

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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) Room/suite
155 EAST STREET NO 101

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 \$ 10,389,328

F Name and address of principal officer:
JOANNE GOLDBLUM
155 EAST ST 101
NEW HAVEN, CT 06511

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: ▶ [HTTPS://NATIONALDIAPERBANKNETWORK.ORG/](https://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:
RAISING AWARENESS OF DIAPER NEED AND PERIOD POVERTY WHILE WORKING TO END BOTH.

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	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	13
6 Total number of volunteers (estimate if necessary)	6	12
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 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,067,434	6,434,897
9 Program service revenue (Part VIII, line 2g)	2,367,680	3,952,123
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,154	2,308
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,438,268	10,389,328
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,364,263	5,144,858
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	820,994	950,404
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶186,005		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,263,862	3,282,672
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,449,119	9,377,934
19 Revenue less expenses. Subtract line 18 from line 12	-10,851	1,011,394
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	790,010	1,894,046
21 Total liabilities (Part X, line 26)	149,579	242,221
22 Net assets or fund balances. Subtract line 21 from line 20	640,431	1,651,825

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 2020-10-16

JOANNE GOLDBLUM CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2020-10-16	Check <input type="checkbox"/> if self-employed	PTIN P01431021
Firm's name ▶ HARRIS & CO PLLC			Firm's EIN ▶ 26-4022510	
Firm's address ▶ 2289 S BONITO WAY STE 100 MERIDIAN, ID 83642			Phone no. (208) 333-8965	

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:

THROUGH AWARENESS, ASSISTANCE, AND COMMUNITY, WE ARE DEDICATED TO HELPING INDIVIDUALS, CHILDREN AND FAMILIES ACCESS THE BASIC NECESSITIES THEY REQUIRE TO THRIVE AND 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 \$ 7,749,643 including grants of \$ 4,574,118) (Revenue \$ 3,856,057)

See Additional Data

4b (Code:) (Expenses \$ 589,790 including grants of \$ 443,717) (Revenue \$ 35,020)

See Additional Data

4c (Code:) (Expenses \$ 361,896 including grants of \$) (Revenue \$ 2,998)

See Additional Data

(Code:) (Expenses \$ 291,902 including grants of \$ 127,023) (Revenue \$ 58,048)

PATHWAY TO PROVIDE 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 A 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.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 291,902 including grants of \$ 127,023) (Revenue \$ 58,048)

4e Total program service expenses ▶ 8,993,231

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question is followed by a grid for 'Yes/No' or numerical answers.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
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:

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.
- See instructions for the order in which to list the persons above.

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) KATHLEEN DICHIARA CHAIR	2.00	X		X			0	0	0	
(2) VICKI CLARK SECRETARY	2.00	X		X			0	0	0	
(3) ERIC ADELSON TREASURER	2.00	X		X			0	0	0	
(4) JENNIFER LOHSE OFFICER	2.00	X					0	0	0	
(5) AMY DALY DONOVAN CHAIR ELECT	2.00	X					0	0	0	
(6) ARIC MELZL OFFICER	2.00	X					0	0	0	
(7) BETH RUOFF OFFICER	2.00	X					0	0	0	
(8) BILL ANDOE OFFICER	2.00	X					0	0	0	
(9) CHELSEA PRESLEY OFFICER	2.00	X					0	0	0	
(10) JESSICA BARTHOLOW OFFICER	2.00	X					0	0	0	
(11) JUDY CRUZ OFFICER	2.00	X					0	0	0	
(12) KEVIN FAULKNER OFFICER	2.00	X					0	0	0	
(13) KRISTINE LEMKE OFFICER	2.00	X					0	0	0	
(14) KRISTINE RHODE OFFICER	2.00	X					0	0	0	
(15) NANCY WOODLAND OFFICER	2.00	X					0	0	0	
(16) OPIO DUPREE OFFICER	2.00	X					0	0	0	
(17) SONDR A GREEN OFFICER	2.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JOANNE GOLDBLUM CHIEF EXECUTIVE OFFICER	40.00			X				98,918	0	2,496
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								98,918	0	2,496

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 ► **0**

	Yes	No
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	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,434,897		
	g Noncash contributions included in lines 1a - 1f:\$	1g	4,938,125		
h Total. Add lines 1a-1f		6,434,897			

Program Service Revenue			Business Code			
	2a HUGGIES DIAPER BUYING PROGERAM		624100	3,093,094	3,093,094	
	b MEMBER SUPPORT		624100	769,490	769,490	
	c MEMBERSHIP DUES		624100	48,313	48,313	
	d CONFERENCE		624100	38,228	38,228	
	e ALL OTHER PROGRAM SERVICES		624100	2,998	2,998	
	f All other program service revenue.					
g Total. Add lines 2a-2f.			3,952,123			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,308			2,308	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
			d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
			d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
			c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
			c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a						
			b Less: cost of goods sold	10b				
			c Net income or (loss) from sales of inventory					
11a Miscellaneous Revenue		Business Code						
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions			10,389,328	3,952,123	0	2,308		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,144,858	5,144,858		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,894	73,055	14,405	15,434
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	847,510	599,240	120,455	127,815
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
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)	109,454	66,772	36,172	6,510
12 Advertising and promotion				
13 Office expenses	66,404	27,454	9,635	29,315
14 Information technology				
15 Royalties				
16 Occupancy	27,487	18,325	4,581	4,581
17 Travel	71,455	58,918	12,415	122
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,470	2,455	492	523
23 Insurance	9,860	7,612	543	1,705
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 MATERIALS AND SUPPLIES	2,994,542	2,994,542		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,377,934	8,993,231	198,698	186,005
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	648,198	1	1,727,964
	2 Savings and temporary cash investments	504	2	504
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	113,568	4	133,877
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,762	9	20,193
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,479		
	b Less: accumulated depreciation	10b 13,971	14,978	10c 11,508
	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)	790,010	16	1,894,046	
Liabilities	17 Accounts payable and accrued expenses	125,704	17	138,796
	18 Grants payable		18	
	19 Deferred revenue	23,875	19	103,425
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25		
26 Total liabilities. Add lines 17 through 25	149,579	26	242,221	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	604,375	27	1,187,167
	28 Net assets with donor restrictions	36,056	28	464,658
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	640,431	32	1,651,825	
33 Total liabilities and net assets/fund balances	790,010	33	1,894,046	

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	10,389,328
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,377,934
3	Revenue less expenses. Subtract line 2 from line 1	3	1,011,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	640,431
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,651,825

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 45-2823935

Name: NATIONAL DIAPER BANK NETWORK INC

Form 990 (2019)

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 NECESSITIES 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, TO ITS MEMBERS. NDBN DISTRIBUTES 20 MILLION DIAPERS DONATED ANNUALLY BY ITS FOUNDING SPONSOR HUGGIES. 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 U.S. CONFERENCE ON POVERTY AND BASIC NEEDS TO ENHANCE PROFESSIONAL DEVELOPMENT, ORGANIZATIONAL STANDARDS, AND PEER-TO-PEER COLLABORATION.

Form 990, Part III, Line 4b:

ALLIANCE FOR PERIOD SUPPLIES - AN NDBN PROGRAM - HAS DISTRIBUTED MORE THAN 30 MILLION PERIOD PRODUCTS (PADS AND LINERS) DONATED BY FOUNDING SPONSOR U BY KOTEX TO MORE THAN 100 ALLIED PROGRAMS IN THE U.S. PROGRAMS ALSO RECEIVE EXPERT TECHNICAL ASSISTANCE AS DESCRIBED ABOVE. ALLIANCE FOR PERIOD SUPPLIES HOSTS THE NATIONAL SUMMIT ON PERIOD POVERTY LEADERSHIP AS PART OF THE U.S. CONFERENCE ON POVERTY AND BASIC NEEDS, WHICH FOSTERS COLLABORATION AND SUPPORT AMONG PEOPLE AND ORGANIZATIONS WORKING TO ADDRESS PERIOD POVERTY, PERIOD STIGMA, AND MENSTRUAL EQUITY IN THE UNITED STATES.

Form 990, Part III, Line 4c:

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 AMERICA. 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 AMERICA, 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 NATIONAL DIAPER NEED AWARENESS WEEK AND NDBN LOBBY DAY IN D.C. (BOTH ANNUAL EVENTS). NDBN HELPS SHAPE PUBLIC OPINION, FOSTER ACADEMIC RESEARCH, AND GUIDE STATE AND NATIONAL POLICIES.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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 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 **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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,031,726	6,771,609	5,116,302	4,067,434	6,434,897	24,421,968
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	2,031,726	6,771,609	5,116,302	4,067,434	6,434,897	24,421,968
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) . . .						18,689,164
6 Public support. Subtract line 5 from line 4.						5,732,804

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	2,031,726	6,771,609	5,116,302	4,067,434	6,434,897	24,421,968
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .		34	1,136	3,154	2,308	6,632
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						24,428,600
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	23.470 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	23.060 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 45-2823935

Name: NATIONAL DIAPER BANK NETWORK INC

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

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. AVAILABLE SAFETY NET PROGRAMS (SUCH AS FOOD STAMPS) CANNOT BE USED TO PURCHASE DIAPERS, AND MANY FAMILIES DO NOT HAVE OTHER AVAILABLE RESOURCES. THE SAME IS TRUE FOR PERIOD SUPPLIES. THE NATIONAL DIAPER BANK NETWORK (NDBN) WORKS TO ENSURE THAT ALL BABIES AND THEIR FAMILIES HAVE ACCESS TO CLEAN, DRY DIAPERS, PERIOD SUPPLIES AND OTHER MATERIAL GOODS. NDBN EXPANDS THE NATIONAL MOVEMENT WORKING TO ADDRESS THESE NEEDS IN THE U.S. NDBN PROVIDES TECHNICAL ASSISTANCE TO LOCAL COMMUNITIES TO START PROGRAMS AND TO MAINTAIN EXISTING PROGRAMS. NDBN DISTRIBUTES DIAPERS, PERIOD SUPPLIES, AND FUNDING TO ITS MEMBERS. NDBN RAISES AWARENESS OF DIAPER NEED AND PERIOD POVERTY AMONG THE GENERAL PUBLIC, POLICY MAKERS AND COMMUNITY LEADERS. NDBN RECEIVES SUPPORT FROM THE PUBLIC AS WELL AS THROUGH PARTNERSHIPS, INCLUDING KIMBERLY-CLARK GLOBAL SALES, LLC (K-C), THE MANUFACTURER OF HUGGIES DIAPERS AND U BY KOTEX PRODUCTS. K-C MAKES A SIGNIFICANT IN-KIND CONTRIBUTION TO NDBN, WHICH DIRECTS THESE DONATIONS FROM K-C TO MEMBER PROGRAMS AROUND THE COUNTRY. PRODUCTS ARE THEN DISTRIBUTED IN THOSE COMMUNITIES TO THOSE IN NEED. NDBN PARTICIPATES IN THE COMBINED FEDERAL CAMPAIGN - 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. NDBN ACTIVELY APPLIES FOR GRANTS FROM A VARIETY OF FOUNDATIONS AND OTHER CORPORATIONS. NDBN HAS DONORS FROM ALL 50 STATES, AS WELL AS OTHER COUNTRIES. THE MEMBER PROGRAMS ARE IN THE UNITED STATES AND RECEIVE MATERIAL BASIC NEEDS THROUGH NDBN'S STRATEGIC PLAN TO REACH A DIVERSIFIED GEOGRAPHY AND TO INCREASE THEIR CAPACITY. THE DISTRIBUTION IS BASED ON THE ABILITY OF THOSE PROGRAMS TO ACCEPT, WAREHOUSE AND DISTRIBUTE TRUCKLOADS OF PRODUCT FREE OF CHARGE TO STRUGGLING FAMILIES IN THEIR COMMUNITIES. IN ADDITION TO PRODUCT DONATIONS, NDBN MEMBERS RECEIVE CASH GRANTS USED FOR OUTREACH, MARKETING AND ADMINISTRATION. NDBN HAS A GOVERNING BODY THAT REPRESENTS THE INTERESTS OF THE PUBLIC. THE BOARD HAS SEVENTEEN VOTING MEMBERS, ALL OF WHOM ARE INDEPENDENT. ONLY ONE VOTING MEMBER WORKS FOR K-C. THE DIRECTORS RESIDE AND WORK IN DIFFERENT STATES. THEY HAVE PROFESSIONAL BACKGROUNDS, SPECIAL KNOWLEDGE, AND EXPERTISE THAT SUPPORT THE MISSION OF NDBN, INCLUDING EXPERIENCE WITH FOUNDATIONS AND OTHER NON-PROFITS, FINANCE, BUSINESS, AND LOGISTICS, PUBLIC POLICY AND PUBLIC RELATIONS. SEVERAL ARE EXECUTIVE DIRECTORS OF COMMUNITY BASED DIAPER BANKS. NDBN'S ACTIVITIES AND MISSION BENEFIT LOW WAGE AND POOR FAMILIES AND THEIR BABIES BY ENSURING ALL PEOPLE HAVE ACCESS TO THE MATERIAL BASIC NEEDS THEY REQUIRE TO THRIVE.

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
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)	13,409	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	13,409	
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)	13,409	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	2,682	
g Grassroots nontaxable amount (enter 25% of line 1f)	671	
h Subtract line 1g from line 1a. If zero or less, enter -0-	12,738	
i Subtract line 1f from line 1c. If zero or less, enter -0-	10,727	

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.

- 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? Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	544,340	3,703	455,667	2,682	1,006,392
b Lobbying ceiling amount (150% of line 2a, column(e))					1,509,588
c Total lobbying expenditures	21,425	18,516	24,086	13,409	77,436
d Grassroots nontaxable amount	136,085	926	113,917	671	251,599
e Grassroots ceiling amount (150% of line 2d, column (e))					377,399
f Grassroots lobbying expenditures	21,425	18,516	24,086	13,409	77,436

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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f 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.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b
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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment (values: 25,479, 13,971, 11,508), e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 11,508

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.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	11,170,573
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	781,245	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	781,245
3	Subtract line 2e from line 1		3	10,389,328
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	10,389,328

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	10,159,179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	781,245	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	781,245
3	Subtract line 2e from line 1		3	9,377,934
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,377,934

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
PART X, LINE 2:	THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR 2020 OR 2019. THE ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2016.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

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.

Go to www.irs.gov/Form990 for the latest information.

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...
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.

Table with 8 columns: (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. Rows 1-12.

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

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**

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
SHARE OUR SPARE 935 WEST CHESTNUT STREET CHICAGO, IL 60642	45-2773364	501(C)(3)		5,000	COST	SUPPLIES	ASSISTANCE
LEHIGH VALLEY DIAPER BANK - A PROGRAM OF LV SOLVE PO BOX 3757 ALLENTOWN, PA 18103	82-3648473	501(C)(3)		5,000	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
SHE SUPPLY INC 800 PARKER SQUARE SUITE 275 FLOWER MOUND, TX 75208	81-4642835	501(C)(3)		5,702	COST	SUPPLIES	ASSISTANCE
SHAPE OF JUSTICE INC 265A POINT TOWNSHIP DR NORTHUMBERLAND, PA 17857	83-0939345	501(C)(3)		6,000	COST	SUPPLIES	ASSISTANCE

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SCA SHAKOPEE COMMUNITY ASSISTANCE 9450 EAS T275TH STREET ELKO, MN 55020	47-1392340	501(C)(3)		6,106	COST	SUPPLIES	ASSISTANCE
SYLVIA'S SISTERS 13329 CARTERS WAY RD CHESTERFIELD, VA 23838	47-2593789	501(C)(3)		6,300	COST	SUPPLIES	ASSISTANCE

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PERIOD KITS 10472 FRANKLIN STREET NORTHGLENN, CO 80233	83-3804362	501(C)(3)		6,300	COST	SUPPLIES	ASSISTANCE
WOMEN FOR WOMEN HOMELESSNESS PROJECT 2802 BRACKETT AVE YAKIMA, WA 98902	82-2055407	501(C)(3)		6,628	COST	SUPPLIES	ASSISTANCE

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WOMEN4WOMEN TEMPE INC 3107 S DROMEDARY DR TEMPE, AZ 85282	83-1331826	501(C)(3)		6,720	COST	SUPPLIES	ASSISTANCE
THE DIAPER BANK OF EAST CENTRAL INDIANA AT SECOND HARVEST FOOD BANK 6621 N OLD SR 3 MUNCIE, IN 47302	31-1111795	501(C)(3)		6,838	COST	SUPPLIES	ASSISTANCE

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

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CHARITABLE UNION 85 CALHOUN ST BATTLE CREEK, MI 49017	38-1405611	501(C)(3)		7,107	COST	SUPPLIES	ASSISTANCE
IHSP-DIAPER BANK OF NECT PO BOX 281 PUTNAM, CT 06260	06-1587623	501(C)(3)		7,200	COST	SUPPLIES	ASSISTANCE

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EVERY BOTTOM COVERED 55 SCHUELE AVENUE BUFFALO, NY 14215	81-1314673	501(C)(3)		9,277	COST	SUPPLIES	ASSISTANCE
GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	47-2229589	501(C)(3)		9,373	COST	SUPPLIES	ASSISTANCE

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HELPING WOMEN PERIOD 333 ALBERT AVE EAST LANSING, MI 48823	47-3264925	501(C)(3)		11,405	COST	SUPPLIES	ASSISTANCE
BABY BOOTIES DIAPER BANK 610 N CHURCH ST MCKINNEY, TX 75069	46-4156035	501(C)(3)		11,936	COST	SUPPLIES	ASSISTANCE

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BRAWS - BRINGING RESOURCES TO AID WOMEN'S SHELTERS 114 COURTHOUSE ROAD SW VIENNA, VA 22180	47-3961191	501(C)(3)		12,250	COST	SUPPLIES	ASSISTANCE
THE PERIOD COLLECTIVE PO BOX 425 LAKE ZURICH, IL 60047	81-2227900	501(C)(3)		13,298	COST	SUPPLIES	ASSISTANCE

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

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BE A ROSE INC 6026 KALAMAZOO AVE SE 129 GRAND RAPIDS, MI 49508	81-1279744	501(C)(3)		14,718	COST	SUPPLIES	ASSISTANCE
LOVING BOTTOMS DIAPER BANK 77 S MAIN ST GALESBURG, IL 61401	47-5163997	501(C)(3)		15,031	COST	SUPPLIES	ASSISTANCE

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

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JUNIOR LEAGUE OF OKLAHOMA CITY 1001 NW GRAND BOULEVARD OKLAHOMA CITY, OK 73118	73-6040128	501(C)(3)		16,183	COST	SUPPLIES	ASSISTANCE
DIAPER BANK OF THE DELTA PO BOX 252 CLARKSDALE, MS 38614	64-0823930	501(C)(3)		16,324	COST	SUPPLIES	ASSISTANCE

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

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SAINT BERNADETTE DIAPER BANK 6500 SAINT BERNADETTE AVE PROSPECT, KY 40059	26-1961485	501(C)(3)		20,640	COST	SUPPLIES	ASSISTANCE
FEEDING NORTHEAST FLORIDA 1116 EDGEWOOD AVE JACKSONVILLE, FL 32254	46-5014769	501(C)(3)		20,940	COST	SUPPLIES	ASSISTANCE

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

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BABY BASICS OF COLLIER COUNTY INC PMB 132 POB 413005 NAPLES, FL 34101	20-1498596	501(C)(3)		24,600	COST	SUPPLIES	ASSISTANCE
COLUMBUS DIAPER BANK 1040 NORTH HIGH STREET SUITE 7 COLUMBUS, OH 43201	46-4186869	501(C)(3)		24,600	COST	SUPPLIES	ASSISTANCE

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

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THE HOMELESS PERIOD PROJECT 413 WILTON ST GREENVILLE, SC 29609	47-5144792	501(C)(3)		28,236	COST	SUPPLIES	ASSISTANCE
SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVE SACRAMENTO, CA 95817	94-3315566	501(C)(3)		31,769	COST	SUPPLIES	ASSISTANCE

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DIAPER BANK OF MINNESOTA 709 UNIVERSITY AVE W ST PAUL, MN 55104	30-0631448	501(C)(3)		32,520	COST	SUPPLIES	ASSISTANCE
COLUMBUS DIAPER COALITION 3840 LACON RD UNIT 10 HILLARD, OH 43026	46-3767095	501(C)(3)		32,520	COST	SUPPLIES	ASSISTANCE

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

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JUNIOR LEAGUE OF BATON ROUGE DIAPER BANK 9523 FENWAY AVENUE BATON ROUGE, LA 70809	72-0471493	501(C)(3)		33,775	COST	SUPPLIES	ASSISTANCE
MID-SOUTH FOOD BANK 3865 S PERKINS RD MEMPHIS, TN 38118	62-1340755	501(C)(3)		34,206	COST	SUPPLIES	ASSISTANCE

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PDX DIAPER BANK PO BOX 22613 PORTLAND, OR 97269	45-5546960	501(C)(3)		35,400	COST	SUPPLIES	ASSISTANCE
MOMS HELPING MOMS FOUNDATION 1118 NORTH AVENUE PLAINFIELD, NJ 07062	46-2201535	501(C)(3)		37,440	COST	SUPPLIES	ASSISTANCE

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COMMUNITY FOODBANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205	22-2423882	501(C)(3)		37,800	COST	SUPPLIES	ASSISTANCE
LITTLE LAMBS FOUNDATION FOR KIDS 1125 W 400 N SUITE 200 LOGAN, UT 84321	47-1339945	501(C)(3)		37,940	COST	SUPPLIES	ASSISTANCE

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GREAT START PARENT COALITION OF KENT COUNTY 118 COMMERCE AVE SW STE 300 GRAND RAPIDS, MI 49503	27-0640886	501(C)(3)		39,000	COST	SUPPLIES	ASSISTANCE
PROJECT MKC 6961 SOUTHERN BLVD STE A YOUNGSTOWN, OH 44512	27-3159463	501(C)(3)		39,000	COST	SUPPLIES	ASSISTANCE

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BABYCARE OF THE SHEBOYGAN EVANGELICAL FREE CHURCH 1710 N 15TH STREET SHEBOYGAN, WI 53081	39-1423642	501(C)(3)		39,000	COST	SUPPLIES	ASSISTANCE
THE DIAPER BANK OF NORTHERN ILLINOIS PO BOX 2014 MCHENRY, IL 60051	47-1497651	501(C)(3)		39,000	COST	SUPPLIES	ASSISTANCE

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CENTRAL FLORIDA DIAPER BANK 1041 CROWN PARK CIRCLE WINTER GARDEN, FL 34787	59-3458402	501(C)(3)		39,000	COST	SUPPLIES	ASSISTANCE
BABYCYCLE 3651 42ND AVE S ST PETERSBURG, FL 33711	46-3452785	501(C)(3)		42,188	COST	SUPPLIES	ASSISTANCE

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EASTERN WISCONSIN DIAPER BANK 1775 BOHM DRIVE LITTLE CHUTE, WI 54140	46-3062817	501(C)(3)		44,000	COST	SUPPLIES	ASSISTANCE
EASTSIDE BABY CORNER PO BOX 712 ISSAQUAH, WA 98027	91-1617032	501(C)(3)		47,032	COST	SUPPLIES	ASSISTANCE

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THE LIFE HOUSE PO BOX 45347 OMAHA, NE 68145	47-4953614	501(C)(3)		47,040	COST	SUPPLIES	ASSISTANCE
SUPPLYBANKORG 7730 PARDEE LANE OAKLAND, CA 94621	51-0671019	501(C)(3)		49,740	COST	SUPPLIES	ASSISTANCE

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HEROES CARE 330 SUN VALLEY CIRCLE FENTON, MO 63026	01-0777850	501(C)(3)		53,432	COST	SUPPLIES	ASSISTANCE
GREATER DC DIAPER BANK 1532 A STREET NE WASHINGTON, DC 20002	27-4276547	501(C)(3)		60,371	COST	SUPPLIES	ASSISTANCE

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JUNIOR LEAGUE OF BOCA RATON 261 NW 13TH ST BOCA RATON, FL 07652	23-7402731	501(C)(3)		64,732	COST	SUPPLIES	ASSISTANCE
HAPPYBOTTOMS 303 W 79TH STREET KANSAS CITY, MO 64114	27-2423540	501(C)(3)		71,803	COST	SUPPLIES	ASSISTANCE

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CAPITAL DIAPER BANK 1704 W LABURNUM AVE RICHMOND, VA 23227	02-0805467	501(C)(3)		73,618	COST	SUPPLIES	ASSISTANCE
MICHAEL KLAHR JEWISH FAMILY SERVICES 1342 CONGRESS ST PORTLAND, ME 04102	01-0530420	501(C)(3)		74,222	COST	SUPPLIES	ASSISTANCE

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A SMALL HAND A PROGRAM OF SHENANDOAH VALLEY LUTHERAN MINISTRIES PO BOX 132 TOMS BROOK, VA 22660	54-1098005	501(C)(3)		77,141	COST	SUPPLIES	ASSISTANCE
THE DIAPER ALLIANCE 3700 JAMES SAVAGE MIDLAND, MI 48642	27-2558400	501(C)(3)		78,043	COST	SUPPLIES	ASSISTANCE

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HELPING MAMAS INC 4487 PARK DRIVE NORCROSS, GA 30093	47-1381339	501(C)(3)		78,910	COST	SUPPLIES	ASSISTANCE
TRI-CITIES DIAPER BANK 1807 MCMURRAY AVE RICHLAND, WA 99354	90-0653593	501(C)(3)		79,323	COST	SUPPLIES	ASSISTANCE

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GOOD FOUNDATION 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 10018	31-1777082	501(C)(3)		81,051	COST	SUPPLIES	ASSISTANCE
JUNIOR LEAGUE OF NEW ORLEANS 4319 CARONDELE ST NEW ORLEANS, LA 70115	72-6000609	501(C)(3)		81,770	COST	SUPPLIES	ASSISTANCE

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HEALTHY STEPS DIAPER BANK 4075 LINGLESTOWN ROAD HARRISBURG, PA 17112	61-1714375	501(C)(3)		83,546	COST	SUPPLIES	ASSISTANCE
MIAMI DIAPER BANK 4770 BISCAYNE BLVD MIAMI, FL 33137	46-5050688	501(C)(3)		83,894	COST	SUPPLIES	ASSISTANCE

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DIAPER BANK OF THE OZARKS 1901 E MEADOWMERE ST SPRINGFIELD, MO 65804	46-2851972	501(C)(3)		84,332	COST	SUPPLIES	ASSISTANCE
SHAREBABY INC PO BOX 341 BROOKLANDVILLE, MD 21022	47-2325575	501(C)(3)		84,341	COST	SUPPLIES	ASSISTANCE

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TREASURE COAST FOOD BANK 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	501(C)(3)		85,925	COST	SUPPLIES	ASSISTANCE
KEEPING FAMILIES COVERED 3250 N OAK GROVE AVE STE B WAUKEGAN, IL 60087	27-3434770	501(C)(3)		88,418	COST	SUPPLIES	ASSISTANCE

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UTAH DIAPER BANK 615 E PIONEER AVE SANDY, UT 84070	46-2823588	501(C)(3)		90,606	COST	SUPPLIES	ASSISTANCE
METROPOLITAN DETROIT DIAPER BANK 3434 CHENE 7546 DETROIT, MI 48207	47-3853031	501(C)(3)		93,396	COST	SUPPLIES	ASSISTANCE

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MITZVAH CIRCLE FOUNDATION 2562 BOULEVARD OF THE GENERALS NORRISTOWN, PA 19403	26-3705891	501(C)(3)		95,072	COST	SUPPLIES	ASSISTANCE
WESTSIDE BABY 10002 14TH AVENUE SW SEATTLE, WA 98146	91-2124405	501(C)(3)		96,507	COST	SUPPLIES	ASSISTANCE

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HOPE SUPPLY CO 10480 SHADY TRAIL STE 104 DALLAS, TX 75220	75-2284779	501(C)(3)		97,831	COST	SUPPLIES	ASSISTANCE
PROJECT UNDERCOVER 50 GRECO LANE WARWICK, RI 02886	30-0576681	501(C)(3)		102,489	COST	SUPPLIES	ASSISTANCE

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NASHVILLE DIAPER CONNECTION 406 HILLWOOD BLVD NASHVILLE, TN 37205	46-3597632	501(C)(3)		111,796	COST	SUPPLIES	ASSISTANCE
INFANT CRISIS SERVICES INC 4224 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-1378766	501(C)(3)		114,582	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
THE GREATER PHILADELPHIA DIAPER BANK 1 YALE DRIVE RICHBORO, PA 18954	35-2391701	501(C)(3)		115,942	COST	SUPPLIES	ASSISTANCE
BUNDLES OF HOPE DIAPER BANK 1678 MONTGOMERY HIGHWAY 104 PMB 279 279 BIRMINGHAM, AL 35216	47-3964034	501(C)(3)		116,287	COST	SUPPLIES	ASSISTANCE

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SHILOH DISTRIBUTION CENTER 121 VOLUNTEER DRIVE LEXINGTON, TN 38351	83-0471038	501(C)(3)		126,620	COST	SUPPLIES	ASSISTANCE
WESTERN PENNSYLVANIA DIAPER BANK 201 N BRADDOCK AVE PITTSBURG, PA 15208	35-2461923	501(C)(3)		128,068	COST	SUPPLIES	ASSISTANCE

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

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AUSTIN DIAPER BANK 8711 BURNET ROAD SUITE B34 AUSTIN, TX 78757	80-0931841	501(C)(3)		130,034	COST	SUPPLIES	ASSISTANCE
CENTRAL NEW YORK DIAPER BANK INC PO BOX 367 MANLIUS, NY 13104	81-2106440	501(C)(3)		130,802	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 621 EAST KING STREET SUITE 100 MERIDIAN, ID 83642	46-5573014	501(C)(3)		135,151	COST	SUPPLIES	ASSISTANCE
SWEET CHEEKS DIAPER BANK 1400 STATE AVENUE CINCINNATI, OH 45204	47-5175383	501(C)(3)		139,833	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
EMERGENCY INFANT SERVICES 1110 SOUTH DENVER AVENUE TULSA, OK 74119	73-1039524	501(C)(3)		144,355	COST	SUPPLIES	ASSISTANCE
DIAPER BANK OF NC TRIANGLE 1311 E CLUB BLVD DURHAM, NC 27704	32-0401621	501(C)(3)		154,660	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	501(C)(3)		159,597	COST	SUPPLIES	ASSISTANCE
THE DIAPER BANK OF CONNECTICUT 370 STATE STREET SUITE B NORTH HAVEN, CT 06473	20-1179912	501(C)(3)		192,328	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 - CHICAGO 4141 W GEORGE ST CHICAGO, IL 60641	04-3584367	501(C)(3)		315,837	COST	SUPPLIES	ASSISTANCE
TEXAS DIAPER BANK 5415 BANDERA RD SUITE 504 SAN ANTONIO, TX 78238	74-2886380	501(C)(3)		318,559	COST	SUPPLIES	ASSISTANCE

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NATIONAL DIAPER BANK NETWORK INC

Employer identification number
45-2823935

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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 DIRECTOR HUSBAND	25,800	RENT		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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				
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	38,462,250	3,906,225	\$0.12/DIAPER
OTHER BASIC	X	0	1,031,900	AT DONATED VALUE
26 Other ▶ (NEEDS)				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	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 isn't 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 didn't 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
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SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

NATIONAL DIAPER BANK NETWORK INC

Employer identification number

45-2823935

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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, PART VI, SECTION B, 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, PART VI, SECTION B, LINE 15	THE COMPENSATION PACKAGE FOR THE CHIEF EXECUTIVE OFFICER WAS REVIEWED BY THE ENTIRE BOARD OF DIRECTORS AND PASSED AT THE FIRST MEETING. THE COMPENSATION PACKAGE FOR THE CHIEF EXECUTIVE OFFICER 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, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST WITHIN A REASONABLE AMOUNT OF TIME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE O	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.