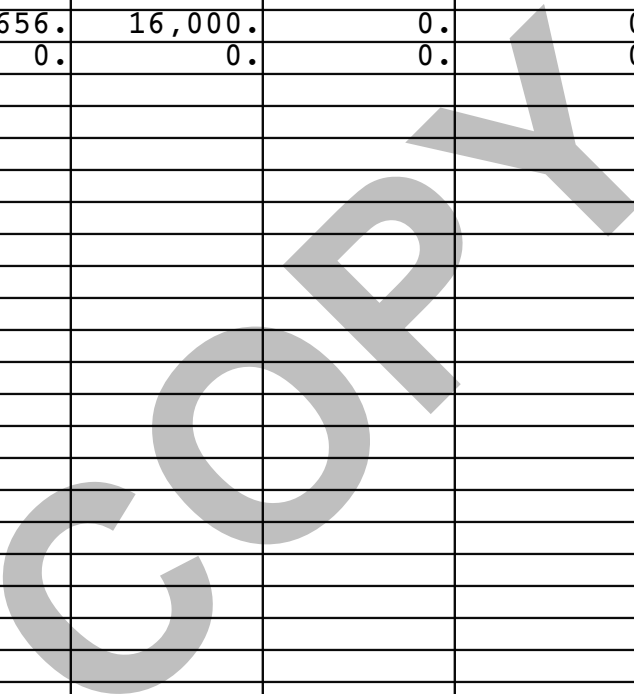
Schedule J (Form 990) 2014

**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 in column (B) 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)	163,656.	16,000.	0.	0.	25,179.	204,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

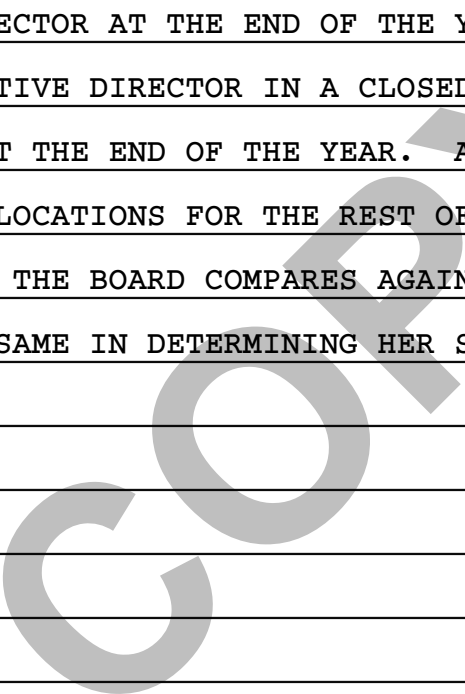


**Part III Supplemental Information**

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.

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)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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).

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		4,870,207.	COMPARATIVE VALUE ME
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?

	Yes	No
30a		X
31		X
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2014)



**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 990-EZ 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).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

THE BABY BUGGY, INC.

Employer identification number

31-1777082

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ESSENTIAL GEAR, CLOTHING, PRODUCTS AND SERVICES FOR CHILDREN 0 THROUGH  
14 WITH THE GOAL OF IMPROVING THEIR SAFETY, HEALTH, AND WELL-BEING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FATHERHOOD: BABY BUGGY PROVIDES CLOTHING, GEAR AND PRODUCTS FOR  
CHILDREN OF LOW-INCOME FATHERS ENROLLED IN 16 FATHERING PROGRAMS ACROSS  
LOS ANGELES AND NEW YORK CITY INCLUDING PROJECT FATHERHOOD AT CII AND  
FORESTDALE'S FATHERHOOD PROGRAM. 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.

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 PROGRAMS ARE THE HARLEM CHILDREN'S ZONE, NEW YORK  
FOUNDLING NURSERY AND THE CHILD CENTER OF NEW YORK.

EDUCATION: BABY BUGGY PROVIDES MONTHLY DONATIONS OF GOODS TO FAMILIES  
LIVING IN POVERTY WHO ARE ENROLLED IN EDUCATION PROGRAMS INCLUDING  
EARLY HEAD START AND HEAD START SITES IN NEW YORK CITY, CHICAGO AND LOS



Name of the organization

THE BABY BUGGY, INC.

Employer identification number

31-1777082

ANGELES. DONATIONS INCLUDE DIAPERS, STROLLERS AND CLOTHING FOR CHILDREN.

OTHER 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.

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.).

Name of the organization

THE BABY BUGGY, INC.

Employer identification number

31-1777082

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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization <b>THE BABY BUGGY, INC.</b>	Employer identification number <b>31-1777082</b>
---	---

AK, AL, AR, AZ, CA, CT, FL, GA, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI  
SC, TN, UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

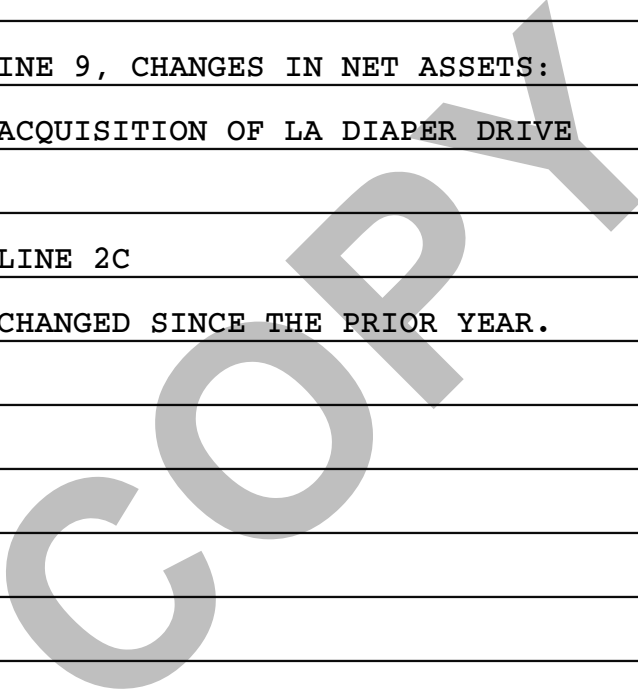
BABY BUGGY'S FINANCIAL STATEMENTS FROM THE LAST FIVE YEARS AND ITS FORMS  
990 SINCE 2001 CAN BE FOUND ON ITS WEBSITE. OTHER DOCUMENTS ARE AVAILABLE  
UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTION IN THE ACQUISITION OF LA DIAPER DRIVE 102,909.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.



# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE BABY BUGGY, INC.</b>	Employer identification number (EIN) or <b>31-1777082</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>306 W. 37TH STREET, 8TH FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KATHERINE SNIDER**

- The books are in the care of ▶ **306 W. 37TH STREET, 8TH FLOOR - NEW YORK, NY 10018**  
Telephone No. ▶ **212-736-1777** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2014** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>THE BABY BUGGY, INC.</b>	Employer identification number (EIN) or <b>31-1777082</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>306 W. 37TH STREET, 8TH FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**KATHERINE SNIDER**

• The books are in the care of  **306 W. 37TH STREET, 8TH FLOOR - NEW YORK, NY 10018**  
Telephone No.  **212-736-1777** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2015.**

**5** For calendar year **2014**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
**INFORMATION REQUIRED TO PROPERLY COMPLETE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date