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 2017 Open to Public Inspection

| Α | For the 2017 | calendar year, or tax year beginning $07/01/17$, and ending $06/307$. | 1.0 | D Employer | identification number |
|-------------------------|-----------------------------------|--|----------------------|-------------------|-------------------------------|
| В | Check if applicable: | C Name of organization | _ | D Employer | identification number |
| | Address change | NATIONAL DIAPER BANK NETWORK INC. | | 45 20 | 22225 |
| \Box | Name change | Doing business as | Room/suite | E Telephone | 323935 |
| \equiv | De Lane es Arc. History | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | 321-7348 |
| _ | Initial return | 155 EAST STREET, SUITE 101 City or town, state or province, country, and ZIP or foreign postal code | | | |
| | Final return/ terminated | The same of the sa | | | ipts\$ 6,629,929 |
| П | Amended return | NEW HAVEN CT 06510 | | G Gross rece | |
| H | | F Name and address of principal officer: | H(a) Is this a gr | oup return for su | bordinates? Yes X No |
| | Application pending | COLLINE COLLEGE | 11/1-2 4 11 - 11 | | yes No |
| | | 155 EAST STREET, SUITE 101 | H(b) Are all sui | | see instructions) |
| - | | NEW HAVEN CT 06510 | - 1110 | attach a not. (| ood mondoner, |
| 1 | Tax-exempt status | | | | |
| J | Website: | WWW.NATIONALDIAPERBANKNETWORK.ORG | H(c) Group exe | emption number | CTT |
| K | Form of organization | on: X Corporation Trust Association Other ▶ L | Year of formation: 2 | 2011 | M State of legal domicile: CT |
| F | Part IS | Summary | | | |
| | 1 Briefly | describe the organization's mission or most significant activities: | | | |
| Ф | mo. | RAISE AWARENESS OF DIAPER NEED AND PERIOD POVERTY, | WHILE BUI | LDING A | AND |
| anc | EXP | ANDING THE NATIONAL MOVEMENTS TO HELP CHILDREN, FAM | ILIES AND | INDIV: | IDUALS |
| Activities & Governance | ACC | ESS THE MATERIAL BASIC NEEDS. (SEE SCHEDULE 0) | | | |
| 9 | 2 Check | this box if the organization discontinued its operations or disposed of more than 2 | 5% of its net as | sets. | |
| Ō | 3 Numbe | er of voting members of the governing body (Part VI, line 1a) | | 2 | 14 |
| S | 4 Number | er of independent voting members of the governing body (Part VI, line 1b) | | | 14 |
| itie | 5 Total n | umber of individuals employed in calendar year 2017 (Part V, line 2a) | | | 10 |
| cţi | 6 Total n | umber of volunteers (estimate if necessary) | | 6 | 0 |
| A | 7a Total II | nrelated business revenue from Part VIII, column (C), line 12 | | _ | 0 |
| | | related business taxable income from Form 990-T, line 34 | | 71 | 0 |
| - | b Net un | related business taxable income noint of 11 555-1, line 64 | Prior Ye | ear | Current Year |
| 2 | 8 Contrib | outions and grants (Part VIII, line 1h) | | 1,609 | 5,116,302 |
| ηne | 9 Progra | m service revenue (Part VIII, line 2g) | 68 | 5,155 | 1,512,491 |
| Revenue | 10 Investr | ment income (Part VIII, column (A), lines 3, 4, and 7d) | | 34 | 1,136 |
| Re | 11 Others | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0 |
| | | evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,45 | 6,798 | 6,629,929 |
| _ | | and similar amounts paid (Part IX, column (A), lines 1–3) | | 6,966 | 4,352,190 |
| | | and the same of th | | | 0 |
| | 45 0-1-3 | ts paid to or for members (Part IX, column (A), line 4) | 30,640 | 783,159 | |
| ses | 15 Salane | | | | 0 |
| Expenses | 16a Profes | sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ 184,376 | | | |
| X | b lotair | | 58 | 39,028 | 1,410,601 |
| - | 17 Other | expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 76,634 | |
| | | expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 19,836 | 83,979 |
| _ | 19 Reven | ue less expenses. Subtract line 18 from line 12 | Beginning of C | | End of Year |
| Net Assets or | 20 Total a | assets (Part X, line 16) | 67 | 72,637 | 912,219 |
| Asse | 20 Total I | assets (Part X, line 16) iabilities (Part X, line 26) | 10 | 05,334 | 260,937 |
| Vet/ | 21 Total 1 | sets or fund balances. Subtract line 21 from line 20 | 56 | 57,303 | 651,282 |
| | | Signature Block | | | |
| | | of perjury, I declare that I have examined this return, including accompanying schedules and stater | nents, and to the | hest of my k | nowledge and belief, it is |
| | under penalues true_correct_an | d complete. Declaration of preparer (other than officer) is based on all information of which preparer | r has any knowle | dge. | |
| No. | | | | | |
| C | | Signature of officer | | Date | |
| | ign | | UTIVE DI | RECTO | R |
| н | ere | 33347 | OIIVE DI | | |
| 10 | P | Type or print name and title Type preparer's name Preparer's signature | Date | Check | if PTIN |
| D. | | 2 E | 1,000,000 |)7/18 self-e | , L. |
| | roporor | ISTOPHER B. CONLEY CHITIMADETH DIDING C COVOLONGET II | | | 06-0971998 |
| | 5.000 55 | sname > GUILMARTIN, DIPIRO & SOKOLOWSKI, LI | | Firm's EIN ▶ | 00 05/1550 |
| U | se Only | 505 MAIN ST | o*:: | | 860-347-5689 |
| | | s address MIDDLETOWN, CT 06457-2809 | | Phone no. | X Yes No |
| M | av the IRS dis | cuss this return with the preparer shown above? (see instructions) | | <u></u> | A 165 140 |

| | Part III | | m Service Accomplishments contains a response or note to ar | ov line in this Part III | X |
|---|--|---|---|--|--|
| | TO RAI | escribe the organization's minimals. SE AWARENESS DING THE NATIO | ssion: OF DIAPER NEED AND P | PERIOD POVERTY, WHILE PERIOD POVERTY, WHILE SERVICES OF THE PROPERTY OF THE PR | BUILDING AND |
| | prior For | m 990 or 990-EZ? | ignificant program services during the ye | | Yes X No |
| | • |) | s on Schedule O. ng, or make significant changes in how it | | ☐ Yes 🗓 No |
| | 4 Describe expense: | describe these changes on the organization's program s. Section 501(c)(3) and 501 | Schedule O. service accomplishments for each of its | three largest program services, as measurt the amount of grants and allocations to | ured by |
| | SUSTAL AND/OF NDBN A WITH A OPERAT TAILOF OPPORT MEMBER DIAPER | NABLE NONPROF R OTHER MATERIALSO HELPS EXI AVAILABLE RESO TIONAL STANDAR RED TO THE NEE TUNITIES AND S RS. THROUGH IT | - NDBN MENTORS INDIV IT PROGRAMS THAT DIS AL BASIC NEEDS TO IN STING DIAPER BANKS A URCES. NDBN CONFERS DS OF SUCCESS. NDBN DS OF MEMBER PROGRAM UPPORT SERVICES (E.G S CORPORATE SPONSORS MATERIAL BASIC NEEDS | of \$ 4,352,190) (Rever IDUALS AND COMMUNITIES TRIBUTE DIAPERS, PER IDIVIDUALS, CHILDREN IND PERIOD SUPPLY PROMEMBERSHIP TO PROGRAMENS. NDBN OFFERS FREE I., BULK BUYING PROGRAMIPS, NDBN DISTRIBUTE GOODS INCLUDING PER | ES STARTING RIOD SUPPLIES AND FAMILIES. DGRAMS DO MORE AMS THAT MEET VICAL ASSISTANCE AND FEE-BASED RAMS) TO ITS TES DONATED RIOD SUPPLIES, TO |
| | PERIOD NEEDS AWAREN PUBLIC INITIA CONTIN DATA POVERT | POVERTY BY F HAS ON CHILDR HESS IS EXPAND AS WELL AS L ATIVES. AS THE HENTAL UNITED O ADVANCE POL Y, AND THE PH HES. NDBN ADVO | OCUSING ON THE IMPACEN AND FAMILIES LIVI EN AND FAMILIES LIVI ED THROUGH THE EDUCA OCAL AND NATIONAL LE RECOGNIZED CENTER O STATES, NDBN COLLECT ICY/ADVOCACY EFFORTS YSICAL, MENTAL AND E | ION TO THE ISSUE OF THAT A LACK OF MATING IN THE CONTINENTAL TIONAL OUTREACH TO TABLE OF AUTHORITY ON DIAPES, ANALYZES, AND RESERVATED TO DIAPER NECONOMIC WELL-BEING OF THE PROPERTY OF THE P | DIAPER NEED AND ERIAL BASIC LUNITED STATES. THE GENERAL PROPRIETARY IN THE PORTS RELEVANT LEED, CHILD OF CHILDREN AND |
| | PROGRAMAKE IDIAPER | S PATHWAY2PROV MS CAN PARTIC S FOUNDING SP MS CAN PLACE PAYMENTS DIREC RS A COSTS WEL RCHASED DIAPER | IDE PROGRAM - QUALIF IPATE IN AN EXCLUSIV ONSOR HUGGIES/KIMBER MONTHLY, QUARTERLY O TLY TO HUGGIES/KIMBE L BELOW WHOLESALE. D | of \$) (Rever' 'IED NDBN MEMBER DIAG 'E PURCHASING PROGRAM LLY-CLARK. ELIGIBLE 'R ANNUAL DIAPER ORDE 'RLY-CLARK AND RECEIV' IAPER BANKS THAT USE 'M CAN ACCESS TWICE A' LOCAL COMMUNITY. | PER BANK M CREATED BY NDBN DIAPER BANK ERS THROUGH NDBN, ME SHIPMENTS OF E DONATED DOLLARS |
| | • | | | | |
| | 4d Other pro (Expense | ogram services (Describe in | Schedule O.) including grants of \$ |) (Revenue \$ | ١ |
| _ | | gram service expenses ▶ | |) (Nevenue 4 | J |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|---|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 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 | 4 | X | |
| 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, | | | ٠,, |
| _ | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| _ | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | x |
| • | complete Schedule D, Part III | 8 | | |
| 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 | | | x |
| 10 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | 22 |
| | VII, VIII, IX, or X as applicable. | | | |
| а | | 000000000000000000000000000000000000000 | | |
| а | complete Schedule D, Part VI | 11a | х | |
| b | | 114 | | |
| - | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| Ĭ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | L | X |

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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to applied in this Part V

| | Check if Schedule O contains a response or note to any line in this Part \ | / | | | | |
|---------|--|-------------|----------|-------|-----|---------------|
| | 2.100.K. I. Contesta C. Containe a reciponed of flote to any line in this Fart V | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 4 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | | | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 10 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | ırns? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | s) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule | 0 | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | authori | ity | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fire | nancial | | | | |
| | account)? | | | . 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | Accour | nts | | | |
| | (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | . 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ction? | | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | he | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | goods | | | | |
| | and services provided to the payor? | | | . 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | . 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as | | | | |
| | required to file Form 8282? | ., | 1 | . 7с | | <u> </u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | t? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | | | . 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | . 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | . 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | ed by th | ne | | | |
| _ | | | | . 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | _ | | |
| а | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter: | 1 | 1 | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 1 | Section 501(c)(12) organizations. Enter: | المدا | 1 | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 446 | | | | |
| 2- | against amounts due or received from them.) | 11b | <u> </u> | 40- | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | (| . 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 40- | | |
| а | | | | 13a | | <u> </u> |
| h | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 426 | 1 | | | |
| _ | the organization is licensed to issue qualified health plans | 13b 13c | | | | |
| C 4a | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanging services during the tay year? | | <u> </u> | 14a | | X |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul | | | 14a | | -~ |
| U | - ii - 199, Tiao it liieu a i Ollii 129 to repolt tileoe pavillelito: II- 170. DIOVIUE ali Explanalion ili ochedili | ισ U | | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? h 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ **CT** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website |X| Upon request | Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: >

CT 06510 **NEW HAVEN** Form **990** (2017)

155 EAST STREET, SUITE 101

JOANNE GOLDBLUM

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| | | , | | | | | | | <u>'</u> | |
|---|--|---|-----------------------|-----------------|-------------------------|-----------------------------------|--------|--------------------------------------|--|--|
| (A) Name and Title | (B) Average hours per week (list any | bo | x, unle | check ess pe | ition more rson i | than one s both a r/trustee | n | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) JENNIFER LOHSE | | | | | | | | | | |
| | 2.00 | | | | | | | | | |
| CHAIRPERSON | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) KRISTINE LEMKE | | | | | | | | | | |
| | 2.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (3) SONDRA GREENE | | | | | | | | | | |
| | 2.00 | | | | | | | | _ | _ |
| TREASURER | 0.00 | X | | Х | | | | 0 | 0 | 0 |
| (4) JESSICA BARTHOLO | | | | | | | | | | |
| | 2.00 | . | | | | | | | _ | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) CORINNE CANNON | | | | | | | | | | |
| | 2.00 | | | | | | | • | • | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) JUDY CRUZ | 0.00 | | | | | | | | | |
| DIDECTOR | 2.00 | | | | | | | 0 | 0 | 0 |
| DIRECTOR (7) JANET STOLFI ALI | 0.00 | X | | | | | | 0 | 0 | 0 |
| (/) DANET STOLET ALL | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | \mathbf{x} | | | | | | 0 | 0 | 0 |
| (8) VICKI CLARK | 0.00 | 1 | | | | | | U | 0 | 0 |
| (e) VICKI CHARK | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) JEFF FACKLER | 0.00 | 122 | | | | | | • | | |
| (a) Chi i i i i i i i i i i i i i i i i i i | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) BETH RUOFF | 1 0.00 | † | | | | | | | | |
| (13)2222 | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) KATHLEEN DICHIA | | | | | | | | _ | <u> </u> | |
| • • | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| DΔΔ | • | | | • | • | | | | | - 000 |

DAA

Section A.

| Pa | rt VII Section A. Officers | , Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | nd Highest Compensated | Employees (continued) | . |
|---------|---|---|--------------------------------|-----------------------|------------------------|--------------|------------------------------|-------------|---|---|---|
| | (A) Name and title | (B) Average hours per week (list any hours for | bo | x, unle ficer a | Pos check ess pe | rson i | than cois both | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | , , , , | organization and related organizations |
| (12 |) ARIC MELZL | 2.00 | | | | | | | | | |
| | ECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (13 |) LIZ SUTHERLIM | 2.00 | | | | | | | | | |
| DIF | ECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (14 | | | | | | | | | | | |
| DIF | ECTOR | 2.00 | x | | | | | | 0 | 0 | 0 |
| (15 |) JOANNE GOLDBI | | | | | | | | | | |
| EXE | CUTIVE DIRECTOR | 40.00 | | | x | | | | 87,418 | 0 | 2,623 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b c | Sub-total | | | | | | | > | 87,418 | | 2,623 |
| d | Total (add lines 1b and 1c) | | | | | | | > | 87,418 | | 2,623 |
| 2 | Total number of individuals (in reportable compensation from | | | | thos | e lis | ted a | bov | e) who received more than | \$100,000 of | |
| 3 | Did the organization list any fc employee on line 1a? <i>If</i> "Yes," For any individual listed on line | complete Sched | dule | J for | suc | h inc | dividu | ıaİ | | | Yes No |
| 4 5 | organization and related or line 1 | nizations greater | thar | า \$15 | 50,00 | 00? / | f "Ye | s," c | complete Schedule J for su | ch | 4 X |
| | for services rendered to the or | ganization? <i>If "</i> Y | | | | | | | | | 5 X |
| 1 | Complete this table for your five compensation from the organi | ve highest comp | | | | | | | | | ear. |
| | | (A) business address | | | | | | | | (B) tion of services | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Total number of independent of | contractors (inclu | uding | g but | not | limit | ed to | tho | se listed above) who | | |
| | received more than \$100,000 | of compensation | ı fror | m the | e org | aniz | ation | | , | 0 | |

Form 990 (2017) NATIONAL DIAPER BANK NETWORK INC. 45-2823935 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue Total revenue Unrelated excluded from tax business function under sections revenue 512-514 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 5,116,302 1f **g** Noncash contributions included in lines 1a-1f: 4,531,192 5,116,302 h Total. Add lines 1a-1f... Program Service Revenue Busn. Code 624100 1,129,060 1,129,060 2a HUGGIES DIAPER BUYING PROGRAM 326,933 624100 326,933 PARTNER FEES 624100 29,273 29,273 MISCELLANEOUS PROGRAM FEES 27,225 27,225 CONFERENCE **f** All other program service revenue 1,512,491 g Total. Add lines 2a-2f... Investment income (including dividends, interest, and other similar amounts) 1,136 1,136 \triangleright Income from investment of tax-exempt bond proceeds ▶ Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss) Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory **b** Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a d All other revenue

1,136

0

Total. Add lines 11a–11d

Total revenue. See instructions.

 \blacktriangleright

6,629,929

1,512,491

Form 990 (2017) Page **10** 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 (B) Program service (A) Total expenses (C) (D) Do not include amounts reported on lines 6b. Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 4,352,190 4,352,190 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 64,688 10,832 87,418 11,898 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 435,268 76,249 581,913 70,396 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,032 Other employee benefits 61,268 41,525 13,711 52,560 38,050 3,929 10,581 Payroll taxes 10 Fees for services (non-employees): Management Legal b Accounting **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 98,760 30,671 19,719 48,370 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion _____ 12 3,932 2,061 1,550 321 Office expenses 13 3,684 2,020 Information technology 1,664 14 15 Royalties $3, \overline{174}$ 23,322 17,258 2,890 16 Occupancy 37,032 27,215 9,749 68 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 32,867 30,082 2,785 19 20 Interest Payments to affiliates 21 470 348 58 Depreciation, depletion, and amortization 64 22 1,341 9,852 7,291 1,220 23 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.) 1,142,111 1,142,111 REIMBURSABLE EXPENSES 5,505 54,560 24,603 24,452 **PROGRAM** 4,011 4,011 **SCHOLARSHIPS** All other expenses 6,545,950 6,219,036 142,538 184,376 25 Total functional expenses. Add lines 1 through 24e 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 ▶ | if following SOP 98-2 (ASC 958-720).

| *** | art) | Balance Sheet | | | | | |
|-----------------------------|-------|---|--------------------|-------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or no | ote to any line in | this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | | | 497,621 | 1 | 763,807 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | [| 93,968 | 3 | 42,857 |
| | 4 | Accounts receivable, net | | | 68,810 | 4 | 91,430 |
| | 5 | Loans and other receivables from current and former | | | | | |
| | | trustees, key employees, and highest compensated e | employees. | | | | |
| | | Complete Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified p | ersons (as defin | ed under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B | B), and contributi | ing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) volunta | iry employees' be | eneficiary | | | |
| ţ | | organizations (see instructions). Complete Part II of S | | | 6 | | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | | |
| Ä | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 10,320 | 9 | 12,677 |
| | 10a | Land, buildings, and equipment: cost or | | | | | |
| | | other basis. Complete Part VI of Schedule D | 10a | 10,479 | | | |
| | b | Less: accumulated depreciation | | 9,031 | 1,918 | 10c | 1,448 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, line 11 . | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line |) 34) | | 672,637 | 16 | 912,219 |
| | 17 | Accounts payable and accrued expenses | | | 82,234 | | 205,082 |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | 23,100 | 19 | 27,925 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part I' | | | 21 | | |
| ies | 22 | Loans and other payables to current and former office | | | | | |
| Ħ | | trustees, key employees, highest compensated empl | oyees, and | | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated the | hird parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payable | | | | | |
| | | parties, and other liabilities not included on lines 17-2 | | | | 25 | 27,930 |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | | 105,334 | | 260,937 |
| _ | 20 | Organizations that follow SFAS 117 (ASC 958), ch | | K and | 103,334 | 20 | 200,331 |
| S | | complete lines 27 through 29, and lines 33 and 34 | _ | s allu | | | |
| ğ | 27 | Unrestricted net assets | | : | 473,335 | 27 | 522,649 |
| 3ala | 28 | T " " " " " " " " " " " " " " " " " " " | | | 93,968 | | 128,633 |
| <u> </u> | 29 | Democratic manifold and mark and a second | | | | 29 | 120,000 |
| Ψ | - | Organizations that do not follow SFAS 117 (ASC 9 | | | | | |
| ō | | complete lines 30 through 34. | , | | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| \ss | 31 | Paid-in or capital surplus, or land, building, or equipm | | | | 31 | |
| et / | 32 | Retained earnings, endowment, accumulated income | | | | 32 | |
| Z | 33 | | | | 567,303 | | 651,282 |
| | I | Total liabilities and net assets/fund balances | | | 672,637 | 34 | 912,219 |

| Pa | art XI Reconciliation of Net Assets | | | | |
|----|---|----|-----|------------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | <u></u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,6 | 29, | 929 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 950 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 979 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5 | <u>67,</u> | 303 |
| 5 | Net unrealized gains (losses) on investments | | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | | | | |
| 8 | Prior period adjustments | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 6 | <u>51,</u> | 282 |
| Pa | art XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u></u> | <u>. Ц</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X 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? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | 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? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | 1 | |

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

NATIONAL DIAPER BANK NETWORK INC.

Employer identification number 45-2823935

| P | art I | Reas | on for Public Charity | Status (All organizations | must co | mplete | this part.) See instructio | ns. | | | | | | |
|------|--|-------------------------------|---|---|-----------------------|--------------------------|--|--------------------|--|--|--|--|--|--|
| The | orga | nization is not | a private foundation becaus | e it is: (For lines 1 through 12, o | check only | one box |) | | | | | | | |
| 1 | | A church, co | nvention of churches, or ass | ociation of churches described i | in sectior | 170(b)(1 |)(A)(i). | | | | | | | |
| 2 | | A school des | cribed in section 170(b)(1)(| A)(ii). (Attach Schedule E (Form | n 990 or 9 | 90-EZ).) | | | | | | | | |
| 3 | | A hospital or | a cooperative hospital service | ce organization described in sec | ction 170 | (b)(1)(A)(i | ii). | | | | | | | |
| 4 | | A medical re | search organization operated | d in conjunction with a hospital o | described | in sectio | n 170(b)(1)(A)(iii). Enter the h | ospital's name, | | | | | | |
| | | city, and stat | e: | | | | | | | | | | | |
| 5 | | An organizat | ion operated for the benefit o | of a college or university owned | or operate | ed by a go | overnmental unit described in | | | | | | | |
| | | section 170(| (b)(1)(A)(iv). (Complete Part | II.) | | | | | | | | | | |
| 6 | | A federal, sta | ate, or local government or g | overnmental unit described in s | ection 17 | 0(b)(1)(A |)(v). | | | | | | | |
| 7 | X | | ion that normally receives a s section 170(b)(1)(A)(vi). (Co | substantial part of its support fro omplete Part II.) | om a gove | ernmental | unit or from the general public | 3 | | | | | | |
| 8 | | A community | trust described in section 1 | 70(b)(1)(A)(vi). (Complete Part | : II.) | | | | | | | | | |
| 9 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: | | | | | | | | | | | | | |
| 10 | | receipts from support from | activities related to its exem gross investment income ar | n) more than 33 1/3% of its support functions—subject to certain dunrelated business taxable in 0, 1975. See section 509(a)(2). | exceptio come (les | ns, and (2 ss section | r) no more than 33 1/3% of its 511 tax) from businesses | | | | | | | |
| 11 | | An organizati | ion organized and operated | exclusively to test for public safe | ety. See s | ection 50 | 9(a)(4). | | | | | | | |
| 12 | | An organizati | ion organized and operated | exclusively for the benefit of, to | perform tl | ne functio | ns of, or to carry out the purpo | oses | | | | | | |
| | | | | cations described in section 509 nat describes the type of suppor | | | | | | | | | | |
| | а | | | erated, supervised, or controlled | | | | | | | | | | |
| | | | | ver to regularly appoint or elect | • | | | J | | | | | | |
| | | supportin | ng organization. You must c | omplete Part IV, Sections A a | nd B. | | | | | | | | | |
| | b | Type II. | A supporting organization su | pervised or controlled in connec | ction with | its suppor | ted organization(s), by having | | | | | | | |
| | | | | ting organization vested in the s | same pers | ons that | control or manage the support | ed | | | | | | |
| | | | tion(s). You must complete | • | | | | | | | | | | |
| | С | | | upporting organization operated tructions). You must complete | | | | rith, | | | | | | |
| | d | | • • | I. A supporting organization ope corganization generally must sa | | | | • • | | | | | | |
| | | | | nust complete Part IV, Section | - | | - | | | | | | | |
| | е | Check th | is box if the organization rec | eived a written determination fron- n-functionally integrated support | om the IR | S that it is | | | | | | | | |
| | f | | mber of supported organizati | | 0 0 | | | | | | | | | |
| | g | | ollowing information about th | | | | | ······ | | | | | | |
| (| i) Nam | ne of supported | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization | (v) Amount of monetary | (vi) Amount of | | | | | | |
| | org | ganization | | (described on lines 1–10 | | ır governing | support (see | other support (see | | | | | | |
| | | | | above (see instructions)) | Yes | ment? | instructions) | instructions) | | | | | | |
| /A\ | | | | | 162 | No | | | | | | | | |
| (A) | | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Γota | nl . | | | | | | | | | | | | | |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|--------|--|----------------------|---------------------|------------------------|---------------------|--------------------|---------------------|
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,635,478 | 2,767,082 | 2,031,726 | 6,771,609 | 5,116,302 | 20,322,197 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3,635,478 | 2,767,082 | 2,031,726 | 6,771,609 | 5,116,302 | 20,322,197 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | 16,328,689 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 3,993,508 |
| | tion B. Total Support | 1 () 22/2 | | 1 , , , , , , , | (" 00 (0 | | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3,635,478 | 2,767,082 | 2,031,726 | 6,771,609 | 5,116,302 1,136 | 20,322,197 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 20,323,367 |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | | 12 | 3,511,385 |
| 13 | First five years. If the Form 990 is for the | organization's first | , second, third, fo | urth, or fifth tax yea | ar as a section 501 | (c)(3) | |
| | organization, check this box and stop her | | | | | | |
| Sec | tion C. Computation of Public S | <u> </u> | | | | | |
| 14 | Public support percentage for 2017 (line 6 | | | nn (f)) | | | 19.65% |
| 15 | Public support percentage from 2016 Sch | | | | | | 17.28% |
| 16a | | | | | 33 1/3% or more, o | check this | . 🗀 |
| _ | box and stop here. The organization qual | | | | | | ▶ ⊔ |
| b | 33 1/3% support test—2016. If the organ | | | | 5 is 33 1/3% or m | ore, check | ▶ □ |
| | this box and stop here . The organization | | | | | | ▶ ⊔ |
| 17a | 10%-facts-and-circumstances test—20 | | | | | | |
| | 10% or more, and if the organization mee | | | | • | | |
| | Part VI how the organization meets the "fa | | | • | | | ▶ X |
| b | organization 10%-facts-and-circumstances test—20 | | | | | | - A |
| IJ | 15 is 10% or more, and if the organization | - | | | | | |
| | Explain in Part VI how the organization me | | | | | | |
| | aupported organization | | | • | | · | ▶ □ |
| 18 | Private foundation. If the organization di | d not check a box of | | | | | |
| | instructions | | | ,,, 0110 | | · - | ▶ □ |

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.)

| Sec | tion A. Public Support | - | | | - | | | |
|-------|--|---------------------|--------------------------------|--------------------|---------------------|-----------------|--------|-------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| C | Add lines 7a and 7b | | | | | | ****** | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | tion B. Total Support | () 0040 | 41.0044 | () 0045 | (1) 0040 | () 0047 | I | (D. T.). |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | | (f) Total |
| 9 | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | 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, check this box and stop her | _ | | • | ar as a section 501 | | | ▶ □ |
| Sec | tion C. Computation of Public Su | | | | | | | ······· F 🗀 |
| 15 | Public support percentage for 2017 (line 8 | • | | ın (f)) | | , | 15 | % |
| 16 | Public support percentage from 2016 Sch | | | | | | 16 | % |
| Sec | tion D. Computation of Investme | ent Income Pei | rcentage | | | | | |
| 17 | Investment income percentage for 2017 (I | ine 10c, column (f) | divided by line 13 | , column (f)) | | | 17 | % |
| 18 | Investment income percentage from 2016 | Schedule A, Part | III, line 17 | | | L <i>i</i> | 18 | <u>%</u> |
| 19a | 33 1/3% support tests—2017. If the orga | | | | | | | . — |
| | 17 is not more than 33 1/3%, check this b | | = | | | | | ▶ ⊔ |
| b | 33 1/3% support tests—2016. If the orga | | | | | | | ⊾ □ |
| 20 | line 18 is not more than 33 1/3%, check the | | = | | | - | | . — |
| 20 | Private foundation. If the organization di | и посспеск а вох (| אוווו ט 14, 19a, Or | Tab, CHECK THIS DO | x anu see mstructi | UIS | | |

Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|--|---|---|
| | ************* | |
| | | |
| | | |
| | | |
| 1 | | |
| | | ************ |
| | | |
| | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3a | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 3b | | |
| | | |
| 666666666 | | |
| 3c | | |
| | | |
| | | |
| | | |
| 4a | 000000000000000000000000000000000000000 | 000000000000000000000000000000000000000 |
| | | |
| | | |
| | | |
| | po-000000000000000000000000000000000000 | 0000000000000000000 |
| 4b | | <u></u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 5a | | |
| | | |
| | | |
| | | |
| 5b | | |
| 5с | | |
| J. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 6 | | |
| | | 000000000000000000000000000000000000000 |
| | | |
| | | |
| | | |
| 7 | | |
| 7 | | *************************************** |
| | | |
| posteros de la companya de la compa | | |
| 8 | | |
| | | |
| | | |
| | | |
| | | |
| 9a | | |
| | | |
| | | |
| | | |
| 9b | | |
| | | |
| | | |
| | | |
| 9c | | |

| | ule A (Form 990 or 990-EZ) 2017 NATIONAL DIAPER BANK NETWORK INC. 45-282 | 3935 | | Page 5 |
|-------|--|--------------|---|--|
| Par | t IV Supporting Organizations (continued) | <u> </u> | V | N- |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | Yes | No |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| а | below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | ion B. Type I Supporting Organizations | 1110 | | |
| | <u> </u> | | 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? 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. | 1 | | |
| 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? 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. | 2 | | |
| Secti | ion C. Type II Supporting Organizations | T | | 1 |
| | | | 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)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| Cast | the supported organization(s). | 1 | | |
| Secu | ion D. All Type III Supporting Organizations | T | | |
| 4 | Did the exemination provide to each of its supported exeminations, by the last day of the fifth month of the | | 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? | 1 | 800000000000000000000000000000000000000 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | <u>'</u> | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i> | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | *********** | |
| 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? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | ********** | ************* |
| Secti | ion 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 instruct | ions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | structions). | | |
| | | Г | | |
| 2 / | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in 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 | | | |
| i. | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | a. | | |
| • | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | 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> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| D | of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard | 3h | 000000000000000000000000000000000000000 | p::::::::::::::::::::::::::::::::::::: |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting | <u>Organizati</u> | ons | |
|--|-------------------|------------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of | on Nov. 20, 19 | 70 (explain in Part VI). Se | е |
| instructions. All other Type III non-functionally integrated supporting organizations | s must comple | ete 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): | | | |
| 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 Check here if the current year is the organization's first as a non-functionally integr | ated Type III s | supporting organization (s | ee |

Schedule A (Form 990 or 990-EZ) 2017

instructions).

| Par | Type III Non-Functionally Integrated 509(a)(3) S | Supporting Organiza | tions (continued) | |
|-------|--|----------------------|--------------------|-----------------|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpos | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of suppo | orted 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 organiza | tion is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| | Section E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2017 | Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | |
| | (reasonable cause required-explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017: | | | |
| a | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from | | | |
| | Section D, line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| С | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2017 MANY POOR FAMILIES CANNOT AFFORD TO BUY DIAPERS FOR THEIR BABIES BECAUSE FOOD STAMPS CANNOT BE USED TO PURCHASE DIAPERS AND FAMILIES DO NOT HAVE OTHER AVAILABLE RESOURCES. THE NATIONAL DIAPER BANK NETWORK, INC. (NDBN) WORKS TO ENSURE THAT ALL BABIES AND THEIR FAMILIES HAVE ACCESS TO CLEAN, DRY DIAPERS AND OTHER MATERIAL GOODS. TO THAT END, NDBN ENGAGES IN ACTIVITIES TO RAISE AWARENESS OF DIAPER NEED AND TO EXPAND THE NATIONAL MOVEMENT OF DIAPER BANKS WORKING TO ADDRESS THIS NEED. IT PROVIDES TECHNICAL ASSISTANCE BOTH TO LOCAL COMMUNITIES TO START DIAPER BANKS AS WELL AS TO EXISTING DIAPER BANKS SO THEY CAN EXPAND CAPACITY. NDBN ALSO DISTRIBUTES DIAPERS AND FUNDING TO THE REGIONAL DIAPER BANKS AND RAISES AWARENESS OF DIAPER NEED BY REACHING OUT TO THE GENERAL PUBLIC, POLICY MAKERS AND COMMUNITY LEADERS TO EDUCATE THEM ABOUT DIAPER NEED. NDBN RECEIVES SUPPORT FROM THE PUBLIC AS WELL AS THROUGH A PARTNERSHIP WITH KIMBERLY-CLARK GLOBAL SALES, LLC (K-C), THE MANUFACTURER OF HUGGIES IN TERMS OF PUBLIC SUPPORT, NDBN IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT. ALTHOUGH NDBN IS ONLY IN ITS 6TH YEAR OF EXISTENCE, IT PARTICIPATES IN THE COMBINED FEDERAL CAMPAIGN (CFC), WHICH IS THE LARGEST ANNUAL WORKPLACE CHARITABLE GIFTS CAMPAIGN IN THE COUNTRY, AND IT ALSO IS A MEMBER OF THE STATE-VERSION CFC PROGRAM IN ALL 50 STATES. NDBN HAS AN ONLINE DONATION PLATFORM AND SOLICITS GIFTS ONLINE AND BY MAIL. FINALLY, IT ACTIVELY APPLIES FOR GRANTS FROM A VARIETY OF FOUNDATIONS. AT PRESENT, IT HAS DONORS FROM ALL 50 STATES AND SOME INTERNATIONAL DONORS. NDBN RECEIVES SIGNIFICANT SUPPORT FROM K-C, MOST OF WHICH IS IN THE FORM OF IN-KIND CONTRIBUTIONS. SPECIFICALLY, K-C HAS AN AGREEMENT UNDER WHICH IT MAKES AN ANNUAL CASH CONTRIBUTION AS WELL AS AN IN-KIND DONATION OF UP TO

NATIONAL DIAPER BANK NETWORK INC. 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.)

NETWORK OF DIAPER BANKS, WHICH FACILITATE THE DISTRIBUTION OF THESE DIAPERS TO FAMILIES IN NEED. DURING THE FISCAL YEAR ENDED JUNE 30, 2018, K-C DONATED IN EXCESS OF 17 MILLION DIAPERS TO NDBN VALUED AT OVER \$1.7 MILLION, AND IT DONATED OVER \$160,000 IN CASH TO NDBN DURING THE SAME PERIOD. TOTAL CASH AND IN-KIND CONTRIBUTIONS FROM K-C SINCE INCEPTION OF NDBN IS IN EXCESS OF \$12.1 MILLION. THE PARTNERSHIP WITH A NATIONAL MANUFACTURER OF DIAPERS ALLOWS NDBN TO RECEIVE THE DIAPERS AT NO COST AND THUS ACHIEVE ITS MISSION BOTH EFFECTIVELY AND IN A MANNER THAT IS MOST COST EFFECTIVE. IF THE ORGANIZATION HAD TO PURCHASE EACH OF THE DIAPERS DISTRIBUTED TO THE PARTNER DIAPER BANKS, NDBN'S REACH COULD NOT COME CLOSE TO 17 MILLION PLUS DIAPERS PER YEAR. THE PARTNER DIAPER BANKS ARE LOCATED THROUGHOUT THE CONTINENTAL UNITED STATES AND RECEIVE DIAPERS FROM NDBN BASED ON ITS STRATEGIC PLAN TO REACH A DIVERSIFIED GEOGRAPHY AND TO BUILD CAPACITY OF DIAPER BANKS ACROSS THE COUNTRY. THE DISTRIBUTION IS ALSO BASED ON THE ABILITY OF THOSE DIAPER BANKS TO ACCEPT, WAREHOUSE AND DISTRIBUTE TRUCKLOADS OF DIAPERS FREE OF CHARGE TO POOR FAMILIES IN THEIR COMMUNITIES. IN ADDITION TO GRANTS OF DIAPERS, THE VARIOUS PARTNER DIAPER BANKS ARE ABLE TO RECEIVE CASH GRANTS WHICH CAN BE USED FOR A VARIETY OF THINGS SUCH AS OUTREACH, MARKETING AND ADMINISTRATION. NDBN HAS A GOVERNING BODY THAT REPRESENTS THE INTERESTS OF THE PUBLIC. THE BOARD HAS FIFTEEN VOTING MEMBERS, ALL OF WHOM ARE INDEPENDENT AND ONLY ONE OF WHOM WORKS FOR K-C. THE DIRECTORS ARE DRAWN FROM ACROSS THE COUNTRY AND RESIDE AND WORK IN 14 STATES AND THE DISTRICT OF COLUMBIA. THEY HAVE

PROFESSIONAL BACKGROUNDS, SPECIAL KNOWLEDGE, AND EXPERTISE THAT SUPPORT

NATIONAL DIAPER BANK NETWORK INC.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

45-2823935

Part VI

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| • 5 | Section 501(c)(4), (5), or (6) organizations: Complete Part III. | | | | |
|-----|--|----------------------------------|----------------------|--------------------------|--|
| lam | e of organization | | | | ification number |
| | NATIONAL DIAPER BANK | | | 45-28239 | |
| Pa | rt I-A Complete if the organization is exem | | | | on. |
| 1 | Provide a description of the organization's direct and indire | ct political campaign activities | in Part IV. (see ins | structions for | |
| | definition of "political campaign activities") | | | | |
| 2 | Political campaign activity expenditures (see instructions) | | | ▶\$ | |
| 3 | Volunteer hours for political campaign activities (see instru- | ctions) | | | |
| Pa | rt I-B Complete if the organization is exem | | | | |
| 1 | Enter the amount of any excise tax incurred by the organization | ation under section 4955 | | ▶ \$ | |
| 2 | Enter the amount of any excise tax incurred by organization | n managers under section 495 | 5 | ▶ \$ | |
| 3 | If the organization incurred a section 4955 tax, did it file Fo | rm 4720 for this year? | | | Yes No |
| 4a | Was a correction made? | | | | Yes No |
| b | If "Yes," describe in Part IV. | | | | |
| Pa | rt I-C Complete if the organization is exem | - | • | on 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organization | on for section 527 exempt fund | tion | | |
| | activities | | | ▶ \$ | |
| 2 | Enter the amount of the filing organization's funds contribute | ted to other organizations for s | ection | | |
| | 527 exempt function activities | | | ▶ \$ | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Ent | er here and on Form 1120-PO | L, | | |
| | line 17b | | | ▶ \$ | |
| 4 | Did the filing organization file Form 1120-POL for this year | ? | | | Yes No |
| 5 | Enter the names, addresses and employer identification nu | | | | |
| | organization made payments. For each organization listed, | enter the amount paid from th | e filing organizatio | n's funds. Also enter | |
| | the amount of political contributions received that were pro | mptly and directly delivered to | a separate politica | l organization, such | |
| | as a separate segregated fund or a political action committ | ee (PAC). If additional space is | s needed, provide | information in Part IV. | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | | | | filing organization's | contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly delivered to a separate |
| | | | | | political organization. |
| | | | | | If none, enter -0 |
| 1) | | | | | |
| | | | | | |
| 2) | | | | | |
| | | | | | |
| 3) | | | | | |
| | | | | | |
| 4) | | | | | |
| | | | | | |
| 5) | | | | | |
| | | | | | |
| 6) | | | | | |
| | | | | | |
| | | | | | |

| hedule C (Form | 990 or 990-EZ) 2017 | NATIONAL | DIAPER | BANK | NETWORK | INC. | 45-28239 | 35 | Page 2 |
|----------------|---------------------|--------------------------|------------------|------------|-------------------|-----------|------------------------|-------------------|---------------|
| Part II-A | Complete if the | e organization | is exempt | under s | ection 501(c) | (3) and | filed Form 5768 (| election under | |
| | section 501(h) |). | | | | | | | |
| Check ▶ | if the filing org | ganization belong | gs to an affilia | ated grou | p (and list in Pa | art IV ea | ch affiliated group me | mber's name, | |
| | address, EIN, | expenses, and | share of exce | ess lobbyi | ng expenditure | es). | | | |
| Check ▶ | if the filing o | rganization che | cked box A | and "lim | ited control" p | rovisio | ns apply. | | |
| | 1 !!4 | a a sa I a la la salar a | | | | | () === | (1.) A (C.): 1. 1 | |

| | Limits on Lobb (The term "expenditures" me | (a) Filing organization's totals | (b) Affiliated group totals | |
|----|---|--|--------------------------------------|--|
| 1a | Total lobbying expenditures to influence publ | ic opinion (grass roots lobbying) | 18,516 | |
| | | gislative body (direct lobbying) | 0 | |
| | | d 1b) | 18,516 | |
| | Other exempt purpose expenditures | | 0 | |
| е | Total exempt purpose expenditures (add line | | 18,516 | |
| f | Lobbying nontaxable amount. Enter the amount | | | |
| | columns. | | 3,703 | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,000. | | |
| g | Grassroots nontaxable amount (enter 25% of | f line 1f) | 926 | |
| h | Subtract line 1g from line 1a. If zero or less, | | 17,590 | |
| i | Subtract line 1f from line 1c. If zero or less, e | | 14,813 | |

4-Year Averaging Period Under section 501(h)

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?

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

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

Schedule C (Form 990 or 990-EZ) 2017

Yes X No

| | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | | | | | | |
|------------|--|------------|--------|----------|---|--------------|-----|
| For ea | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | <u> </u> | a) | | (b |) | |
| descri | ption of the lobbying activity. | Yes | No | | Amo | unt | |
| 1 D | During the year, did the filing organization attempt to influence foreign, national, state or local | | | | | | |
| le | egislation, including any attempt to influence public opinion on a legislative matter or | | | | | | |
| re | eferendum, through the use of: | | | | | | |
| | /olunteers? | | | _ | | | |
| b P | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | <u></u> | | | | | |
| | Media advertisements? | \vdash | | | | | |
| d M | Mailings to members, legislators, or the public? | | | | | | |
| | Publications, or published or broadcast statements? | | | | | | |
| | Grants to other organizations for lobbying purposes? | <u> </u> | | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | | |
| | Other activities? | | | : | | | |
| • | Fotal. Add lines 1c through 1i | | | : | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | ********** | | | | | |
| | f "Yes," enter the amount of any tax incurred under section 4912 | | | | | | |
| | f "Yes," enter the amount of any tax incurred by organization managers under section 4912 f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| | III-A Complete if the organization is exempt under section 501(c)(4), section 501(| c)(5) | or s | ection | 000000000000000000000000000000000000000 | <u></u> | |
| | 501(c)(6). | ۰٫(۵٫, | 01 3 | CCIOII | | | |
| | 33:(0)(0). | | | | | Yes | No |
| 1 V | Nere substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| 2 D | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | |
| 3 D | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | | | | 3 | | |
| 1 0 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." Dues, assessments and similar amounts from members | |) Par | t III-A, | line —— | 3, is —— | |
| | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | | | | | |
| | political expenses for which the section 527(f) tax was paid). | | | | | | |
| - | Current year | | 2a | | | | |
| | Carryover from last year | | 2b | | | | |
| сТ | Total | | 2c | | | | |
| 3 A | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | | |
| | f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | | | | | |
| е | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | | | | | |
| а | and political expenditure next year? | | 4 | | | | |
| | Faxable amount of lobbying and political expenditures (see instructions) | <u></u> | 5 | | | | |
| Part | ••• | | | | | | |
| | e 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, li | nes 1 | and | | | |
| 2 (see i | instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | | |
| COT | HEDITE C DADE II A EVDIANAMION OF FOUR VEAD AMEDICING | • | | | | | |
| SCI | HEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING | <i>.</i> | | | | | |
| THE | E FISCAL YEAR ENDED JUNE 30, 2017 IS THE FIRST YEAR FOR | ≀ WF | IICH | I THE | | | |
| ORO | GANIZATION'S SECTION 501(H) ELECTION IS EFFECTIVE. THE | \EFC | RE, | COI | .UMI | 1S | (A) |
| THE | ROUGH (C) ARE NOT APPLICABLE. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |