

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2022

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>NATIONAL DIAPER BANK NETWORK INC</u>			<b>D</b> Employer identification number <u>45-2823935</u>
	Doing Business As			<b>E</b> Telephone number <u>(203) 821-7348</u>
	Number and street (or P.O. box if mail is not delivered to street address) <u>470 JAMES ST.</u>		Room/suite <u>7</u>	<b>G</b> Gross receipts \$ <u>15,326,694.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>NEW HAVEN, CT 06513</u>			
<b>F</b> Name and address of principal officer: <u>JOANNE GOLDBLUM</u> <u>470 JAMES ST. SUITE 7, NEW HAVEN, CT 06513</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <u>HTTPS://NATIONALDIAPERBANKNETWORK.ORG/</u>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>2011</u>		<b>M</b> State of legal domicile: <u>CT</u>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>RAISING AWARENESS OF DIAPER NEED AND PERIOD POVERTY WHILE WORKING TO END BOTH.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>17</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>16</u>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<u>16</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>17</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>7,043,494.</u>	<u>5,175,568.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>5,607,768.</u>	<u>10,069,027.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,820.</u>	<u>82,099.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>NONE</u>	<u>NONE</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>12,655,082.</u>	<u>15,326,694.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>5,367,528.</u>	<u>4,409,600.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>1,412,096.</u>	<u>1,768,272.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>NONE</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>335,223.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>5,282,929.</u>	<u>8,919,319.</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>12,062,553.</u>	<u>15,097,191.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>592,529.</u>	<u>229,503.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<u>3,709,026.</u>	<u>3,985,871.</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>813,285.</u>	<u>860,627.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>2,895,741.</u>	<u>3,125,244.</u>

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## Part II Signature Block

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

<b>Sign Here</b>	<u>Joanne Goldblum</u> Signature of officer		<u>10/26/2023</u> Date		
	<u>JOANNE GOLDBLUM</u> Type or print name and title		<u>CEO</u>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>BRIAN E BENDER</u>	<u>BRIAN E BENDER</u>	<u>10/26/2023</u>	<input type="checkbox"/>	<u>P01305467</u>
	Firm's name ▶ <u>WITHUMSMITH+BROWN, PC</u>	Firm's EIN ▶ <u>22-2027092</u>	Phone no. <u>301-272-6000</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THROUGH AWARENESS, ASSISTANCE, AND COMMUNITY, WE ARE DEDICATED TO HELPING INDIVIDUALS, CHILDREN, AND FAMILIES ACCESS THE BASIC NECESSITIES THEY REQUIRE TO THRIVE AND REACH THEIR FULL POTENTIAL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 10,925,892. including grants of \$ 2,768,916. ) (Revenue \$ 9,927,183. )

NETWORK ASSISTANCE - NDBN MENTORS INDIVIDUALS AND COMMUNITIES STARTING SUSTAINABLE NONPROFIT PROGRAMS THAT DISTRIBUTE DIAPERS, PERIOD SUPPLIES, AND/OR OTHER MATERIAL BASIC NECESSITIES TO INDIVIDUALS, CHILDREN, AND FAMILIES. NDBN ALSO HELPS EXISTING DIAPER BANKS AND PERIOD SUPPLY PROGRAMS DO MORE WITH AVAILABLE RESOURCES. NDBN CONFERS MEMBERSHIP TO PROGRAMS THAT MEET OPERATIONAL STANDARDS OF SUCCESS. NDBN ALSO PROVIDES TECHNICAL ASSISTANCE TAILORED TO THE NEEDS OF MEMBER PROGRAMS. NDBN OFFERS FREE AND FEE-BASED OPPORTUNITIES AND SUPPORT SERVICES (E.G. BULK BUYING PROGRAMS) TO ITS MEMBERS (CONTINUED ON SCHEDULE O).

4b (Code: ) (Expenses \$ 1,143,317. including grants of \$ 947,363. ) (Revenue \$ 43,375. )

ALLIANCE FOR PERIOD SUPPLIES - AN NDBN PROGRAM - HAS DISTRIBUTED MORE THAN 45 MILLION PERIOD PRODUCTS (PADS AND LINERS) DONATED BY FOUNDING SPONSOR U BY KOTEX TO MORE THAN 140 ALLIED PROGRAMS IN THE U.S. PROGRAMS ALSO RECEIVE EXPERT TECHNICAL ASSISTANCE AS DESCRIBED ABOVE. ALLIANCE FOR PERIOD SUPPLIES HOSTS THE NATIONAL SUMMIT ON PERIOD POVERTY LEADERSHIP AS PART OF THE U.S. CONFERENCE ON POVERTY AND BASIC NEEDS, WHICH FOSTERS COLLABORATION AND SUPPORT AMONG PEOPLE AND ORGANIZATIONS WORKING TO ADDRESS PERIOD POVERTY, PERIOD STIGMA, AND MENSTRUAL EQUITY IN THE UNITED STATES.

4c (Code: ) (Expenses \$ 616,909. including grants of \$ 147. ) (Revenue \$ 36,687. )

AWARENESS - NDBN BRINGS NATIONAL ATTENTION TO THE ISSUE OF DIAPER NEED AND PERIOD POVERTY BY FOCUSING ON THE IMPACT THAT A LACK OF MATERIAL BASIC NEEDS HAS ON CHILDREN AND FAMILIES LIVING IN AMERICA. AWARENESS IS EXPANDED THROUGH THE EDUCATIONAL OUTREACH TO THE GENERAL PUBLIC AS WELL AS LOCAL AND NATIONAL LEADERS VIA MEDIA AND PROPRIETARY INITIATIVES. AS THE RECOGNIZED CENTER OF AUTHORITY ON DIAPER NEED IN AMERICA, NDBN COLLECTS, ANALYZES, AND REPORTS RELEVANT DATA TO ADVANCE POLICY/ADVOCACY EFFORTS RELATED TO DIAPER NEED, CHILD POVERTY, AND THE PHYSICAL, MENTAL AND ECONOMIC WELL-BEING OF CHILDREN AND FAMILIES (CONTINUED ON SCHEDULE O).

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,523,560. including grants of \$ 693,174. ) (Revenue \$ 61,782. )

4e Total program service expenses 14,209,678.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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. <span style="float:right">2a 16</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</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 Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span> . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span> . . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span> . . . . .		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span> . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span> . . . . .		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span> . . . . .		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span> . . . . .		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

HOPE MARTIN 470 JAMES ST SUITE 7 NEW HAVEN, CT 06513
203-821-7348

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOPE MARTIN CHIEF OF FINANCE AND ADMIN	40.00 NONE					X	121,972.	NONE	13,241.	
(2) TROY MOORE CHIEF OF EXTERNAL AFFAIRS	40.00 NONE					X	124,395.	NONE	4,367.	
(3) CHRISTOPHER BLAKE CHIEF OF STRATEGY	40.00 NONE					X	109,064.	NONE	15,297.	
(4) JOANNE GOLDBLUM CHIEF EXECUTIVE OFFICER	40.00 NONE			X			119,825.	NONE	4,291.	
(5) SUSAN VAN NESS CHIEF OF PROGRAMS	40.00 NONE					X	109,064.	NONE	13,156.	
(6) TAMARA KILLIAN CHIEF OF DEVELOPMENT	40.00 NONE					X	105,343.	NONE	3,728.	
(7) MEGAN SMITH BOARD MEMBER	2.00 NONE	X					9,225.	NONE	NONE	
(8) AMY DALY DONOVAN CHAIR	2.00 NONE	X	X				NONE	NONE	NONE	
(9) JULIENNE CHERRY BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(10) KRISTINE RHODE SECRETARY	2.00 NONE	X	X				NONE	NONE	NONE	
(11) KEVIN FAULKNER TREASURER	2.00 NONE	X	X				NONE	NONE	NONE	
(12) RACHELE PETERSON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(13) VICKI CLARK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(14) CHELESA PRESLEY BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) SONDRA GREENE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
( 16 ) ERIC ADELSON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
( 17 ) TONI HARP BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
( 18 ) NANCY WOODLAND BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
( 19 ) BILL ANDOE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
( 20 ) FRAN HELD BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
( 21 ) JESSICA BARTHOLOW BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
( 22 ) KATIE MANCINI BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
( 23 ) LAURA WELSH BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b>							698,888.	NONE	54,080.	
<b>c Total from continuation sheets to Part VII, Section A</b>							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b>							698,888.	NONE	54,080.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	5,175,568.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 3,290,667.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			5,175,568.			
	<b>Program Service Revenue</b>	<b>2a</b>	CUTIES DIAPER BUYING PROGRAM	Business Code	624100	8,460,633.	8,460,633.	
<b>b</b>		WE CAN DO THIS PROGRAM	624100	948,100.	948,100.			
<b>c</b>		MEMBER SUPPORT	624100	561,825.	561,825.			
<b>d</b>		MEMBER DUES	624100	61,782.	61,782.			
<b>e</b>		CONFERENCE FEES	624100	35,787.	35,787.			
<b>f</b>		All other program service revenue . . . . .	624100	900.	900.			
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			10,069,027.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		82,099.			82,099.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		NONE				
	<b>5</b>	Royalties . . . . .		NONE				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .			NONE			
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . .			NONE			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
				NONE				
				NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE				
<b>Miscellaneous Revenue</b>	<b>11a</b>	_____	Business Code					
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			NONE			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			15,326,694.	10,069,027.		82,099.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, etc.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	843,929.	<b>1</b>	605,978.
	<b>2</b> Savings and temporary cash investments. . . . .	2,604,846.	<b>2</b>	2,751,999.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	154,715.	<b>4</b>	455,333.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . SEE SCHEDULE O . . . . .	38,443.	<b>9</b>	21,109.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 124,135.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 32,214.		
	<b>11</b> Investments - publicly traded securities. . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>15</b>	59,531.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	3,709,026.	<b>16</b>	3,985,871.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	636,839.	<b>17</b>	602,046.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . SEE SCHEDULE O . . . . .	176,446.	<b>19</b>	199,050.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	NONE	<b>25</b>	59,531.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	813,285.	<b>26</b>	860,627.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions. . . . .	2,616,850.	<b>27</b>	2,980,749.
	<b>28</b> Net assets with donor restrictions. . . . .	278,891.	<b>28</b>	144,495.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	2,895,741.	<b>32</b>	3,125,244.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	3,709,026.	<b>33</b>	3,985,871.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,326,694.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,097,191.
3	Revenue less expenses. Subtract line 2 from line 1	3	229,503.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,895,741.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,125,244.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> NATIONAL DIAPER BANK NETWORK INC	<b>Employer identification number</b> 45-2823935
---	---

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2022

JSA  
2E1210 1.000

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,067,434.	6,434,897.	5,808,402.	7,043,494.	5,175,568.	28,529,795.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	4,067,434.	6,434,897.	5,808,402.	7,043,494.	5,175,568.	28,529,795.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). <small>SEE SUPP PAGE</small>						19,911,734.
<b>6 Public support.</b> Subtract line 5 from line 4						8,618,061.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,067,434.	6,434,897.	5,808,402.	7,043,494.	5,175,568.	28,529,795.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,154.	2,308.	570.	3,820.	82,099.	91,951.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						NONE
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						28,621,746.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	27,207,017.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	30.11 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	26.74 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <small>SEE SUPPLEMENTAL PAGE</small> . . . . . <input checked="" type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

**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.)

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	LESS 2% OF LINE 11(F)	EXCESS CONTRIBUTION AMOUNT
KIMBERLY CLARK GLOBAL SALES	20484169.	572,435.	19911734.
<b>TOTALS</b>	<b>20,484,169.</b>		<b>19,911,734.</b>

**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.)

SCHEDULE A, PART II, FACTS AND CIRCUMSTANCES TEST  
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FACTS AND CIRCUMSTANCE TEST

NATIONAL DIAPER BANK NETWORK (NDBN) IS DEDICATED TO HELPING INDIVIDUALS, CHILDREN AND FAMILIES LIVING IN POVERTY ACCESS THE MATERIAL BASIC NECESSITIES THEY REQUIRE TO THRIVE AND REACH THEIR FULL POTENTIAL. OUR STRATEGIC PRIORITIES INCLUDE ENDING DIAPER NEED AND PERIOD POVERTY IN THE U.S.

NDBN'S STRATEGY INCLUDES PARTNERING WITH COMPANIES AND ENTITIES TO BECOME SOCIAL CHANGE AGENTS IN ADDRESSING PUBLIC HEALTH ISSUES.

NDBN'S PROGRAMS AND STRATEGY QUALIFIES THE ORGANIZATION AS A PUBLICLY SUPPORTED CHARITY BECAUSE IT MEETS THE 10 PERCENT PLUS FACTS AND CIRCUMSTANCES TEST UNDER TREAS REG 1 170A-9(F) (1)-(VI) IN THE FOLLOWING RESPECTS:

**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.)

1) 10 PERCENT OF SUPPORT LIMITATIONS: NDBN NORMALLY RECEIVES SUPPORT FROM A VARIETY OF PUBLIC SOURCES. NDBN'S PUBLIC SUPPORT PERCENTAGE IS OVER 20 PERCENT ABOVE THE 10 PERCENT THRESHOLD AS OF JUNE 30, 2023.

2) ATTRACTION OF PUBLIC SUPPORT: NDBN IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS. NDBN MAINTAINS A BONA FIDE DEVELOPMENT PROGRAM AND CARRIES ON ACTIVITIES DESIGNED TO ATTRACT SUPPORT FROM INDIVIDUALS, FOUNDATIONS, GOVERNMENTS, AND OTHER CHARITABLE ORGANIZATIONS. NDBN'S FULL-TIME CHIEF EXECUTIVE, CHIEF OF DEVELOPMENT, AND THE BOARD OF DIRECTORS ARE ACTIVELY INVOLVED IN SEEKING FINANCIAL SUPPORT FROM DIVERSE SOURCES ON AN ONGOING BASIS AND WORK CONSISTENTLY TO IDENTIFY AND ENGAGE MORE PROSPECTIVE DONORS AND INCREASE OUR OUTREACH TO NEW FUNDERS THROUGH PHILANTHROPIC NETWORKS. NDBN'S PROGRAMS AND ACTIVITIES HAVE BROAD APPEAL TO MEMBERS OF THE PUBLIC WHO SHARE AN INTEREST IN NDBN'S MISSION AND ITS SUCCESSFUL PROGRAMS.

**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.)

3) SOURCES OF SUPPORT: NDBN IS SUPPORTED BY A DIVERSE AND REPRESENTATIVE GROUP OF DONORS. DURING THE YEAR ENDED JUNE 30, 2023, NDBN RECEIVED CONTRIBUTIONS FROM 12,942 DONORS, INCLUDING INDIVIDUALS, PRIVATE FOUNDATIONS, DONOR-ADVISED FUNDS, AND CORPORATIONS - NOTING THAT 99.7 PERCENT OF THESE DONORS WERE INDIVIDUALS OR ENTITIES MAKING GIFTS OF LESS THAN \$5,000 (42 DONORS OVER).

4) REPRESENTATIVE GOVERNING BODY: NDBN'S BOARD OF DIRECTORS IS REPRESENTATIVE OF THE COMMUNITY WE SERVE. THE BOARD INCLUDES COMMUNITY LEADERS, HEALTH CARE PROFESSIONALS, BUSINESS EXECUTIVES, DIRECTORS OF COMMUNITY-BASED DIAPER BANKS, SPECIALISTS IN THE BASIC NEEDS SUPPLY CHAIN, AND OTHER EXPERTS IN NONPROFIT OPERATIONS.

5) AVAILABILITY OF PUBLIC FACILITIES OR SERVICES, PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES: SINCE 2012, NDBN HAS ORGANIZED AND HELD AN ANNUAL CONFERENCE, TODAY KNOWN AS THE U.S. CONFERENCE ON

**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.)

POVERTY AND BASIC NEEDS. OPEN TO THE PUBLIC, THE CONFERENCE ATTRACTED MORE THAN 220 ATTENDEES IN THE YEAR ENDED JUNE 30, 2023. THE CONFERENCE BRINGS TOGETHER NONPROFIT LEADERS, ADVOCATES, RESEARCHERS AND OTHER PROFESSIONALS WORKING TO ADDRESS POVERTY AND HOW ACCESS TO MATERIAL BASIC NECESSITIES IMPACTS THE ABILITY OF INDIVIDUALS, CHILDREN AND FAMILIES TO THRIVE AND REACH THEIR FULL POTENTIAL. THE CONFERENCE FEATURES MORE THAN 50 SPEAKERS AND PANELISTS WHO BRING SUBJECT EXPERTISE, INNOVATION, AND INSPIRATION TO CONFERENCE PARTICIPANTS AND THE MEMBER NETWORK. THE THREE-DAY EVENT FEATURES: RENOWNED KEYNOTE SPEAKERS; A PLATFORM FOR MEMBERS TO SHOWCASE THEIR SUBJECT EXPERTISE; PLENARY AND PANEL DISCUSSIONS WITH RESEARCHERS, ACADEMICS, AND POLICY ADVOCATES; ALONG SIDE TEAM BUILDING AND SOCIAL OPPORTUNITIES; A CELEBRATORY DINNER HOSTED BY NDBN'S FOUNDING SPONSOR HUGGIES; MEMBER SCHOLARSHIPS AND ADVISING FOR FIRST-TIME ATTENDEES; AND WORKSHOPS ON TOPICS RANGING FROM NEW TOOLS AND TECHNOLOGIES TO RESEARCH-PROVEN, PRACTICAL TIPS FOR BASIC NEEDS BANK BEST PRACTICES, ADVOCACY, AND EQUALITY.



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">NATIONAL DIAPER BANK NETWORK INC</p>	Employer identification number <p style="text-align: center;">45-2823935</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/>	\$ 3,191,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 8,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 26,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">NATIONAL DIAPER BANK NETWORK INC</p>	Employer identification number <p style="text-align: center;">45-2823935</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/>	\$ 5,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A <hr/> <hr/>	\$ 8,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">NATIONAL DIAPER BANK NETWORK INC</p>	Employer identification number <p style="text-align: center;">45-2823935</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
13	N/A <hr/> <hr/> <hr/>	\$ 7,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
14	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
15	N/A <hr/> <hr/> <hr/>	\$ 125,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
16	N/A <hr/> <hr/> <hr/>	\$ 10,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
17	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
18	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization

NATIONAL DIAPER BANK NETWORK INC

Employer identification number

45-2823935

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 14,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">NATIONAL DIAPER BANK NETWORK INC</p>	Employer identification number <p style="text-align: center;">45-2823935</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A <hr/> <hr/> <hr/>	\$ 8,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A <hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">NATIONAL DIAPER BANK NETWORK INC</p>	Employer identification number <p style="text-align: center;">45-2823935</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A <hr/> <hr/> <hr/>	\$ 5,961.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NATIONAL DIAPER BANK NETWORK INC</b>	Employer identification number <b>45-2823935</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A <hr/> <hr/>	\$ <u>5,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A <hr/> <hr/>	\$ <u>60,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A <hr/> <hr/>	\$ <u>104,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A <hr/> <hr/>	\$ <u>144,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <p style="text-align: center;">NATIONAL DIAPER BANK NETWORK INC</p>	Employer identification number <p style="text-align: center;">45-2823935</p>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DIAPERS, TRAINING PADS, ADULT BRIEFS, WIPES, APS SUPPLIES AND TOYS	\$ 2,982,667.	06/30/2023
40	ADULT INCONTINENCE	\$ 60,000.	06/30/2023
41	BOOKS	\$ 104,000.	06/30/2023
42	UNDERWEAR	\$ 144,000.	06/30/2023
		\$	
		\$	

Name of organization <b>NATIONAL DIAPER BANK NETWORK INC</b>	Employer identification number <b>45-2823935</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization NATIONAL DIAPER BANK NETWORK INC	Employer identification number 45-2823935
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		21,153.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		21,153.													
<b>d</b> Other exempt purpose expenditures . . . . .		15,076,038.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		15,097,191.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		904,860.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		226,215.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	618,897.	668,400.	753,128.	904,860.	2,945,285.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,417,928.
<b>c</b> Total lobbying expenditures	13,409.	48,057.	46,168.	21,153.	128,787.
<b>d</b> Grassroots nontaxable amount	154,724.	167,100.	188,282.	226,215.	736,321.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,104,482.
<b>f</b> Grassroots lobbying expenditures	13,409.	48,057.	46,168.	21,153.	128,787.

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, 1-5, Amount. Questions about dues, non-deductible lobbying, and taxable amounts.

Part IV Supplemental Information

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

Horizontal lines for providing supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows include purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Rows include art collection reporting requirements and revenue/asset amounts.

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

Schedule D (Form 990) 2022

JSA 2E1268 1.000

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		124,135.	32,214.	91,921.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				91,921.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LEASE LIABILITY	59,531.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	

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



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue calculated as 15,326,694.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses calculated as 15,097,191.

**Part XIII Supplemental Information.**

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

US GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY NDBN AND  
RECOGNIZE A TAX LIABILITY (OR ASSET) IF NDBN HAS TAKEN AN UNCERTAIN  
POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY  
APPLICABLE TAXING AUTHORITIES. FOR THE YEARS ENDED JUNE 30, 2023 AND  
2022, NDBN HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS  
QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.  
THERE HAS BEEN NO TAX RELATED INTEREST OR PENALTIES FOR THE PERIODS  
PRESENTED IN THESE FINANCIAL STATEMENTS.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NATIONAL DIAPER BANK NETWORK INC

Employer identification number

45-2823935

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1) A BABY CENTER</b> 320 MAIN STREET HYANNIS, MA 02601-4003	04-2382479	501(C)(3)	5,000.	31,801.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(2) ACCESS PERIOD</b> 17081 DORA HAMANN PARKWAY OMAHA, NE 68116	82-1236436	501(C)(3)		6,102.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(3) ALLIANCE FOR PERIOD SUPPLIES OF SWFL</b> 20110 RIVERBROOKE RUN ESTERO, FL 33928	83-3151463	501(C)(3)	16,898.	99,049.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT & CREDIT
<b>(4) ALL-OPTIONS HOOSIER DIAPER PROGRAM</b> 1014 SOUTH WALNUT STREET	87-0729403	501(C)(3)	5,000.	4,301.	FAIR MARKET VALUE	SUPPLIES	HHS GRANT PADS & LINERS
<b>(5) ALOHA DIAPER BANK</b> 454 EHAKE PLACE HONOLULU, HI 96817	85-2359096	501(C)(3)	10,000.		FAIR MARKET VALUE		HHS GRANT BUYING CREDIT
<b>(6) ARIZONA DIAPER BANK</b> 1050 SOUTH PLUMER AVE TUCSON, AZ 85719	43-1990345	501(C)(3)	16,000.	49,232.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT & FCC
<b>(7) ATHENS AREA DIAPER BANK</b> 130 CONWAY DRIVE BOGART, GA 30622	83-3502078	501(C)(3)		4,000.	FAIR MARKET VALUE	SUPPLIES	HHS GRANT FCC GRANT & CREDIT
<b>(8) ATLANTA GROWING LEADERSHIP OF WOMEN (GLOW),</b> 109 ANDERSON STREET SE MARIETTA, GA 30060	85-0530070	501(C)(3)		23,674.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(9) AUSTIN DIAPER BANK</b> 2210 DENTON DRIVE AUSTIN, TX 78758	80-0931841	501(C)(3)	14,000.	21,515.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS HHS GRANT & CREDIT
<b>(10) BABIES NEED BOTTOMS, INC.</b> PO BOX 5171 ASHEVILLE, NC 28813	82-3574436	501(C)(3)	11,000.	31,252.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT & CREDIT
<b>(11) BABY BOOTIES DIAPER BANK</b> 610 N. CHURCH ST MCKINNEY, TX 75069	46-4156035	501(C)(3)	8,000.		FAIR MARKET VALUE		HHS GRANT
<b>(12) BABYCARE, SHEBOYGAN EVANGELICAL FREE CHURCH</b> 1710 N. 15TH STREET SHEBOYGAN, WI 53081	39-1423642	501(C)(3)		13,874.	FAIR MARKET VALUE	SUPPLIES	DIAPERS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 126

3 Enter total number of other organizations listed in the line 1 table . . . . . NONE

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BABYCYCLE 3651 42ND AVE S ST. PETERSBURG, FL 33711	46-3452785	501(C)(3)	5,000.	79,970.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, WIPES, PADS HHS GRANT
<b>(2)</b> BABY'S BOUNTY 3400 W. DESERT INN ROAD #24	26-2678979	501(C)(3)	5,000.	7,315.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(3)</b> BUNDLES OF HOPE DIAPER BANK 1430 REVEREND ABRAHAM WOODS JR BLVD	47-3964034	501(C)(3)	13,000.	61,108.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT & CREDIT
<b>(4)</b> CENTER FOR PEOPLE IN NEED 3901 NORTH 27TH STREET LINCOLN, NE 68521	06-1669552	501(C)(3)		32,000.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(5)</b> CENTRAL CALIFORNIA FOOD BANK 4010 E. AMENDOLA DRIVE FRESNO, CA 93725	77-0320851	501(C)(3)		56,800.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(6)</b> CENTRAL FLORIDA DIAPER BANK 1041 CROWN PARK CIRCLE	59-3458402	501(C)(3)		67,744.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE
<b>(7)</b> CENTRAL JERSEY DIAPER BANK- AECDC 222 LIVINGSTON AVE	22-3625904	501(C)(3)	6,000.		FAIR MARKET VALUE		HHS GRANT
<b>(8)</b> CENTRAL NEW YORK DIAPER BANK INC. PO BOX 367 MANLIUS, NY 13104	81-2106440	501(C)(3)	10,075.	54,248.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS HHS GRANT & CREDIT
<b>(9)</b> CHARITABLE UNION 85 CALHOUN ST BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	5,000.	7,526.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(10)</b> COLUMBUS DIAPER BANK 1459 DELASHMUT AVENUE COLUMBUS, OH 43212	46-4186869	501(C)(3)	6,050.		FAIR MARKET VALUE		HHS GRANT EIS INCENTIVE
<b>(11)</b> COMMUNITY ACTION PARTNERSHIP OF ORANGE COUN 11870 MONARCH STREET GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	5,375.	79,300.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(12)</b> CRADLES TO CRAYONS - CHICAGO 4141 W. GEORGE ST CHICAGO, IL 60641	04-3584367	501(C)(3)		24,686.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & WIPES

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CRADLES TO CRAYONS, INC. - BOSTON 281 NEWTONVILLE AVE NEWTON, MA 02460-2013	04-3584367	501(C)(3)	150.	43,193.	FAIR MARKET VALUE	SUPPLIES	DIAPERS EIS INCENTIVE
<b>(2)</b> CRADLES TO CRAYONS, PHILADELPHIA 4700 WISSAHICKON AVE.	04-3584367	501(C)(3)		54,641.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(3)</b> DIAPER BANK FOR NORTHEAST FLORIDA 10864 STEEDING HORSE DRIVE	84-3705200	501(C)(3)	11,000.		FAIR MARKET VALUE		HHS GRANT & CREDIT
<b>(4)</b> DIAPER BANK OF CENTRAL ARIZONA 5502 W. BUCKEYE PHEONIX, AZ 85043	43-1990345	501(C)(3)		20,861.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(5)</b> DIAPER BANK OF GREATER CLEVELAND 12200 FAIRHILL RD CLEVELAND, OH 44120	84-1957545	501(C)(3)	7,500.		FAIR MARKET VALUE		HHS GRANT FFC MICRO GRANT
<b>(6)</b> DIAPER BANK OF NORTH CAROLINA 1311 E CLUB BLVD DURHAM, NC 27704	32-0401621	501(C)(3)	31,148.		FAIR MARKET VALUE		HHS GRANT BUYING CREDIT
<b>(7)</b> DIAPER BANK OF THE DELTA P.O. 252 CLARKSDALE, MS 38614	82-3295318	501(C)(3)		15,827.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT
<b>(8)</b> DIAPER BANK OF THE OZARKS 3055 E DIVISION ST. SPRINGFIELD, MO 65808	43-0903657	501(C)(3)		41,278.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & WIPES
<b>(9)</b> DIGNITY MATTERS 861 EDGELL RD FRAMINGHAM, MA 01701-3997	81-4572839	501(C)(3)	16,898.	54,000.	FAIR MARKET VALUE	SUPPLIES	THINK BUYING CREDIT
<b>(10)</b> EASTERN WISCONSIN DIAPER BANK AT NETWORK OF 2396 INDUSTRIAL DRIVE NEENAH, WI 54956	46-3062817	501(C)(3)		32,801.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT
<b>(11)</b> EMBRACE OF CELEBRATION 1420 CELEBRATION BLVD KISSIMMEE, FL 34747	85-1754772	501(C)(3)		2,873.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT
<b>(12)</b> EMERGENCY INFANT SERVICES 1110 SOUTH DENVER AVENUE TULSA, OK 74119	73-1039524	501(C)(3)		33,701.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

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Name of the organization

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NATIONAL DIAPER BANK NETWORK INC

45-2823935

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> EVERY BOTTOM COVERED INC 55 SCHUELE AVENUE BUFFALO, NY 14215	81-1314673	501(C)(3)	10,000.		FAIR MARKET VALUE		HHS GRANT & CREDIT
<b>(2)</b> EXPECTING RELIEF 133 JAMAICA AVE BROOKLYN, NY 11207	36-4722105	501(C)(3)		2,560.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT
<b>(3)</b> FAIRFAX DIAPERS 1731 KILLARNEY COURT VIENNA, VA 22182	83-4337298	501(C)(3)	6,000.		FAIR MARKET VALUE		HHS GRANT
<b>(4)</b> FAMILY PROMISE OF YELLOWSTONE VALLEY 10 SOUTH 26TH STREET BILLINGS, MT 59101	20-0323622	501(C)(3)		28,500.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(5)</b> FEMME AID COLLABORATIVE 200 THRUSTON BLVD. W DAYTON, OH 45419	31-3027287	501(C)(3)		20,429.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(6)</b> FOX CITIES DIAPER BANK, AN INITIATIVE OF UN 1455 MIDWAY ROAD MENASHA, WI 54952	39-0912895	501(C)(3)		7,526.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(7)</b> FREE. 172 MAIN STREET HINGHAM, MA 02043-1911	04-2295854	501(C)(3)		5,508.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS FFC MICRO GRANT 2023
<b>(8)</b> GEM CITY DIAPER BANK P.O BOX 13284 DAYTON, OH 45413	45-0948409	501(C)(3)	6,000.		FAIR MARKET VALUE		HHS GRANT
<b>(9)</b> GIVING THE BASICS WICHITA 10921 EAST 26TH STREET NORTH	83-2564688	501(C)(3)	26,898.		FAIR MARKET VALUE		FFC STRATEGIC INITIA BUYING CREDIT
<b>(10)</b> GOOD+ FOUNDATION 306 WEST 37TH STREET NEW YORK, NY 10018	31-1777082	501C3	5,000.	39,050.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & WIPES
<b>(11)</b> GOOD+ FOUNDATION, LA 4505 W. JEFFERSON BLVD.	31-1777082	501(C)(3)	5,000.	28,371.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(12)</b> GREATER DC DIAPER BANK 1532 A STREET, NE WASHINGTON, DC 20002	27-4276547	501(C)(3)	5,000.	68,900.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS HHS GRANT

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

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Department of the Treasury  
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Name of the organization

Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> GREATER FORT LAUDERDALE DIAPER BANK 8664 SW 55TH ST COOPER CITY, FL 33328	81-3498587	501(C)(3)	5,000.	8,842.	FAIR MARKET VALUE	SUPPLIES	WIPES HHS GRANT
<b>(2)</b> GREATER PHILADELPHIA DIAPER BANK MIGHTY WRITERS 12 CHURCH LANE	35-2391701	501(C)(3)	8,000.	36,789.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT
<b>(3)</b> HAPPYBOTTOMS 303 W 79TH STREET KANSAS CITY, MO 64114	27-2423540	501(C)(3)	5,300.	28,500.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(4)</b> HAWAII DIAPER BANK 67-1197 MAMALAOA HWY #6304	94-3257650	501(C)(3)	6,000.		FAIR MARKET VALUE		HHS GRANT
<b>(5)</b> HEALTHY START COALITION OF SOUTHWEST FLORID 1921 JEFFERSON AVENUE FORT MYERS, FL 33901	65-0378720	501(C)(3)		27,500.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(6)</b> HEALTHY STEPS DIAPER BANK 4075 LINGLESTOWN ROAD HARRISBURG, PA 17112	61-1714375	501(C)(3)	5,000.	12,706.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(7)</b> HELP A MOTHER OUT 101 BROADWAY OAKLAND, CA 94607	83-2001085	501(C)(3)	5,000.	32,000.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(8)</b> HELP ME GROW PIERCE COUNTY 1501 PACIFIC AVENUE TACOMA, WA 98402	80-0209462	501(C)(3)	5,000.	42,150.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(9)</b> HELPING MAMAS - KNOXVILLE 121 S. DAVID LANE KNOXVILLE, TN 37922	47-1381339	501(C)(3)	10,000.	9,357.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(10)</b> HELPING MAMAS, INC 4487 PARK DRIVE NORCROSS, GA 30093	47-1381339	501(C)(3)	26,061.	54,730.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS HHS GRANT & CREDIT
<b>(11)</b> HELPING WOMEN PERIOD PO BOX 4544 EAST LANSING, MI 48826	47-3264925	501(C)(3)	19,898.		FAIR MARKET VALUE		HHS GRANT & BUYING C
<b>(12)</b> HER VILLAGE INC.. 5030 BROADWAY NEW YORK, NY 10034	84-4788076	501(C)(3)	16,898.		FAIR MARKET VALUE		BUYING CREDIT

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Schedule I (Form 990) 2022

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(Form 990)**

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OMB No. 1545-0047

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Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

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<b>(1)</b> HEROES CARE 330 SUN VALLEY CIRCLE FENTON, MO 63026	01-0777850	501(C)(3)		28,300.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(2)</b> HOPE & COMFORT 659 HIGHLAND AVENUE NEEDHAM, MA 02494-2207	45-1329518	501(C)(3)		45,984.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE
<b>(3)</b> HOPE SUPPLY CO. 10480 SHADY TRAIL DALLAS, TX 75220	75-2284779	501(C)(3)	5,225.	4,684.	FAIR MARKET VALUE	SUPPLIES	WIPES EIS INCENTIVE
<b>(4)</b> IDAHO DIAPER BANK 621 EAST KING STREET MERIDIAN, ID 83642	46-5573015	501(C)(3)		24,400.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS
<b>(5)</b> INDIANA DIAPER BANK 9511 ANGOLA COURT INDIANAPOLIS, IN 46268	82-5289150	501(C)(3)	6,000.		FAIR MARKET VALUE		HHS GRANT
<b>(6)</b> INFANT CRISIS SERVICES, INC. 4224 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-1378766	501(C)(3)		31,679.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE
<b>(7)</b> JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE	20-4374795	501(C)(3)		70,000.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(8)</b> JUNIOR LEAGUE OF BATON ROUGE DIAPER BANK 9523 FENWAY AVENUE BATON ROUGE, LA 70809	72-0471493	501(C)(3)		25,400.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(9)</b> JUNIOR LEAGUE OF CHAMPLAIN VALLEY DIAPER BA 3060 WILLISTON RD #4	03-0317619	501(C)(3)	5,000.	7,094.	FAIR MARKET VALUE	SUPPLIES	WIPES HHS GRANT
<b>(10)</b> JUNIOR LEAGUE OF FORT WORTH DIAPER BANK AT 255 BAILEY AVENUE FORT WORTH, TX 76107	75-6022377	501(C)(3)		20,428.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(11)</b> JUNIOR LEAGUE OF NEW ORLEANS 4319 CARONDELET ST NEW ORLEANS, LA 70115	72-6000609	501(C)(3)		10,359.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(12)</b> JUNIOR LEAGUE OF RIVERSIDE DIAPER BANK 1860 CHICAGO AVENUE RIVERSIDE, CA 92507	95-2017219	501(C)(3)	10,000.		FAIR MARKET VALUE		FFC STRATEGIC INITIA

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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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NATIONAL DIAPER BANK NETWORK INC

45-2823935

**Part I General Information on Grants and Assistance**

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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> JUNIOR LEAGUE OF TAMPA 87 COLUMBIA DRIVE TAMPA, FL 33602	59-0693993	501(C)(3)	2,500.	34,054.	FAIR MARKET VALUE	SUPPLIES	DIAPERS FFC MICRO GRANT
<b>(2)</b> JUNIOR LEAGUE OF THE PALM BEACHES 470 COLUMBIA DRIVE	59-6138209	501(C)(3)		10,214.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(3)</b> JUNIOR LEAGUE OF WILMINGTON 1801 N. MARKET ST. WILMINGTON, DE 19802	51-6015503	501(C)(3)		21,871.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE
<b>(4)</b> JUST BASICS OF DOUGLAS COUNTY 1000 EAST 11TH STREET LAWRENCE, KS 66046	45-5069131	501(C)(3)	5,000.	6,989.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT
<b>(5)</b> KEEPING FAMILIES COVERED 3250 N OAK GROVE AVE WAUKEGAN, IL 60087	27-3434770	501(C)(3)	5,000.	51,809.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE BUYING CREDIT
<b>(6)</b> KIDVANTAGE P.O. BOX 712 ISSAQUAH, WA 98027	91-1617032	501(C)(3)	10,000.		FAIR MARKET VALUE		HHS GRANT & BUYING C
<b>(7)</b> LITTLE ESSENTIALS 74 GRAND AVENUE BROOKLYN, NY 10007	27-5281758	501(C)(3)	7,525.		FAIR MARKET VALUE		HHS GRANT EIS INCENTIVE
<b>(8)</b> LITTLE LAMBS FOUNDATION FOR KIDS 1125 W. 400 N. LOGAN, UT 84321	47-1339945	501(C)(3)	14,000.	32,590.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & WIPES HHS GRANT & CREDIT
<b>(9)</b> LOVING BOTTOMS DIAPER BANK 77 S. MAIN ST. GALESBURG, IL 61401	47-5163997	501(C)(3)	14,000.	28,500.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT & CREDIT
<b>(10)</b> METROPOLITAN DETROIT DIAPER BANK 3434 CHENE# 7546 DETROIT, MI 48207	47-3853031	501(C)(3)	10,125.	47,399.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS HHS GRANT
<b>(11)</b> MIAMI DIAPER BANK 4770 BISCAYNE BLVD SUITE 980, FL 33137	46-5050688	501(C)(3)		34,926.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & WIPES
<b>(12)</b> MICHAEL KLAHR JEWISH FAMILY SERVICES 1342 CONGRESS ST. PORTLAND, ME 04102-2117	01-0530420	501(C)(3)	8,025.	27,481.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT & EIS

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

**Part I General Information on Grants and Assistance**

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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MID-SOUTH FOOD BANK 3865 S. PERKINS RD MEMPHIS, TN 38118	62-1340755	501(C)(3)		48,230.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(2)</b> MILWAUKEE DIAPER MISSION 9600 SOUTH FRANKLIN DRIVE	85-2354816	501(C)(3)	19,000.	7,526.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT & CREDIT
<b>(3)</b> MITZVAH CIRCLE FOUNDATION 2562 BOULEVARD OF THE GENERALS	26-3705891	501(C)(3)	24,898.	28,900.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT & CREDIT
<b>(4)</b> MODESTLY COVER DIAPER BANK OF ESSEX COUNTY 16-18 MIDLAND AVENUE	46-2761456	501(C)(3)	5,000.	13,946.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT
<b>(5)</b> MOMS HELPING MOMS FOUNDATION 223 STIRLING ROAD WARREN, NJ 07059-5238	46-2201535	501(C)(3)	15,500.	41,168.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE FFC MICRO GRANT
<b>(6)</b> NASHVILLE DIAPER CONNECTION 406 HILLWOOD BLVD NASHVILLE, TN 37205	46-3597632	501(C)(3)	10,175.	38,860.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, WIPES & BOO HHS GRANT
<b>(7)</b> NEBRASKA DIAPER BANK 9100 F ST. SUITE 100 OMAHA, NE 68127	47-4953614	501(C)(3)	5,000.	52,367.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS BUYING CREDIT
<b>(8)</b> NOVA DIAPER BANK P.O. BOX 2115 ASHBURN, VA 20146	82-1916979	501(C)(3)	6,000.		FAIR MARKET VALUE		HHS GRANT
<b>(9)</b> OVER THE MOON 3912 MONTGOMERY ST SAVANNAH, GA 31405	85-3076883	501(C)(3)	9,000.	4,838.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT
<b>(10)</b> PDX DIAPER BANK P.O. BOX 22613 PORTLAND, OR 97269	45-5546960	501(C)(3)	10,000.	31,400.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS HHS GRANT & CREDIT
<b>(11)</b> POWER IN CHANGING 6615 B TWO NOTCH RD COLUMBIA, SC 29201	47-5060596	501(C)(3)	10,050.	9,610.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT & EIS
<b>(12)</b> PROJECT DIGNITY OF WNC, INC. PO BOX 6104 HENDERSONVILLE, NC 28793	81-5123670	501(C)(3)		15,988.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS

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<b>(1)</b> PROJECT MKC 6961 SOUTHERN BLVD. YOUNGSTOWN, OH 44512	27-3159463	501(C)(3)	5,000.	64,281.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT
<b>(2)</b> PROJECT PERIOD 1304 ALABAMA ST INDIANAPOLIS, IN 46202	81-5148275	501(C)(3)		10,500.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(3)</b> PROJECT UNDERCOVER 50 GRECO LANE WARWICK, RI 02886-1291	30-0576681	501(C)(3)	5,000.	29,900.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(4)</b> PROVIDING FOR WOMEN 3712 OLD WINCHESTER TRAIL XENIA, OH 45385	82-3430015	501(C)(3)		5,376.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(5)</b> RAISING GIRLS P.O. BOX 7851 TACOMA, WA 98465	82-1306270	501(C)(3)	16,939.		FAIR MARKET VALUE		B&B CREDIT
<b>(6)</b> REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD	68-0121855	501(C)(3)		35,000.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(7)</b> SAFE FUTURE FOUNDATION P.O. BOX 10333 JACKSONVILLE, FL 32247	83-2012254	501(C)(3)	9,000.		FAIR MARKET VALUE		HHS GRANT
<b>(8)</b> SHARE OUR SPARE 935 WEST CHESTNUT STREET CHICAGO, IL 60642	45-2773364	501(C)(3)	5,000.	28,500.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(9)</b> SHAREBABY, INC. 1792 UNION AVENUE BALTIMORE, MD 21211	47-2325575	501(C)(3)	6,250.	4,000.	FAIR MARKET VALUE	SUPPLIES	BOOKS HHS GRANT & EIS
<b>(10)</b> SHILOH DISTRIBUTION CENTER 121 VOLUNTEER DRIVE LEXINGTON, TN 38351	83-0471038	501(C)(3)		26,200.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(11)</b> SISTERS ON THE STREETS 15453 RAYEN STREET NORTH HILLS, CA 91343	95-4444561	501(C)(3)	20,898.	4,205.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT & CREDIT
<b>(12)</b> SOUTHEAST DIAPER BANK AT NEW MADRID COUNTY 420 VIRGINIA AVENUE NEW MADRID, MO 63869	43-1850075	501(C)(3)	6,000.	20,587.	FAIR MARKET VALUE	SUPPLIES	WIPES, PADS & LINERS HHS GRANT

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ST. LOUIS AREA DIAPER BANK 6141 ETZEL AVENUE ST. LOUIS, MO 63133	37-1787940	501(C)(3)	40,898.	32,500.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS HHS GRANT & CREDIT
<b>(2)</b> ST. LUKE'S DIAPER BANK 247 W LOVELL RD KALAMAZOO, MI 49007	38-1369613	501(C)(3)	5,000.	28,900.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT
<b>(3)</b> STUDENT SUPPORT NETWORK 1740 EAST JOPPA ROAD PARKVILLE, MD 21234	81-4096363	501(C)(3)		5,488.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(4)</b> SUPPLYBANK.ORG 7730 PARDEE LANE OAKLAND, CA 94621	51-0671019	501(C)(3)		8,000.	FAIR MARKET VALUE	SUPPLIES	BOOKS
<b>(5)</b> SWEET CHEEKS DIAPER BANK 1400 STATE AVENUE CINCINATTI, OH 45204	47-5175383	501(C)(3)	9,000.	34,481.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT
<b>(6)</b> SWEET CHEEKS DIAPER MINISTRY 1400 STATE AVENUE CINCINATTI, OH 45204	47-5175383	501(C)(3)	6,025.		FAIR MARKET VALUE		HHS GRANT & EIS
<b>(7)</b> SYLVIAS SISTERS 13329 CARTERS WAY RD CHESTERFIELD, VA 23838	47-2593789	501(C)(3)	5,500.	9,720.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT & FFC
<b>(8)</b> TEXAS DIAPER BANK 5415 BANDERA RD. SAN ANTONIO, TX 78238	74-2886380	501(C)(3)	9,100.	82,747.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, WIPES, BOOK HHS GRANT & EIS
<b>(9)</b> THE ALLIED FOUNDATION 175 BROADHOLLOW ROAD MELVILLE, NY 11747	47-3618153	501(C)(3)	10,025.	47,071.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT & CREDIT
<b>(10)</b> THE DIAPER ALLIANCE 3700 JAMES SAVAGE MIDLAND, MI 48642	27-2558400	501(C)(3)	20,000.	27,800.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT & FFC
<b>(11)</b> THE DIAPER BANK OF CONNECTICUT 370 STATE STREET NORTH HAVEN, CT 06473-3157	20-1179912	501(C)(3)	8,000.	23,342.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS, BOOKS HHS GRANT
<b>(12)</b> THE DIAPER BANK OF EAST CENTRAL INDIANA 6621 N OLD SR 3 MUNCIE, IN 47302	31-1111795	501(C)(3)	5,000.	40,727.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NATIONAL DIAPER BANK NETWORK INC

Employer identification number

45-2823935

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE DIAPER COLLECTIVE OF NORTHWEST ARKANSAS 614 EAST EMMA AVENUE SPRINGDALE, AR 72764	71-0744750	501(C)(3)	7,500.	16,404.	FAIR MARKET VALUE	SUPPLIES	DIAPERS HHS GRANT & FFC
<b>(2)</b> THE FOOD BANK OF NORTH ALABAMA P.O. BOX 18607 HUNTSVILLE, AL 35805	63-0884372	501(C)(3)		18,725.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(3)</b> THE KINDNESS CLOSET P.O. BOX 4896 MOORESVILLE, NC 28115	84-2336402	501(C)(3)		12,684.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(4)</b> THE NAPPIE PROJECT PO BOX 1424 LOVELAND, CO 80539	81-1192537	501(C)(3)		38,371.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(5)</b> THE NATURAL MOMMA ME INITIATIVE 11000 W MCNICHOLS RD DETROIT, MI 48221	46-1006876	501(C)(3)	8,000.		FAIR MARKET VALUE		HHS GRANT
<b>(6)</b> THE PERIOD COLLECTIVE 4256 W DIVERSEY AVE CHICAGO, IL 60639	81-2227900	501(C)(3)		15,000.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(7)</b> THE PERIOD PROJECT 355 WOODRUFF RD GREENVILLE, SC 29607	47-5144792	501(C)(3)		9,512.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS
<b>(8)</b> TREASURE COAST FOOD BANK 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	501(C)(3)		37,996.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE
<b>(9)</b> TRI-CITIES DIAPER BANK 1807 MCMURRAY AVE RICHLAND, WA 99354	52-0643036	501(C)(3)		20,861.	FAIR MARKET VALUE	SUPPLIES	DIAPERS
<b>(10)</b> UNITED WAY OF THE FRANKLIN & HAMPSHIRE REGI 51 DAVIS STREET GREENFIELD, MA 01301-2470	04-2212894	501(C)(3)	6,000.		FAIR MARKET VALUE		HHS GRANT
<b>(11)</b> UNITED WAY OF WELD COUNTY COVERING WELD DIA PO BOX 1944 GREELEY, CO 80632	84-6011918	501(C)(3)	6,050.		FAIR MARKET VALUE		HHS GRANT & EIS INCE
<b>(12)</b> URBAN BABY BEGINNINGS P.O. BOX 4255 RICHMOND, VA 23220	02-0805467	501(C)(3)	6,000.		FAIR MARKET VALUE		HHS GRANT

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NATIONAL DIAPER BANK NETWORK INC

Employer identification number

45-2823935

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UTAH DIAPER BANK 615 E PIONEER AVE SANDY, UT 84070	46-2823588	501(C)(3)	10,000.	81,314.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & BOOKS HHS & CREDIT
<b>(2)</b> WALWORTH COUNTY DIAPER BANK 205 E COMMERCE CT ELKHORN, WI 53121	26-4560796	501(C)(3)	7,500.	5,797.	FAIR MARKET VALUE	SUPPLIES	PADS & LINERS HHS GRANT & FFC
<b>(3)</b> WEECYCLE 20 SOUTH HAVANA STREET AURORA, CO 80012	82-3096264	501(C)(3)	5,075.		FAIR MARKET VALUE		HHS GRANT & EIS INCE
<b>(4)</b> WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVE PITTSBURGH, PA 15208	35-2461923	501(C)(3)	9,000.	39,521.	FAIR MARKET VALUE	SUPPLIES	DIAPERS, PADS & LINE HHS GRANT
<b>(5)</b> WESTSIDE BABY 10002 14TH AVENUE SW SEATTLE, WA 98146	91-2124405	501(C)(3)	2,500.	31,050.	FAIR MARKET VALUE	SUPPLIES	DIAPERS & WIPES B&B CREDIT
<b>(6)</b> WOMEN4WOMEN 3107 S DROMEDARY DR. TEMPE, AZ 85282	83-1331826	501(C)(3)	20,898.		FAIR MARKET VALUE		HHS GRANT & B&B CRED
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

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

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

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

Schedule I (Form 990) 2022

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . .							\$						

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID GOLDBLUM	CHIEF EXECUTIVE OFFICER'S	25,800.	RENT		X
(2) MEGAN SMITH	BOARD MEMBER AND OWNER OF	24,525.	PROFESSIONAL FEES - RESEARCH		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID GOLDBLUM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
CHIEF EXECUTIVE OFFICER'S HUSBAND

(A) NAME OF PERSON: MEGAN SMITH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MEGAN IS A BOARD MEMBER OF NATIONAL DIAPER BANK NETWORK AND IS THE OWNER OF MVS INNOVATION & EVALUATION THAT PERFORMS RESEARCH FOR THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

NATIONAL DIAPER BANK NETWORK INC

Employer identification number

45-2823935

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (SEE SUPP PAGE )		40,435,043.	3,290,667.	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

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

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OTHER BASIC NEE DIAPERS	X X	18,239,119 22,195,924	1,071,075. 2,219,592.	AT DONATED VALUE \$0.10/DIAPER
TOTALS		40,435,043.	3,290,667.	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL DIAPER BANK NETWORK INC

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

45-2823935

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

THROUGH ITS CORPORATE SPONSORSHIPS, NDBN DISTRIBUTES DONATED DIAPERS AND OTHER MATERIAL BASIC NEEDS GOODS, TO ITS MEMBERS. NDBN DISTRIBTES MORE THAN 22 MILLION DIAPERS DONATED ANNUALLY BY ITS FOUNDING SPONSOR HUGGIES; AND APPROXIMATELY 45 MILLION PERIOD SUPPLIES DONATED BY U BY KOTEX.

IN ADDITION, NDBN ADMINISTERS THE \$100,000 "FUNDS FOR CHANGE" GRANT PROGRAM, THE ONLY NATIONAL COMPETITIVE AWARD GIVEN EXCLUSIVELY TO DIAPER BANK PROGRAMS. NDBN ALSO ORGANIZES AND HOSTS THE ANNUAL U.S. CONFERENCE ON POVERTY AND BASIC NEEDS TO ENHANCE PROFESSIONAL DEVELOPMENT, ORGANIZATIONAL STANDARDS, AND PEER-TO-PEER COLLABOTATION.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

NDBN ADVOCACY EFFORTS INCLUDE NATIONAL DIAPER NEED AWARENESS WEEK, NDBN LOBBY DAY IN D.C., AND PERIOD POVERTY AWARENESS WEEK (ALL ANNUAL EVENTS). NDBN SHAPES PUBLIC OPINION, LEADS NATIONALLY RECOGNIZED RESEARCH, AND ADVOCATES FOR STATE AND FEDERAL LEGISLATION AND POLICIES.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

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

**FORM 990, PART VI, SECTION B, LINE 11B:**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS BY THE TREASURER FOR FULL  
REVIEW PRIOR TO SUBMISSION.

**FORM 990, PART VI, SECTION B, LINE 12C:**

THE ORGANIZATION'S BOARD MEMBERS AND STAFF ANNOUNCE ANY CONFLICTS TO THE  
FULL BOARD AND SIGN STATEMENTS ANNUALLY. THE POLICY IS REVISED AND  
ENFORCED AS NEEDED.

**FORM 990, PART VI, SECTION B, LINE 15:**

THE COMPENSATION PACKAGE FOR THE CHEIF EXECUTIVE OFFICER WAS REVIEWED BY  
THE ENTIRE BOARD OF DIRECTORS AND PASSED AT THE FIRST MEETING. THE  
COMPENSATION PACKAGE FOR THE CHIEF EXECUTIVE OFFICER IS NOW REVIEWED BY  
THE ENTIRE BOARD OF DIRECTORS IN ADHERANCE WITH THE EXECUTIVE  
COMPENSATION POLICY.

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

ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST WITHIN A REASONABLE  
AMOUNT OF TIME.

**FORM 990, PART XII, LINE 2C:**

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Name of the organization

Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FRAMEWORKS INSTITUTE 1333 H ST NW, SUITE 700 WEST WASHINGTON, DC 20005	CONSULTING	130,000.

Name of the organization

Employer identification number

NATIONAL DIAPER BANK NETWORK INC

45-2823935

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	21,109.
TOTALS	----- 21,109. =====

Name of the organization

Employer identification number

**NATIONAL DIAPER BANK NETWORK INC**

**45-2823935**

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DEFERRED REVENUE	199,050.
 	-----
TOTALS	199,050.
	=====