

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: NATIONAL DIAPER BANK NETWORK INC
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address): 155 EAST STREET SUITE 101 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: NEW HAVEN, CT 06510

D Employer identification number: 45-2823935
E Telephone number: (203) 821-7348
G Gross receipts \$ 6,629,929

F Name and address of principal officer: JOANNE GOLDBLUM, 155 EAST STREET SUITE 101, NEW HAVEN, CT 06510

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: WWW NATIONALDIAPERBANKNETWORK ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2011 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 TO RAISE AWARENESS OF DIAPER NEED AND PERIOD POVERTY, WHILE BUILDING AND EXPANDING THE NATIONAL MOVEMENTS TO HELP CHILDREN, FAMILIES AND INDIVIDUALS ACCESS THE MATERIAL BASIC NEEDS - INCLUDING BABY DIAPERS, PERIOD SUPPLIES AND OTHER MATERIAL GOODS - REQUIRED TO REACH THEIR FULL POTENTIAL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,771,609	5,116,302
9 Program service revenue (Part VIII, line 2g)	685,155	1,512,491
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34	1,136
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,456,798	6,629,929
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,256,966	4,352,190
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	730,640	783,159
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶184,376		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	589,028	1,410,601
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,576,634	6,545,950
19 Revenue less expenses Subtract line 18 from line 12	-119,836	83,979

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	672,637	912,219
21 Total liabilities (Part X, line 26)	105,334	260,937
22 Net assets or fund balances Subtract line 21 from line 20	567,303	651,282

Part II Signature Block

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

Sign Here
 Signature of officer: *****
 Date: 2018-12-11
 JOANNE GOLDBLUM EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: CHRISTOPHER B CONLEY
 Preparer's signature: CHRISTOPHER B CONLEY
 Date: 2018-12-11
 Check if self-employed
 PTIN: P00936552
 Firm's name: GUILMARTIN DIPIRO & SOKOLOWSKI LLC
 Firm's EIN: 06-0971998
 Firm's address: 505 MAIN ST, MIDDLETOWN, CT 064572809
 Phone no: (860) 347-5689

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 TO RAISE AWARENESS OF DIAPER NEED AND PERIOD POVERTY, WHILE BUILDING AND EXPANDING THE NATIONAL MOVEMENTS TO HELP CHILDREN, FAMILIES AND INDIVIDUALS ACCESS THE MATERIAL BASIC NEEDS - INCLUDING BABY DIAPERS, PERIOD SUPPLIES AND OTHER MATERIAL GOODS - REQUIRED TO REACH THEIR FULL POTENTIAL

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

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

4 Describe the 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 \$ 4,706,415 including grants of \$ 4,352,190) (Revenue \$ 375,231)
 See Additional Data

4b (Code) (Expenses \$ 380,617 including grants of \$) (Revenue \$ 2,642)
 See Additional Data

4c (Code) (Expenses \$ 1,132,004 including grants of \$) (Revenue \$ 1,134,618)
 See Additional Data

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

4e Total program service expenses ▶ 6,219,036

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	Yes	
22 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>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CT); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] 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: JOANNE GOLDBLUM 155 EAST STREET SUITE 101 NEW HAVEN, CT 06510 (203) 821-7348

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER LOHSE CHAIRPERSON	2 00	X		X				0	0	0
(2) KRISTINE LEMKE SECRETARY	2 00	X		X				0	0	0
(3) SONDR A GREENE TREASURER	2 00	X		X				0	0	0
(4) JESSICA BARTHOLOW DIRECTOR	2 00	X						0	0	0
(5) CORINNE CANNON DIRECTOR	2 00	X						0	0	0
(6) JUDY CRUZ DIRECTOR	2 00	X						0	0	0
(7) JANET STOLFI ALFANO DIRECTOR	2 00	X						0	0	0
(8) VICKI CLARK DIRECTOR	2 00	X						0	0	0
(9) JEFF FACKLER DIRECTOR	2 00	X						0	0	0
(10) BETH RUOFF DIRECTOR	2 00	X						0	0	0
(11) KATHLEEN DICHARA DIRECTOR	2 00	X						0	0	0
(12) ARIC MELZL DIRECTOR	2 00	X						0	0	0
(13) LIZ SUTHERLIN DIRECTOR	2 00	X						0	0	0
(14) NANCY WOODLAND DIRECTOR	2 00	X						0	0	0
(15) JOANNE GOLDBLUM EXECUTIVE DI	40 00			X				87,418	0	2,623

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				

1b Sub-Total		
1c Total from continuation sheets to Part VII, Section A		
1d Total (add lines 1b and 1c)	87,418	2,623

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 ►	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	No
4 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>	No
5 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>	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year	
(A) Name and business address	(B) Description of services

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 ►	
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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,116,302			
	g Noncash contributions included in lines 1a-1f \$ _____		4,531,192			
	h Total. Add lines 1a-1f		5,116,302			
Program Service Revenue		Business Code				
	2a HUGGIES DIAPER BUYING PROGRAM	624100	1,129,060	1,129,060		
	b PARTNER FEES	624100	326,933	326,933		
	c MISCELLANEOUS PROGRAM FEES	624100	29,273	29,273		
	d CONFERENCE		27,225	27,225		
	e _____					
	f All other program service revenue		1,512,491			
g Total. Add lines 2a-2f		1,512,491				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,136		1,136	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		6,629,929	1,512,491		1,136	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,352,190	4,352,190		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	87,418	64,688	10,832	11,898
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	581,913	435,268	76,249	70,396
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	61,268	41,525	6,032	13,711
10 Payroll taxes.	52,560	38,050	3,929	10,581
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	98,760	30,671	19,719	48,370
12 Advertising and promotion.				
13 Office expenses.	3,932	2,061	1,550	321
14 Information technology.	3,684	1,664	2,020	
15 Royalties.				
16 Occupancy.	23,322	17,258	2,890	3,174
17 Travel.	37,032	27,215	9,749	68
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	32,867	30,082	2,785	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	470	348	58	64
23 Insurance.	9,852	7,291	1,220	1,341
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REIMBURSABLE EXPENSES	1,142,111	1,142,111		
b PROGRAM	54,560	24,603	5,505	24,452
c SCHOLARSHIPS	4,011	4,011		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	6,545,950	6,219,036	142,538	184,376
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	497,621	1	763,807
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	93,968	3	42,857
	4 Accounts receivable, net	68,810	4	91,430
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,320	9	12,677
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,479		
	b Less accumulated depreciation	9,031	1,918	10c 1,448
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	672,637	16	912,219	
Liabilities	17 Accounts payable and accrued expenses	82,234	17	205,082
	18 Grants payable		18	
	19 Deferred revenue	23,100	19	27,925
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	27,930
	26 Total liabilities. Add lines 17 through 25	105,334	26	260,937
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	473,335	27	522,649
	28 Temporarily restricted net assets	93,968	28	128,633
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	567,303	33	651,282
	34 Total liabilities and net assets/fund balances	672,637	34	912,219

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	6,629,929
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,545,950
3	Revenue less expenses Subtract line 2 from line 1	3	83,979
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	567,303
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	651,282

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes
<p>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?</p>	3a	No
<p>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</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 45-2823935

Name: NATIONAL DIAPER BANK NETWORK INC

Form 990 (2017)

Form 990, Part III, Line 4a:

NETWORK ASSISTANCE - NDBN MENTORS INDIVIDUALS AND COMMUNITIES STARTING SUSTAINABLE NONPROFIT PROGRAMS THAT DISTRIBUTE DIAPERS, PERIOD SUPPLIES AND/OR OTHER MATERIAL BASIC NEEDS TO INDIVIDUALS, CHILDREN AND FAMILIES NDBN ALSO HELPS EXISTING DIAPER BANKS AND PERIOD SUPPLY PROGRAMS DO MORE WITH AVAILABLE RESOURCES NDBN CONFERS MEMBERSHIP TO PROGRAMS THAT MEET OPERATIONAL STANDARDS OF SUCCESS NDBN ALSO PROVIDES TECHNICAL ASSISTANCE TAILORED TO THE NEEDS OF MEMBER PROGRAMS NDBN OFFERS FREE AND FEE-BASED OPPORTUNITIES AND SUPPORT SERVICES (E G , BULK BUYING PROGRAMS) TO ITS MEMBERS THROUGH ITS CORPORATE SPONSORSHIPS, NDBN DISTRIBUTES DONATED DIAPERS, AND OTHER MATERIAL BASIC NEEDS GOODS INCLUDING PERIOD SUPPLIES, TO ITS MEMBERS (SEE SCHEDULE O) NDBN DISTRIBUTES 20 MILLION DIAPERS DONATED ANNUALLY BY ITS FOUNDING SPONSOR HUGGIES THROUGH ITS INITIATIVE THE ALLIANCE FOR PERIOD SUPPLIES, NDBN ALSO DISTRIBUTES MORE THAN 10 MILLION PERIOD PRODUCTS (PADS AND LINERS) DONATED BY ITS SPONSOR U BY KOTEX IN ADDITION, NDBN ADMINISTERS THE 100,000 "FUNDS FOR CHANGE" GRANT PROGRAM, THE ONLY NATIONAL COMPETITIVE AWARD GIVEN EXCLUSIVELY TO DIAPER BANK PROGRAMS NDBN ALSO ORGANIZES AND HOSTS THE ANNUAL DIAPER BANKS IN AMERICA CONFERENCE AS WELL AS THE SUMMIT ON PERIOD LEADERSHIP TO ENHANCE PROFESSIONAL DEVELOPMENT, ORGANIZATIONAL STANDARDS AND PEER-TO-PEER COLLABORATION

Form 990, Part III, Line 4b:

AWARENESS - NDBN BRINGS NATIONAL ATTENTION TO THE ISSUE OF DIAPER NEED AND PERIOD POVERTY BY FOCUSING ON THE IMPACT THAT A LACK OF MATERIAL BASIC NEEDS HAS ON CHILDREN AND FAMILIES LIVING IN THE CONTINENTAL UNITED STATES. AWARENESS IS EXPANDED THROUGH THE EDUCATIONAL OUTREACH TO THE GENERAL PUBLIC AS WELL AS LOCAL AND NATIONAL LEADERS VIA MEDIA AND PROPRIETARY INITIATIVES. AS THE RECOGNIZED CENTER OF AUTHORITY ON DIAPER NEED IN THE CONTINENTAL UNITED STATES, NDBN COLLECTS, ANALYZES, AND REPORTS RELEVANT DATA TO ADVANCE POLICY/ADVOCACY EFFORTS RELATED TO DIAPER NEED, CHILD POVERTY, AND THE PHYSICAL, MENTAL AND ECONOMIC WELL-BEING OF CHILDREN AND FAMILIES. NDBN ADVOCACY EFFORTS INCLUDE DIAPER NEED AWARENESS WEEK AND NDBN LOBBY DAY IN D.C. (BOTH ANNUAL EVENTS) (SEE SCHEDULE O). NDBN HELPS SHAPE PUBLIC OPINION, FOSTER ACADEMIC RESEARCH, AND GUIDE STATE AND NATIONAL POLICIES.

Form 990, Part III, Line 4c:

NDBN'S PATHWAY2PROVIDE PROGRAM - QUALIFIED NDBN MEMBER DIAPER BANK PROGRAMS CAN PARTICIPATE IN AN EXCLUSIVE PURCHASING PROGRAM CREATED BY NDBN AND ITS FOUNDING SPONSOR HUGGIES/KIMBERLY-CLARK ELIGIBLE DIAPER BANK PROGRAMS CAN PLACE MONTHLY, QUARTERLY OR ANNUAL DIAPER ORDERS THROUGH NDBN, MAKE PAYMENTS DIRECTLY TO HUGGIES/KIMBERLY-CLARK AND RECEIVE SHIPMENTS OF DIAPERS AT COSTS WELL BELOW WHOLESALE DIAPER BANKS THAT USE DONATED DOLLARS TO PURCHASED DIAPERS THROUGH THE PROGRAM CAN ACCESS TWICE AS MANY DIAPERS, ON AVERAGE, IN THE SIZES NEEDED IN THE LOCAL COMMUNITY

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NATIONAL DIAPER BANK NETWORK INC

Employer identification number

45-2823935

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 above (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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,635,478	2,767,082	2,031,726	6,771,609	5,116,302	20,322,197
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,635,478	2,767,082	2,031,726	6,771,609	5,116,302	20,322,197
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16,328,689
6	Public support. Subtract line 5 from line 4						3,993,508

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3,635,478	2,767,082	2,031,726	6,771,609	5,116,302	20,322,197
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				34	1,136	1,170
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						20,323,367
12	Gross receipts from related activities, etc. (see instructions)					12	3,511,385

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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	19.650%
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	17.280%

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
c	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	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? <i>If "No," describe in Part VI 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.</i>		
2	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>If "Yes," then in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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	Adjusted Net Income (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)	1	
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			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	Distributable Amount. 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

MANY POOR FAMILIES CANNOT AFFORD TO BUY DIAPERS FOR THEIR BABIES BECAUSE FOOD STAMPS CANNOT BE USED TO PURCHASE DIAPERS AND FAMILIES DO NOT HAVE OTHER AVAILABLE RESOURCES. THE NATIONAL DIAPER BANK NETWORK, INC (NDBN) WORKS TO ENSURE THAT ALL BABIES AND THEIR FAMILIES HAVE ACCESS TO CLEAN, DRY DIAPERS AND OTHER MATERIAL GOODS. TO THAT END, NDBN ENGAGES IN ACTIVITIES TO RAISE AWARENESS OF DIAPER NEED AND TO EXPAND THE NATIONAL MOVEMENT OF DIAPER BANKS WORKING TO ADDRESS THIS NEED. IT PROVIDES TECHNICAL ASSISTANCE BOTH TO LOCAL COMMUNITIES TO START DIAPER BANKS AS WELL AS TO EXISTING DIAPER BANKS SO THEY CAN EXPAND CAPACITY. NDBN ALSO DISTRIBUTES DIAPERS AND FUNDING TO THE REGIONAL DIAPER BANKS AND RAISES AWARENESS OF DIAPER NEED BY REACHING OUT TO THE GENERAL PUBLIC, POLICY MAKERS AND COMMUNITY LEADERS TO EDUCATE THEM ABOUT DIAPER NEED. NDBN RECEIVES SUPPORT FROM THE PUBLIC AS WELL AS THROUGH A PARTNERSHIP WITH KIMBERLY-CLARK GLOBAL SALES, LLC (K-C), THE MANUFACTURER OF HUGGIES DIAPERS. IN TERMS OF PUBLIC SUPPORT, NDBN IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT. ALTHOUGH NDBN IS ONLY IN ITS 6TH YEAR OF EXISTENCE, IT PARTICIPATES IN THE COMBINED FEDERAL CAMPAIGN (CFC), WHICH IS THE LARGEST ANNUAL WORKPLACE CHARITABLE GIFTS CAMPAIGN IN THE COUNTRY, AND IT ALSO IS A MEMBER OF THE STATE-VERSION CFC PROGRAM IN ALL 50 STATES. NDBN HAS AN ONLINE DONATION PLATFORM AND SOLICITS GIFTS ONLINE AND BY MAIL. FINALLY, IT ACTIVELY APPLIES FOR GRANTS FROM A VARIETY OF FOUNDATIONS. AT PRESENT, IT HAS DONORS FROM ALL 50 STATES AND SOME INTERNATIONAL DONORS. NDBN RECEIVES SIGNIFICANT SUPPORT FROM K-C, MOST OF WHICH IS IN THE FORM OF IN-KIND CONTRIBUTIONS. SPECIFICALLY, K-C HAS AN AGREEMENT UNDER WHICH IT MAKES AN ANNUAL CASH CONTRIBUTION AS WELL AS AN IN-KIND DONATION OF UP TO 20 MILLION DIAPERS PER YEAR. NDBN THEN CONTRIBUTES THE DIAPERS TO NDBN'S NETWORK OF DIAPER BANKS, WHICH FACILITATE THE DISTRIBUTION OF THESE DIAPERS TO FAMILIES IN NEED. DURING THE FISCAL YEAR ENDED JUNE 30, 2018, K-C DONATED IN EXCESS OF 17 MILLION DIAPERS TO NDBN VALUED AT OVER 17 MILLION, AND IT DONATED OVER 160,000 IN CASH TO NDBN DURING THE SAME PERIOD. TOTAL CASH AND IN-KIND CONTRIBUTIONS FROM K-C SINCE INCEPTION OF NDBN IS IN EXCESS OF 12.1 MILLION. THE PARTNERSHIP WITH A NATIONAL MANUFACTURER OF DIAPERS ALLOWS NDBN TO RECEIVE THE DIAPERS AT NO COST AND THUS ACHIEVE ITS MISSION BOTH EFFECTIVELY AND IN A MANNER THAT IS MOST COST EFFECTIVE. IF THE ORGANIZATION HAD TO PURCHASE EACH OF THE DIAPERS DISTRIBUTED TO THE PARTNER DIAPER BANKS, NDBN'S REACH COULD NOT COME CLOSE TO 17 MILLION PLUS DIAPERS PER YEAR. THE PARTNER DIAPER BANKS ARE LOCATED THROUGHOUT THE CONTINENTAL UNITED STATES AND RECEIVE DIAPERS FROM NDBN BASED ON ITS STRATEGIC PLAN TO REACH A DIVERSIFIED GEOGRAPHY AND TO BUILD CAPACITY OF DIAPER BANKS ACROSS THE COUNTRY. THE DISTRIBUTION IS ALSO BASED ON THE ABILITY OF THOSE DIAPER BANKS TO ACCEPT, WAREHOUSE AND DISTRIBUTE TRUCKLOADS OF DIAPERS FREE OF CHARGE TO POOR FAMILIES IN THEIR COMMUNITIES. IN ADDITION TO GRANTS OF DIAPERS, THE VARIOUS PARTNER DIAPER BANKS ARE ABLE TO RECEIVE CASH GRANTS WHICH CAN BE USED FOR A VARIETY OF THINGS SUCH AS OUTREACH, MARKETING AND ADMINISTRATION. NDBN HAS A GOVERNING BODY THAT REPRESENTS THE INTERESTS OF THE PUBLIC. THE BOARD HAS FIFTEEN VOTING MEMBERS, ALL OF WHOM ARE INDEPENDENT AND ONLY ONE OF WHOM WORKS FOR K-C. THE DIRECTORS ARE DRAWN FROM ACROSS THE COUNTRY AND RESIDE AND WORK IN 14 STATES AND THE DISTRICT OF COLUMBIA. THEY HAVE PROFESSIONAL BACKGROUNDS, SPECIAL KNOWLEDGE, AND EXPERTISE THAT SUPPORT THE MISSION OF NDBN. THESE BACKGROUNDS INCLUDE EXPERIENCE WITH FOUNDATIONS AND OTHER NON-PROFITS, FINANCE, BUSINESS, LOGISTICS, PUBLIC POLICY AND PUBLIC RELATIONS. IN ADDITION, SEVERAL ARE EXECUTIVE DIRECTORS OF LOCAL DIAPER BANKS. NDBN'S ACTIVITIES AND MISSION ARE DESIGNED TO AND DO BENEFIT POOR FAMILIES AND THEIR BABIES BY MAKING IT POSSIBLE FOR THESE FAMILIES TO HAVE DIAPERS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	<p>MANY POOR FAMILIES CANNOT AFFORD TO BUY DIAPERS FOR THEIR BABIES BECAUSE FOOD STAMPS CANNOT BE USED TO PURCHASE DIAPERS AND FAMILIES DO NOT HAVE OTHER AVAILABLE RESOURCES THE NATIONAL DIAPER BANK NETWORK, INC (NDBN) WORKS TO ENSURE THAT ALL BABIES AND THEIR FAMILIES HAVE ACCESS TO CLEAN, DRY DIAPERS AND OTHER MATERIAL GOODS TO THAT END, NDBN ENGAGES IN ACTIVITIES TO RAISE AWARENESS OF DIAPER NEED AND TO EXPAND THE NATIONAL MOVEMENT OF DIAPER BANKS WORKING TO ADDRESS THIS NEED IT PROVIDES TECHNICAL ASSISTANCE BOTH TO LOCAL COMMUNITIES TO START DIAPER BANKS AS WELL AS TO EXISTING DIAPER BANKS SO THEY CAN EXPAND CAPACITY NDBN ALSO DISTRIBUTES DIAPERS AND FUNDING TO THE REGIONAL DIAPER BANKS AND RAISES AWARENESS OF DIAPER NEED BY REACHING OUT TO THE GENERAL PUBLIC, POLICY MAKERS AND COMMUNITY LEADERS TO EDUCATE THEM ABOUT DIAPER NEED NDBN RECEIVES SUPPORT FROM THE PUBLIC AS WELL AS THROUGH A PARTNERSHIP WITH KIMBERLY-CLARK GLOBAL SALES, LLC (K-C), THE MANUFACTURER OF HUGGIE'S DIAPERS IN TERMS OF PUBLIC SUPPORT, NDBN IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ALTHOUGH NDBN IS ONLY IN ITS 6TH YEAR OF EXISTENCE, IT PARTICIPATES IN THE COMBINED FEDERAL CAMPAIGN (CFC), WHICH IS THE LARGEST ANNUAL WORKPLACE CHARITABLE GIFTS CAMPAIGN IN THE COUNTRY, AND IT ALSO IS A MEMBER OF THE STATE-VERSION CFC PROGRAM IN ALL 50 STATES NDBN HAS AN ONLINE DONATION PLATFORM AND SOLICITS GIFTS ONLINE AND BY MAIL FINALLY, IT ACTIVELY APPLIES FOR GRANTS FROM A VARIETY OF FOUNDATIONS AT PRESENT, IT HAS DONORS FROM ALL 50 STATES AND SOME INTERNATIONAL DONORS NDBN RECEIVES SIGNIFICANT SUPPORT FROM K-C, MOST OF WHICH IS IN THE FORM OF IN-KIND CONTRIBUTIONS SPECIFICALLY, K-C HAS AN AGREEMENT UNDER WHICH IT MAKES AN ANNUAL CASH CONTRIBUTION AS WELL AS AN IN-KIND DONATION OF UP TO 20 MILLION DIAPERS PER YEAR NDBN THEN CONTRIBUTES THE DIAPERS TO NDBN'S NETWORK OF DIAPER BANKS, WHICH FACILITATE THE DISTRIBUTION OF THESE DIAPERS TO FAMILIES IN NEED DURING THE FISCAL YEAR ENDED JUNE 30, 2018, K-C DONATED IN EXCESS OF 17 MILLION DIAPERS TO NDBN VALUED AT OVER 1.7 MILLION, AND IT DONATED OVER 160,000 IN CASH TO NDBN DURING THE SAME PERIOD TOTAL CASH AND IN-KIND CONTRIBUTIONS FROM K-C SINCE INCEPTION OF NDBN IS IN EXCESS OF 12.1 MILLION THE PARTNERSHIP WITH A NATIONAL MANUFACTURER OF DIAPERS ALLOWS NDBN TO RECEIVE THE DIAPERS AT NO COST AND THUS ACHIEVE ITS MISSION BOTH EFFECTIVELY AND IN A MANNER THAT IS MOST COST EFFECTIVE IF THE ORGANIZATION HAD TO PURCHASE EACH OF THE DIAPERS DISTRIBUTED TO THE PARTNER DIAPER BANKS, NDBN'S REACH COULD NOT COME CLOSE TO 17 MILLION PLUS DIAPERS PER YEAR THE PARTNER DIAPER BANKS ARE LOCATED THROUGHOUT THE CONTINENTAL UNITED STATES AND RECEIVE DIAPERS FROM NDBN BASED ON ITS STRATEGIC PLAN TO REACH A DIVERSIFIED GEOGRAPHY AND TO BUILD CAPACITY OF DIAPER BANKS ACROSS THE COUNTRY THE DISTRIBUTION IS ALSO BASED ON THE ABILITY OF THOSE DIAPER BANKS TO ACCEPT, WAREHOUSE AND DISTRIBUTE TRUCKLOADS OF DIAPERS FREE OF CHARGE</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	<p>O POOR FAMILIES IN THEIR COMMUNITIES IN ADDITION TO GRANTS OF DIAPERS, THE VARIOUS PARTNER DIAPER BANKS ARE ABLE TO RECEIVE CASH GRANTS WHICH CAN BE USED FOR A VARIETY OF THINGS SUCH AS OUTREACH, MARKETING AND ADMINISTRATION NDBN HAS A GOVERNING BODY THAT REPRESENTS THE INTERESTS OF THE PUBLIC THE BOARD HAS FIFTEEN VOTING MEMBERS, ALL OF WHOM ARE INDEPENDENT AND ONLY ONE OF WHOM WORKS FOR K-C THE DIRECTORS ARE DRAWN FROM ACROSS THE COUNTRY AND RESIDE AND WORK IN 14 STATES AND THE DISTRICT OF COLUMBIA THEY HAVE PROFESSIONAL BACKGROUNDS, SPECIAL KNOWLEDGE, AND EXPERTISE THAT SUPPORT THE MISSION OF NDBN, THESE BACKGROUNDS INCLUDE EXPERIENCE WITH FOUNDATIONS AND OTHER NON-PROFITS, FINANCE, BUSINESS, LOGISTICS, PUBLIC POLICY AND PUBLIC RELATIONS IN ADDITION, SEVERAL ARE EXECUTIVE DIRECTORS OF LOCAL DIAPER BANKS NDBN'S ACTIVITIES AND MISSION ARE DESIGNED TO AND DO BENEFIT POOR FAMILIES AND THEIR BABIES BY MAKING IT POSSIBLE FOR THESE FAMILIES TO HAVE DIAPERS</p>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NATIONAL DIAPER BANK NETWORK INC	Employer identification number 45-2823935
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	18,516													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	18,516													
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)	18,516													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	3,703													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	926													
h	Subtract line 1g from line 1a If zero or less, enter -0-	17,590													
i	Subtract line 1f from line 1c If zero or less, enter -0-	14,813													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount			544,340	3,703	548,043
b Lobbying ceiling amount (150% of line 2a, column(e))					822,065
c Total lobbying expenditures			21,425	18,516	39,941
d Grassroots nontaxable amount			136,085	926	137,011
e Grassroots ceiling amount (150% of line 2d, column (e))					205,517
f Grassroots lobbying expenditures			21,425	18,516	39,941

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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TY 2017 Averaging Attachment

Name: NATIONAL DIAPER BANK NETWORK INC

EIN: 45-2823935

Explanation: THE FISCAL YEAR ENDED JUNE 30, 2017 IS THE FIRST YEAR FOR WHICH THE ORGANIZATION'S SECTION 501(H) ELECTION IS EFFECTIVE. THEREFORE, COLUMNS (A) THROUGH (C) ARE NOT APPLICABLE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
NATIONAL DIAPER BANK NETWORK INC

Employer identification number
45-2823935

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on 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 on 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 | | Yes | No |
| 3a(i) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | | | |
| 3a(ii) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | | |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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" on 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		10,479	9,031	1,448
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,448

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on 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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
FUNDS FROM OTHERS	27,930
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 27,930

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,155,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	363,372	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	162,659	
e	Add lines 2a through 2d		2e	526,031
3	Subtract line 2e from line 1		3	6,629,929
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	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	6,629,929

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

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

1	Total expenses and losses per audited financial statements		1	7,071,981
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	363,372	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	162,659	
e	Add lines 2a through 2d		2e	526,031
3	Subtract line 2e from line 1		3	6,545,950
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	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	6,545,950

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-2823935

Name: NATIONAL DIAPER BANK NETWORK INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HAS RECEIVED EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ORGANIZATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI) MANAGEMENT HAS REVIEWED THE ORGANIZATION'S REPORTING AND BELIEVE THEY HAVE NOT TAKEN TAX POSITIONS THAT ARE MORE LIKELY THAN NOT TO BE DETERMINED TO BE INCORRECT BY THE INTERNAL REVENUE SERVICE AND THEREFORE NO ADJUSTMENTS OR DISCLOSURES ARE REQUIRED THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER THERE ARE CURRENTLY NO AUDITS PENDING OR IN PROCESS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	TEMPORARILY RESTRICTED NET ASSETS RELEASED 162,659

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	TEMPORARILY RESTRICTED NET ASSETS RELEASED 162,659

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on 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.

Name of the organization
NATIONAL DIAPER BANK NETWORK INC

Employer identification number
45-2823935

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 74

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ALL GRANT RECIPIENT FUNDS ARE REQUIRED TO BE UTILIZED FOR THE PROMOTION OF NATIONAL DIAPER BANK NETWORK, INC 'S PROGRAM THE USE OF THE FUNDS IS DOCUMENTED IN THE GRANT AWARD LETTER RECIPIENTS ARE FROM ALL SIZE ORGANIZATIONS TO ASSIST WITH CREATING A NATIONAL DIAPER BANK NETWORK
SCHEDULE I, PAGE 4, PART IV	NATIONAL DIAPER BANK NETWORK SUPPORTS ORGANIZATIONS THAT FOLLOW THEIR MISSION OF CREATING A NATIONAL BANK NETWORK ACROSS THE COUNTRY THROUGH COMMUNITY PARTNERS THIS IS DONE THROUGH GRANTS AND DONATIONS OF DIAPERS TO DIFFERENT ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 45-2823935
Name: NATIONAL DIAPER BANK NETWORK INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
A SMALL HAND-EDINBURG CHRISTIAN CHURCH PO BOX 132 EDINBURG, VA 22824	54-1098005	501C3	6,000	10,473	COST	SUPPLIES	ASSISTANCE
AUSTIN DIAPER BANK 6418 CLAIRMONT DR AUSTIN, TX 78757	80-0931841	501C3	2,500	87,500	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BABY2BABY 6435 WILSHIRE BLVD LOS ANGELES, CA 90048	46-4503539	501C3		50,392	COST	SUPPLIES	ASSISTANCE
BABY CYCLE 6511 43RD STREET PINELLAS PARK, FL 33781	46-3452785	501C3		259,298	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BABY BASICS PMB132 PO BOX 413005 NAPLES, FL 34101	20-1498596	501C3		106,872	COST	SUPPLIES	ASSISTANCE
BUNDLES OF HOPE DIAPER BANK 1678 MONTGOMERY HIGHWAY 104 PMB BIRMINGHAM, AL 35216	47-3964034	501C3		40,495	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COAHOMA COUNTY DIAPER BANK PO BOX 252 651 EVELYN AVE CLARKSVILLE, MS 38614	64-0823930	501C3		10,473	COST	SUPPLIES	ASSISTANCE
COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL RD HILLSIDE, NJ 07205	22-2423882	501C3		15,552	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 30 CLIPPER RD PHILADELPHIA, PA 19428	04-3584367	501C3		54,206	COST	SUPPLIES	ASSISTANCE
CRADLES TO CRAYONS CHICAGO 4141 W GEORGE STREET CHICAGO, IL 60641	04-3584367	501C3		34,431	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DIAPER BANK OF CENTRAL ARIZONA 5502 W BUCKEYE SUITE 100 PHOENIX, AZ 85043	43-1990345	501C3		84,112	COST	SUPPLIES	ASSISTANCE
DIAPER BANK OF NORTH CAROLINA 1311 EAST CLUB BLVD DURHAM, NC 27704	32-0401621	501C3		79,244	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DIAPER BANK OF SOUTHERN ARIZONA 1050 SOUTH PLUMER AVE TUCSON, AZ 85719	43-1990345	501C3		31,768	COST	SUPPLIES	ASSISTANCE
DIAPER BANK OF THE OZARKS 615 NORTH GLENSTONE SPRINGFIELD, MO 65802	46-2851972	501C3	5,000	80,034	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EASTSIDE BABY CORNER PO BOX 712 ISSAQUAH, WA 98027	91-1617032	501C3		49,258	COST	SUPPLIES	ASSISTANCE
EMERGENCY INFANT SERVICES 222 S HOUSTON AVE TULSA, OK 74127	73-1039524	501C3		43,008	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GOOD FOUNDATION 306 WEST 37TH ST LOS ANGELES, CA 90016	31-1777082	501C3		27,766	COST	SUPPLIES	ASSISTANCE
HELP A MOTHER OUT COMMUNITY INITIATIVES 1000 BROADWAY SUITE 480 OAKLAND, CA 94607	94-3255070	501C3		73,476	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEROES CARE 330 SUN VALLEY CIRCLE FENTON, MO 63026	01-0777850	501C3		354,392	COST	SUPPLIES	ASSISTANCE
HOPE SUPPLY (CAPTAIN HOPE) 10480 SHADY TRAIL SUITE 104 DALLAS, TX 75220	75-2284779	501C3		212,444	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
IDAHO DIAPER BANK INC 621 E KING ST MERIDIAN, ID 83642	46-5573014	501C3		82,790	COST	SUPPLIES	ASSISTANCE
JUNIOR LEAGUE OF BOCA RATON 261 NW 13TH ST BOCA RATON, FL 33432	23-7402731	501C3		35,162	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JUNIOR LEAGUE OF NEW ORLEANS 1109 N AL DAVIS ROAD NEW ORLEANS, LA 70123	72-6000609	501C3		74,720	COST	SUPPLIES	ASSISTANCE
METROPOLITAN DETROIT DIAPER BANK 3755 RIVARD ST DETROIT, MI 48207	47-3853031	501C3	10,000	10,473	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MITZVAH CIRCLE FOUNDATION 1561 GEHMAN ROAD HARLEYSVILLE, PA 19446	26-3705891	501C3	2,500	60,552	COST	SUPPLIES	ASSISTANCE
MODESTLY COVER DIAPER BANK OF ESSEX COUNTY 5A CAMBRIDGE DR MONROE, NJ 08831	46-2761456	501C3		7,862	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PROJECT UNDERCOVER 50 GRECO LANE CRANSTON, RI 02886	30-0576681	501C3		8,000	COST	SUPPLIES	ASSISTANCE
SACRAMENTO FOOD BANK 3333 THIRD AVE SACRAMENTO, CA 95817	94-3315566	501C3		72,130	COST	SUPPLIES	ASSISTANCE

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SHILOH DISTRIBUTION CENTER 121 VOLUNTEER DR LEXINGTON, TN 38351	83-0471038	501C3		48,391	COST	SUPPLIES	ASSISTANCE
ST LOUIS DIAPER BANK 2653 LOCUST STREET ST LOUIS, MO 63103	37-1787940	501C3		55,586	COST	SUPPLIES	ASSISTANCE

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SWEET CHEEKS DIAPER BANK 1615 REPUBLIC ST CINCINNATI, OH 45202	47-5175383	501C3	2,500	26,512	COST	SUPPLIES	ASSISTANCE
THE DIAPER ALLIANCE 3700 JAMES SAVAGE MIDLAND, MI 48642	27-2558400	501C3		90,469	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE GR PHILADELPHIA DIAPER BANK 1 YALE DR RICHBORO, PA 18954	35-2391701	501C3		60,473	COST	SUPPLIES	ASSISTANCE
TREASURE COAST FOOD BANK 401 ANGLE RD FORT PIERCE, FL 34947	65-0123281	501C3		101,523	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY FOX CITIES 1455 MIDWAY RD MENASHA, WI 54952	39-0912895	501C3		15,552	COST	SUPPLIES	ASSISTANCE
UTAH DIAPER BANK 615 E PIONEER AVE SANDY, UT 84070	46-2823588	501C3	10,000	23,719	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WESTERN PENNSYLVANNIA DIAPER BANK 2546 CENTRE AVE PITTSBURGH, PA 15219	35-2461923	501C3	2,500	249,425	COST	SUPPLIES	ASSISTANCE
WESTSIDE BABY 10002 14TH AVE SW SEATTLE, WA 98146	91-2124405	501C3		69,915	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CENTER FOR LEADERSHIP 2840 PRARIE AVE BELOIT, WI 53511	23-1727133	501C3		9,820	COST	SUPPLIES	ASSISTANCE
CENTRAL NEW YORK DIAPER BANK INC 3649 ERIE BLVD EAST SYRACUSE, NY 13214	81-2106440	501C3	2,500	20,000	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COLUMBUS DIAPER BANK 1040 NORTH HIGH STREET SUITE 7 COLUMBUS, OH 43201	46-4186869	501C3		18,480	COST	SUPPLIES	ASSISTANCE
DAUGHTERS OF DESTINY INC 3016 WEST 63RD STREET CHICAGO, IL 60652	02-0710032	501C3		10,473	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EVERY BOTTOM COVERED 55 SCHUELE AVE BUFFALO, NY 14215	81-1314673	501C3		10,473	COST	SUPPLIES	ASSISTANCE
FORT BEND DIAPER BANK 6015 WILL POINT LANE RICHMOND, TX 77469	42-2755940	501C3		60,473	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GALVESTON DIAPER BANK 2115 POSTOFFICE STREET GALVESTON, TX 77550	47-4777088	501C3		187,486	COST	SUPPLIES	ASSISTANCE
GREATER DC DIAPER BANK 1532 A STREETNE WASHINGTON, DC 20002	27-4276547	501C3		81,238	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALTH STEPS DIAPER BANK 6400 COLCHESTER AVENUE HARRISBURGH, PA 17111	61-1714375	501C3		27,220	COST	SUPPLIES	ASSISTANCE
HELPING MAMAS INC 3750 HEWATT COURT SUITE F SNELVILLE, GA 30039	47-1381339	501C3	2,500	9,820	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JAKE'S DIAPERS INC 139E 2ND ST SUITE U2 KAUKANA, WI 54130	46-3062817	501C3		10,473	COST	SUPPLIES	ASSISTANCE
LOVING BOTTOMS DIAPER BANK 3021 WMAIN ST GALESBURG, IL 61401	47-5163997	501C3	2,500	10,473	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MICHAEL KLAHR JEWISH FAMILY CENTER 1342 CONGRESS ST PORTLAND, ME 04102	01-0530420	501C3	2,500	9,644	COST	SUPPLIES	ASSISTANCE
NATION'L ASSOCOF CHRISTIAN CHURCHE 8524 HIGHWAY 6 N SUITE 474 HOUSTON, TX 77095	20-5077098	501C3		180,000	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501C3		9,589	COST	SUPPLIES	ASSISTANCE
SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SPRING VALLY, CA 92121	20-4374795	501C3		86,420	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHAREBABY INC PO BOX 341 BROOKLANDVILLE, MD 21022	47-2322557	501C3	9,000	24,300	COST	SUPPLIES	ASISSTANCE
ST BERNADETTE 6500 SAINT BERADETTE AVE PROSPECT, KY 40059	26-1961485	501C3		15,000	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SUPPLYBANKORG 7730 PARDEE LANE OAKLAND, CA 94621	51-0671019	501C3		60,690	COST	SUPPLIES	ASSISTANCE
THE DIAPER BANK OF CONECTICUT 370 STATE STREET SUITE B NORTH HAVEN, CT 06473	20-1179912	501C3	10,000	86,191	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE DIAPER BANK OF NORTHERN IL PO BOX 2014 MCHENRY, IL 60051	47-1497651	501C3		47,978	COST	SUPPLIES	ASSISTANCE
TEXAS DIAPER BANK 5415 BANDERA RD SUITE 504 SAN ANTONIO, TX 78238	74-2886380	501C3	10,000	461,753	COST	SUPPLIES	ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CENTRAL FLORIDA DIAPER BANK 1041 CROWN PARK CIRCLE WINTER GARDEN, FL 34787	59-3458402	501C3		8,748	COST	SUPPLIES	ASSISTANCE

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization NATIONAL DIAPER BANK NETWORK INC	Employer identification number 45-2823935
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID GOLDBLUM	EXEC DIR HUSBND	21,400	RENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	THE ORGANIZATION ENTERED INTO A LEASE AGREEMENT DURING THE FISCAL YEAR ENDED JUNE 30, 2016 WITH FOUNDRY SQUARE, LLC WHICH IS OWNED BY THE HUSBAND (DAVID GOLDBLUM) OF THE EXECUTIVE DIRECTOR (JOANNE GOLDBLUM) THE RENT IS BASED ON MARKET STUDIES AND APPROVED BY THE BOARD OF DIRECTORS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL DIAPER BANK NETWORK INC

Employer identification number
45-2823935

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	X		400,000	COST
5 Clothing and household goods				
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 ▶ (DIAPERS)	X	17,953,965	1,795,396	10/DIAPER
26 Other ▶ (INFANT SUPPLIES)	X	841,169	1,826,417	AT DONATED VALUE
27 Other ▶ (PERIOD SUPPLIES)	X	5,093,792	509,379	10 PER ITEM
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**

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
~~Internal Revenue Service~~Name of the organization
NATIONAL DIAPER BANK NETWORK INC**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.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

45-2823935

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO RAISE AWARENESS OF DIAPER NEED AND PERIOD POVERTY, WHILE BUILDING AND EXPANDING THE NATIONAL MOVEMENTS TO HELP CHILDREN, FAMILIES AND INDIVIDUALS ACCESS THE MATERIAL BASIC NEEDS - INCLUDING BABY DIAPERS, PERIOD SUPPLIES AND OTHER MATERIAL GOODS - REQUIRED TO REACH THEIR FULL POTENTIAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	NDBN DISTRIBUTES 20 MILLION DIAPERS DONATED ANNUALLY BY ITS FOUNDING SPONSOR HUGGIES THROUGH ITS INITIATIVE THE ALLIANCE FOR PERIOD SUPPLIES, NDBN ALSO DISTRIBUTES MORE THAN 10 MILLION PERIOD PRODUCTS (PADS AND LINERS) DONATED BY ITS SPONSOR U BY KOTEX IN ADDITION, NDBN ADMINISTERS THE 100,000 "FUNDS FOR CHANGE" GRANT PROGRAM, THE ONLY NATIONAL COMPETITIVE AWARD GIVEN EXCLUSIVELY TO DIAPER BANK PROGRAMS NDBN ALSO ORGANIZES AND HOSTS THE ANNUAL DIAPER BANKS IN AMERICA CONFERENCE AS WELL AS THE SUMMIT ON PERIOD LEADERSHIP TO ENHANCE PROFESSIONAL DEVELOPMENT, ORGANIZATIONAL STANDARDS AND PEER-TO-PEER COLLABORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	NDBN HELPS SHAPE PUBLIC OPINION, FOSTER ACADEMIC RESEARCH, AND GUIDE STATE AND NATIONAL POLICIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS BY THE TREASURER FOR FULL REVIEW PRIOR TO SUBMISSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION'S BOARD MEMBERS AND STAFF ANNOUNCE ANY CONFLICTS TO THE FULL BOARD AND SIGN STATEMENTS ANNUALLY THE POLICY IS REVISED AND ENFORCED AS NEEDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR WAS REVIEWED BY THE ENTIRE BOARD OF DIRECTORS AND PASSED AT THE FIRST MEETING THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR IS NOW REVIEWED BY THE ENTIRE BOARD OF DIRECTORS IN ADHERANCE WITH THE EXECUTIVE COMPENSATION POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST WITHIN A REASONABLE AMOUNT OF TIME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TEMPORARILY RESTRICTED NET ASSETS RELEASED 162,659 TEMPORARILY RESTRICTED NET ASSETS RELEASED -162,659