· 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

| A F                     | or the                               | 2017 calendar year, or tax year beginning and e   | nding                                  |                                     |                             |
|-------------------------|--------------------------------------|---|--|-------------------------------------|-----------------------------|
| B c                     | heck if oplicable                    | C Name of organization  |  | D Employer identifica               | ation number                |
|                         | Addres<br>change                     | GREATER DC DIAPER BANK  |  |                                     |                             |
| X                       | Name<br>change                       | Doing business as   |  | 27-42                               | 76547                       |
|                         | Indual<br>return<br>Final<br>return/ | Number and street (or P.O. box if mail is not delivered to street address) 1532 A STREET, NE                                    | Room/suite                             | E Telephone number<br>(202)         | 656-8503                    |
|                         | termin-<br>ated                      | City or town, state or province, country, and ZIP or foreign postal code  |  | G Gross receipts \$                 | 1,307,350.                  |
| <u></u>                 | Amend                                | WASHINGTON, DC 20002  |  | H(a) Is this a group reti           |                             |
| L.                      | Application<br>toon<br>pendin        | F Name and address of principal officer. Continued Continued  |  | for subordinates?                   |                             |
|                         |                                      | g SAME AS C ABOVE  mpt status:  | r <b>527</b>                           | H(b) Are all subordinates incl      |                             |
|                         |                                      | mpt status: △ 301(c)(3)   | 521                                    | H(c) Group exemption                | st. (see instructions)      |
|                         |                                      | organization: X Corporation Trust Association Other   |  |                                     | State of legal domicile: DC |
| _                       |                                      | Summary   | 12 / 04/                               | 011011112abit, = 0 = 0   141        | oute of logal contions, 2 C |
|                         | 1 1                                  | Briefly describe the organization's mission or most significant activities: EMPOW   | ERS F                                  | AMILIES & IN                        | DIVIDUALS                   |
| Activities & Governance |                                      | IN THE DC REGION BY PROVIDING BASIC NEEDS   | & HY                                   | GIENE PRODUC                        | TS.                         |
| T.                      | 2                                    | Check this box  if the organization discontinued its operations or dispose  | ed of more                             | than 25% of its net ass             | ets                         |
| Ŏ                       | 3                                    | Number of voting members of the governing body (Part VI, line 1a)   |  | 3                                   | 8                           |
| 8                       |                                      | Number of independent voting members of the governing body (Part VI, line 1b)   |  | . 4                                 | 7                           |
| ijes                    |                                      | Total number of individuals employed in calendar year 2017 (Part V, line 2a)  |  | 5                                   | 1000                        |
| ά                       | 1                                    | Total number of volunteers (estimate if necessary)  | •                                      | 6                                   | 1000                        |
| Ac                      | 1                                    | Total unrelated business revenue from Part VIII, column (C), line 12  |  |                                     | 0.                          |
|                         | - 6                                  | Net unrelated business taxable income from Form 990-T, line 34  |  | Prior Year                          | Current Year                |
| _                       | 8                                    | Contributions and grants (Part VIII, line 1h) RECEIVED  |  | 1,010,212.                          | 1,255,845.                  |
| Revenue                 | l                                    | Program service revenue (Part VIII, line 2g)  |  | 60,323.                             | 51,461.                     |
| 9/6                     |                                      | Investment income (Part VIII, column (A), lines 3, 4, and 7d) AUG 0.1 2018  | 181                                    | 30.                                 | 44.                         |
| Œ                       |                                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 90, 10c, and 11e)  | 00                                     | 0.                                  | 0.                          |
|                         |                                      | Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)  | 還                                      | 1,070,565.                          | 1,307,350.                  |
| _                       | 13                                   | Grants and similar amounts paid (Part IX, column (A), lines 1850 K. U   |  | 560,683.                            | 976,370.                    |
|                         | 14                                   | Benefits paid to or for members (Part IX, column (A), line 4)   |  | 0.                                  | 0.                          |
| 98                      | l                                    | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 107,843.                               | 206,845.                            |                             |
| Expenses                |                                      | Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  63,66 | 7,950.                                 | 10,301.                             |                             |
| Ä                       |                                      |   | ·                                      | 184,742.                            | 212,838.                    |
|                         |                                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | • • •                                  | 861,218.                            | 1,406,354.                  |
|                         | ı                                    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12 | <b>⊢</b>                               | 209,347.                            | <99,004.>                   |
| <u> </u>                |                                      | revenue less expenses. Subtract into 10 fform into 12   | Be                                     | ginning of Current Year             | End of Year                 |
| sets or                 | 20                                   | Total assets (Part X, line 16)  | <u> </u>                               | 529,656.                            | 425,182.                    |
| Net Ass<br>Fund Ba      | 21                                   | Total liabilities (Part X, line 26)   | . 🗀                                    | 28,459.                             | 22,989.                     |
| 캺                       | 22                                   | Net assets or fund balances. Subtract line 21 from line 20  |  | 501,197.                            | 402,193.                    |
|                         | art II                               | Signature Block   |  |                                     |                             |
|                         | •                                    | Ities of perjury, I declare that I have examined this return, including accompanying schedules                                  |  |                                     | knowledge and belief, it is |
| true,                   | , correc                             | t, and complete. Declaration of preparer (other than officer) is based on all information of whi                                | ch preparer                            |                                     |                             |
| <b>~</b> .              | _                                    | Signature of officer  |  | 7   2-5   18                        | <u></u>                     |
| Sign                    |                                      | CORINNE CANNON, PRESIDENT & EXECUTIVE   | DIREC                                  | TOR                                 |                             |
| Her                     | e                                    | Type or print name and title  | DINE                                   | TOR                                 |                             |
| _                       |                                      | Print/Type preparer's name   Preparer's signature   | 1.                                     | Date Check                          | PTIN                        |
| Paid                    | 1                                    | FRANK H. SMITH Frank H. Smi   | <b>**~</b> 0                           | 7/17/18 d seti-employed             | P00639053                   |
| Pre                     | parer                                | Firm's name RAFFA, P.C.   |  | Firm's EIN                          | 52-1511275                  |
| Use                     | Only                                 | Firm's address 1899 L STREET, NW, SUITE 850   |  |                                     |                             |
|                         |                                      | WASHINGTON, DC 20036  | ······································ | Phone no. (20                       |                             |
| May                     | the If                               | RS discuss this return with the preparer shown above? (see instructions)  | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · | X Yes No                    |
| 7320                    | 01 11-2                              | 8-17 LHA For Paperwork Reduction Act Notice, see the separate instructio  | ns.                                    |                                     | Form <b>990</b> (2017)      |

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GREATER DC DIAPER BANK

Form 990 (2017) GREATER DC D
Part IV Checklist of Required Schedules

|     |  | _   | res | NO       |
|-----|--|-----|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A   |     | v   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 1   | X   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  | 2   | A   |          |
| •   | public office? If "Yes," complete Schedule C, Part I   | 3   |     | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   | Ť   |     | -        |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   | х   |          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |     |     |          |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   | ,   | Х        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |     |     |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | _6  |     | Х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |     |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | Х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |     | х        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |     |     |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |     |     |          |
|     | If "Yes," complete Schedule D, Part IV   | 9   |     | Х        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |     |     |          |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |     | Х        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X  |     |     |          |
|     | as applicable  |     |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     | v   |          |
| h   | Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   | 11a | Х   |          |
| Ü   | assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII  | 11b |     | х        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | 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? If "Yes," complete Schedule D, Part IX  | 11d | 77  | X        |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | X   |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     | v   |          |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f | Х   |          |
| 128 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a | x   |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | Х        |
| þ   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |     |     |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |     |     |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       |     |     | v        |
| 16  |  | 15  |     | <u> </u> |
| 10  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 46  |     | х        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 16  |     |          |
| ••  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |     | Х        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | -'' |     |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | İ   | X        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     |          |
|     | complete Schedule G, Part III  | 19  |     | Х        |
|     |  |     |     |          |

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|     |   |      | Yes          | No   |
|-----|---|------|--------------|------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a  |              | X    |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                    | 20b  |              |      |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     |      |              |      |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                               | 21   | X            |      |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                   |      |              |      |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   |              | X    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |      |              |      |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  | 1    |              |      |
|     | Schedule J  | 23   |              | X    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |      |              |      |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |      |              |      |
|     | Schedule K If "No", go to line 25a  | 24a  |              | X    |
| þ   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b  |              |      |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |      |              |      |
|     | any tax-exempt bonds?   | 24c  |              |      |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d  |              |      |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |      |              |      |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a  |              | X    |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |      |              |      |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           | }    |              |      |
|     | Schedule L, Part I  | 25b  |              | X    |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           |      |              |      |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"          | 1    |              |      |
|     | complete Schedule L, Part II  | 26   |              | Х    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            | ļ    |              |      |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |      |              |      |
|     | of any of these persons? If "Yes," complete Schedule L, Part III  | 27   |              | X    |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |      |              |      |
|     | instructions for applicable filing thresholds, conditions, and exceptions)  |      |              |      |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a  |              | X    |
| þ   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b  |              | Х    |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |      |              |      |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c  |              | X    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29   | Х            |      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     | l .  |              |      |
|     | contributions? If "Yes," complete Schedule M  | 30   |              | Х    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |      |              | 7.   |
|     | If "Yes," complete Schedule N, Part I   | 31   |              | X    |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete                 |      |              | v    |
|     | Schedule N, Part II   | 32   |              | X    |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |      |              | 3,5  |
|     | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |              | Х    |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |      |              | v    |
|     | Part V, line 1  | 34   |              | X    |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |              | Х    |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       | l i  |              |      |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |              |      |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |      |              | v    |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36   |              | X    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |      |              | v    |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37   |              | X    |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  |      | <sub>~</sub> |      |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38_  | X            | 001  |
|     |   | Form | 990          | 2017 |

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| Par      | Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V                                      |          |      | $\Box$   |  |  |  |  |  |
|----------|--|----------|------|----------|--|--|--|--|--|
|          |  |          | Yes  | No       |  |  |  |  |  |
| 1a       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | $\vdash$ | 163  | 110      |  |  |  |  |  |
|          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |          |      |          |  |  |  |  |  |
|          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |          |      |          |  |  |  |  |  |
|          | (gambling) winnings to prize winners?  | 1c       | X    |          |  |  |  |  |  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |          |      |          |  |  |  |  |  |
|          | filed for the calendar year ending with or within the year covered by this return 2a 2a  | <b>j</b> |      |          |  |  |  |  |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | X    |          |  |  |  |  |  |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |          |      |          |  |  |  |  |  |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3а       |      | X        |  |  |  |  |  |
| þ        | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   | 3b       |      |          |  |  |  |  |  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |          |      | x        |  |  |  |  |  |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |          |      |          |  |  |  |  |  |
| þ        | 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)   |          |      |          |  |  |  |  |  |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |      | X        |  |  |  |  |  |
| þ        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |      | Х        |  |  |  |  |  |
| C        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |      | <u> </u> |  |  |  |  |  |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |          |      | х        |  |  |  |  |  |
|          | any contributions that were not tax deductible as charitable contributions?  | 6a       |      |          |  |  |  |  |  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                              | 6b       |      |          |  |  |  |  |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).  | - 66     |      |          |  |  |  |  |  |
| a        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                            | 7a       |      | x        |  |  |  |  |  |
| ь        |  |          |      |          |  |  |  |  |  |
| c        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | 7b       |      |          |  |  |  |  |  |
| _        | to file Form 8282?   | 7c       |      | Х        |  |  |  |  |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  |          |      |          |  |  |  |  |  |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |      | X        |  |  |  |  |  |
| f        |  |          |      |          |  |  |  |  |  |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |      |          |  |  |  |  |  |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |      |          |  |  |  |  |  |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |          |      |          |  |  |  |  |  |
|          | sponsoring organization have excess business holdings at any time during the year?   | 8        |      |          |  |  |  |  |  |
| 9        | Sponsoring organizations maintaining donor advised funds.  | _        |      |          |  |  |  |  |  |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |      |          |  |  |  |  |  |
|          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |      | -        |  |  |  |  |  |
| 10       | Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12  10a   |          |      |          |  |  |  |  |  |
| a<br>b   | Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b |          |      |          |  |  |  |  |  |
| 11       | Section 501(c)(12) organizations. Enter  |          |      |          |  |  |  |  |  |
|          | Gross income from members or shareholders  |          |      |          |  |  |  |  |  |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources against   |          |      |          |  |  |  |  |  |
| _        | amounts due or received from them.)  |          |      |          |  |  |  |  |  |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |      |          |  |  |  |  |  |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |      |          |  |  |  |  |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |      |          |  |  |  |  |  |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |      |          |  |  |  |  |  |
|          | Note. See the instructions for additional information the organization must report on Schedule O   |          |      |          |  |  |  |  |  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the   |          |      |          |  |  |  |  |  |
|          | organization is licensed to issue qualified health plans   |          |      |          |  |  |  |  |  |
| С        | Enter the amount of reserves on hand   |          |      | L        |  |  |  |  |  |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |      | X        |  |  |  |  |  |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b      | 2000 |          |  |  |  |  |  |
|          |  | Form     | 990  | (2017)   |  |  |  |  |  |

Form 990 (2017) GREATER DC DIAPER BANK 27-4276547 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

|       | to line to, only a series and an execution, greatest, gr |         |      | [77]   |  |  |  |  |
|-------|--|---------|------|--------|--|--|--|--|
| 800   | Check if Schedule O contains a response or note to any line in this Part VI  |         |      | X      |  |  |  |  |
| 360   | tion A. Governing Body and Management  | -       | Voc  | Na     |  |  |  |  |
| 19    | Enter the number of voting members of the governing body at the end of the tax year 8  |         | Yes  | No     |  |  |  |  |
| 14    | If there are material differences in voting rights among members of the governing body, or if the governing  | •       |      |        |  |  |  |  |
|       | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |         |      |        |  |  |  |  |
| b     | Enter the number of voting members included in line 1a, above, who are independent  1b   |         |      |        |  |  |  |  |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         |      |        |  |  |  |  |
| _     | officer, director, trustee, or key employee?   | 2       | X    |        |  |  |  |  |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |         |      | _      |  |  |  |  |
|       | of officers, directors, or trustees, or key employees to a management company or other person?   | 3       |      | X      |  |  |  |  |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       | X    |        |  |  |  |  |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |      | Х      |  |  |  |  |
| 6     | Did the organization have members or stockholders?   | 6       |      | X      |  |  |  |  |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |         |      |        |  |  |  |  |
|       | more members of the governing body?  | 7a      |      | X      |  |  |  |  |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |      |        |  |  |  |  |
|       | persons other than the governing body?   |         |      |        |  |  |  |  |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |      |        |  |  |  |  |
| а     | a The governing body?  |         |      |        |  |  |  |  |
| b     | Each committee with authority to act on behalf of the governing body?  | 8b      | X    |        |  |  |  |  |
| 9     | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | •       |      |        |  |  |  |  |
|       | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |      | X      |  |  |  |  |
| Sec   | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  |         |      |        |  |  |  |  |
|       |  |         | Yes  | No     |  |  |  |  |
| 10a   | Did the organization have local chapters, branches, or affiliates?   | 10a     |      | X      |  |  |  |  |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |         |      |        |  |  |  |  |
|       | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     |      | 37     |  |  |  |  |
|       | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     |      | X      |  |  |  |  |
| b     | b Describe in Schedule O the process, if any, used by the organization to review this Form 990   |         |      |        |  |  |  |  |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | X    |        |  |  |  |  |
| ь     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     |      |        |  |  |  |  |
| С     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |         | Х    |        |  |  |  |  |
| 40    | In Schedule O how this was done  | 12c     | X    |        |  |  |  |  |
| 13    | Did the organization have a written whistleblower policy?  | 13      | _    | Х      |  |  |  |  |
| 14    | Did the organization have a written document retention and destruction policy?   | 14      |      |        |  |  |  |  |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |         |      |        |  |  |  |  |
| _     | The organization's CEO, Executive Director, or top management official   | 15a     | х    |        |  |  |  |  |
|       | Other officers or key employees of the organization  | 15b     |      | X      |  |  |  |  |
| b     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   | 100     |      |        |  |  |  |  |
| 162   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |         |      |        |  |  |  |  |
| 100   | taxable entity during the year?  | 16a     |      | X      |  |  |  |  |
| h     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |         |      |        |  |  |  |  |
| -     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |      |        |  |  |  |  |
|       | exempt status with respect to such arrangements?   | 16b     |      |        |  |  |  |  |
| Sec   | tion C. Disclosure   |         |      |        |  |  |  |  |
| 17    | List the states with which a copy of this Form 990 is required to be filed ►MD , VA  |         |      |        |  |  |  |  |
| 18    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a   | vailab  | le   |        |  |  |  |  |
| _     | for public inspection Indicate how you made these available Check all that apply   |         |      |        |  |  |  |  |
|       | Own website Another's website X Upon request Other (explain in Schedule O)   |         |      |        |  |  |  |  |
| 19    | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | l fınan | cial |        |  |  |  |  |
|       | 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.  |         |      |        |  |  |  |  |
|       | CORINNE CANNON - (202) 656-8503  |         |      |        |  |  |  |  |
|       | 1532 A STREET, NE, WASHINGTON, DC 20002  |         |      |        |  |  |  |  |
| 73200 | 6 11-28-17   | Form    | 990  | (2017) |  |  |  |  |

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

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

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

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

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

| Name and Title  1) BETHANY BENITEZ  OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER  4) SUZANNE ARMSTRONG | Average hours per week (list any hours for related organizations below line)  5.00  4.00 | X Individual frustee or director | not c                 | a Officer | more<br>rson<br>irecto | Highest compensated snaps of s | tee)     | Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|---|--|----------------------------------|-----------------------|-----------|------------------------|--|----------|--|--|--|
| OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER   | week (list any hours for related organizations below line) 5.00 4.00                     | X Individual frustee or director | cer an                | a Officer | irecto                 | or/trus  | tee)     | from<br>the<br>organization  | from related organizations   | other<br>compensation<br>from the<br>organization<br>and related                       |
| OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER   | (list any hours for related organizations below line)  5.00  4.00                        | x<br>x                           | Institutional trustee | х         | Key employee           | Highest compensated employee   | Former   | the<br>organization  | organizations  | compensation<br>from the<br>organization<br>and related                                |
| OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER   | hours for related organizations below line) 5.00   | x<br>x                           | Institutional trustee | х         | Key employee           | Highest compensated employee   | Former   | organization   |  | from the<br>organization<br>and related  |
| OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER   | organizations below line) 5.00 4.00  | x<br>x                           | Institutional frustee | х         | Key employee           | Highest compensate employee  | Former   | (W-2/1099-MISC)  |  | and related  |
| OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER   | below line) 5.00 4.00  | x<br>x                           | Institutional fr      | х         | Key employee           | Highest comp<br>employee   | Former   |  |  |  |
| OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER   | 1 (Ine)<br>5.00<br>4.00  | x<br>x                           | Instituto             | х         | Key emp                | Highest<br>employe   | Former   |  |  | organizations  |
| OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER   | 4.00   | x<br>x                           | ul                    | х         | ž                      | 표등   | 요_       |  |  |  |
| OARD CHAIR  2) JOHN (JAY) B. WILLIAMS, III  ECRETARY  3) FRED JAUSS  REASURER   | 4.00   | х                                |                       |           |                        |  |          |  |  |  |
| 2) JOHN (JAY) B. WILLIAMS, III<br>ECRETARY<br>3) FRED JAUSS<br>REASURER   | 4.00   | х                                |                       |           | -                      |  |          | 0.   | 0.   | 0  |
| ECRETARY<br>3) FRED JAUSS<br>REASURER   | 4.00   |                                  |                       |           |                        |  | $\vdash$ |  |  |  |
| REASURER  |  |                                  |                       | X         |                        |  |          | 0.   | 0.   | 0  |
|   |  | i                                |                       |           | -                      |  |          |  |  |  |
| 4) SUZANNE ARMSTRONG  | 4.00   | X                                |                       | Х         |                        |  |          | 0.   | 0.   | 0  |
|   |  |                                  |                       |           |                        |  |          |  |  |  |
| OARD MEMBER   |  | Х                                |                       |           |                        |  |          | 0.   | 0.   | 0  |
| 5) CHRISTINA MOSELEY  | 4.00   |                                  |                       |           |                        |  |          |  |  |  |
| OARD MEMBER   |  | Х                                |                       |           |                        |  |          | 0.   | 0.   | 0  |
| 6) STACEY CUNNINGHAM PENNY  | 4.00   |                                  |                       |           |                        | İ  |          |  | _  | _  |
| OARD MEMBER   |  | X                                |                       |           | L.                     | L.   |          | 0.   | 0.   | 0  |
| 7) DAVID SLAGLE-PECK  | 4.00   |                                  |                       |           |                        |  |          |  |  | •  |
| OARD MEMBER   | F0 00  | X                                | _                     |           |                        |  |          | 0.   | 0.   | 0  |
| 8) CORINNE CANNON   | 50.00  | <b>.</b> ,                       |                       | 37        |                        |  |          | 75 000   | •  | •  |
| RESIDENT & EXECUTIVE DIRECTOR   |  | X                                | <u> </u>              | X         |                        | Н  |          | 75,000.  | 0.   | 0  |
|   |  | 1                                |                       |           | İ                      |  |          |  |  |  |
|   | <b>-</b>   | ├                                |                       |           | ├                      | H  |          |  |  |  |
|   | -  | ł                                |                       |           |                        |  |          |  |  |  |
| <del></del>   |  | $\vdash$                         |                       |           | $\vdash$               | $\vdash$   | _        |  |  | <del></del>  |
|   |  | l                                |                       |           |                        |  |          |  |  |  |
|   |  | ┢                                | -                     |           |                        | -  |          | - "  |  |  |
|   |  |                                  |                       |           |                        |  |          |  |  | •  |
|   | <del></del>  |                                  |                       | _         |                        |  |          |  |  |  |
|   |  |                                  |                       |           |                        |  |          |  |  |  |
|   |  |                                  |                       |           |                        |  |          |  |  |  |
|   |  |                                  |                       |           | İ                      |  |          |  |  |  |
|   |  |                                  |                       |           |                        |  |          |  |  |  |
|   |  |                                  | L                     |           | L                      |  |          |  |  |  |
|   |  |                                  |                       |           |                        |  |          |  |  |  |
|   |  |                                  | L                     |           |                        | Ш  |          |  |  |  |
|   |  |                                  |                       |           |                        |  |          |  |  |  |

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Form 990 (2017)

| Pai      | T VII Section A. Officers, Directors, Tru  | stees, Key Em  | ploy            | /ees  | , an     | d H      | ighe  | st (     | Compensated Employe                   | es (continued)                                 |             |                 |                                    |                            |
|----------|--|--|-----------------|---|----------|----------|---|----------|---------------------------------------|--|-------------|-----------------|------------------------------------|----------------------------|
|          | (A)<br>Name and title  | (B) Average hours per                                | box             | Position onot check more than one x, unless person is both ar icer and a director/trustee |          |          | than  | th an    | compensation                          | (E)<br>Reportable<br>compensatio               | , ]         |                 | (F)<br>stimate<br>nount            |                            |
|          |  | week (list any hours for related organizations below | tee or director | Institutional frustee   |          | Γ        | Highest compensated 47                        | Ė        | the organization (W-2/1099-MISC)      | from related<br>organizations<br>(W-2/1099-MIS |             | fr<br>org<br>an | other pensa rom th panizat d relat | ation<br>ie<br>tion<br>ted |
|          | ·  | line)  | Individ         | Institu   | Officer  | Key em   | Highes  | Former   |                                       |  |             |                 | anızatı                            | ——                         |
|          |  |  |                 |   |          |          |   |          | <u> </u>                              |  |             |                 | _                                  |                            |
|          |  |  |                 |   |          |          |   |          |                                       |  |             |                 |                                    |                            |
|          |  |  |                 |   |          |          |   |          |                                       |  |             |                 |                                    |                            |
|          |  |  |                 |   |          |          |   |          |                                       |  |             |                 |                                    |                            |
|          |  |  |                 |   |          |          |   |          |                                       | -  |             |                 |                                    |                            |
|          |  | -  |                 |   |          |          |   |          |                                       |  |             |                 |                                    |                            |
|          |  | -  |                 |   |          |          |   |          |                                       |  |             |                 |                                    |                            |
|          |  |  |                 |   |          |          |   |          |                                       |  |             |                 |                                    |                            |
|          |  |  | -               |   |          |          |   | -        |                                       |  | $\neg$      |                 |                                    |                            |
| 1b       | Sub-total  Total from continuation sheets to Part \  | /II. Section A                                       | <u> </u>        | <u> </u>  | <u> </u> | <u> </u> | <u> </u>                                      | <b>▶</b> | 75,000.                               |  | 0.          |                 |                                    | 0.                         |
|          | Total (add lines 1b and 1c)  Total number of individuals (including but  |  | nose            | liste   | ed al    | bove     | e) wl   | <u>▶</u> | 75,000. received more than \$100      | ,000 of reportable                             | 0.          |                 |                                    | 0 .                        |
|          | compensation from the organization   |  |                 |   |          |          |   |          | <del></del>                           |  |             | $\neg$          | Yes                                | No                         |
| 3        | Did the organization list any <b>former</b> office line 1a? If "Yes," complete Schedule J for  |  |                 | e, ke   | ey er    | nplo     | oyee  | , or     | highest compensated e                 | mployee on                                     |             | 3               |                                    | Х                          |
| 4        | For any individual listed on line 1a, is the sand related organizations greater than \$15  |  |                 |   |          |          |   |          |                                       | the organization                               |             | 4               |                                    | х                          |
| 5        | Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor  |  |                 |   |          | -        |   | elat     | ted organization or indivi            | dual for services                              |             | 5               |                                    | х                          |
| Sec<br>1 | ction B. Independent Contractors  Complete this table for your five highest complete the stable for your five highest contract the stable for your five highest five highe |  |                 |   |          |          |   | ore 1    | that received more than               | \$100,000 of com                               |             |                 |                                    |                            |
|          | the organization. Report compensation for  |  |                 |   |          |          |   |          | n the organization's tax              |  |             |                 |                                    |                            |
|          | (A) (B) Name and business address NONE Description of services   |  |                 |   |          |          |   |          |                                       | Co   | (C<br>omper | s)<br>nsation   | n                                  |                            |
|          |  |  |                 |   |          |          |   |          | · · · · · · · · · · · · · · · · · · · |  |             |                 |                                    |                            |
|          |  |  |                 |   |          |          |   |          |                                       |  |             |                 |                                    |                            |
|          |  |  |                 |   |          |          |   |          |                                       |  |             |                 |                                    |                            |
|          |  |  |                 |   |          |          |   | 1        |                                       |  |             |                 |                                    |                            |
|          |  |  |                 |   |          |          |   | 1        |                                       |  |             |                 |                                    |                            |
| 2        | Total number of independent contractors  |  | ot lir          | nite  | d to     | -        | se lis  | sted     | d above) who received m               | ore than                                       |             | -               |                                    |                            |
|          | \$100,000 of compensation from the organ   | ization >  |                 | -   |          |          | <u>,                                     </u> |          |                                       |  | F           | orm (           | 990 (2                             | 2017)                      |

Form 990 (2017) GREATER
Part VIII | Statement of Revenue

| <u></u>  |      |   | Check if Schedule O cont                  | tains a response    | or note to any li | ne in this Part VIII |  |   |  |
|--|------|---|---|---------------------|-------------------|----------------------|--|---|--|
|  |      |   |   |                     |                   | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 :  | а | Federated campaigns                       | 1a                  | 19,245.           |                      |  |   |  |
| Gra  | 1    | b | Membership dues                           | 1b                  |                   |                      |  |   |  |
| ts, (<br>Am  | ,    | С | Fundraising events                        | 1c                  |                   |                      |  |   |  |
| Giff<br>lar  | ٠ (  | d | Related organizations                     | 1d                  |                   |                      |  |   |  |
| ini  | ,    | е | Government grants (contribut              | ions) 1e            | 10,000.           |                      |  |   |  |
| tior<br>r S  | 1    | f | All other contributions, gifts, gran      | ts, and             |                   |                      |  |   | ĺ  |
| ibu  |      |   | similar amounts not included abo          | ve   11   1 ,       | 226,600.          |                      |  |   |  |
| d O  | ,    | g | Noncash contributions included in lines   | 1a-1f \$            | 760,187.          |                      |  |   |  |
| <u>3 E</u>   |      | h | Total. Add lines 1a-1f                    | <del></del> -       | <b></b>           | 1,255,845.           |  |   |  |
| ,,   |      |   |   |                     | Business Code     |                      |  |   |  |
| 9  | 2 :  | а | BOOGIE BABES                              |                     | 900099            | 51,272.              | 51,272.                                |   |  |
| e <u>v</u> i   | ı    | b | EVENT ADMISSION                           | 1                   | 900099            | 189.                 | 189.                                   |   |  |
| Se   | ,    | С |   | ,                   |                   |                      |  |   | · · · · · · · · · · · · · · · · · · ·              |
| eve  | ,    | d |   |                     |                   |                      |  |   |  |
| Program Service<br>Revenue                             | ,    | е |   |                     |                   | 1 - 1 - 1 - 1        |  |   |  |
| ď  | 1    | f | All other program service reve            | enue                |                   |                      |  |   |  |
|  |      | g | Total. Add lines 2a-2f                    |                     |                   | 51,461.              |  |   |  |
|  | 3    |   | Investment income (including              | dividends, intere   | est, and          |                      |  |   |  |
|  |      |   | other similar amounts)                    |                     | <b>&gt;</b>       | 44.                  |  |   | 44.  |
|  | 4    |   | Income from investment of ta              | x-exempt bond p     | roceeds           |                      |  |   |  |
|  | 5    |   | Royalties                                 |                     |                   |                      |  |   |  |
|  |      |   |   | (ı) Real            | (II) Personal     |                      |  |   |  |
|  | 6 :  | а | Gross rents                               |                     |                   | ]                    |  |   |  |
|  | 1    | b | Less. rental expenses                     |                     |                   |                      |  |   |  |
|  |      | С | Rental income or (loss)                   |                     |                   |                      | ĺ                                      |   |  |
|  |      | d | Net rental income or (loss)               |                     | <b></b>           |                      |  |   |  |
|  | 7 :  | а | Gross amount from sales of                | (i) Securities      | (II) Other        |                      |  |   |  |
|  |      |   | assets other than inventory               |                     |                   |                      | ŀ                                      |   |  |
|  | ı    | b | Less. cost or other basis                 |                     |                   |                      |  |   |  |
|  |      |   | and sales expenses                        |                     |                   |                      |  |   |  |
|  | ,    | С | Gain or (loss)                            |                     |                   |                      |  |   |  |
|  | ,    | d | Net gain or (loss)                        |                     |                   |                      |  |   |  |
| evenue   | 8 8  | а | Gross income from fundraisin including \$ | g events (not<br>of |                   |                      |  |   |  |
| eve  |      |   | contributions reported on line            | 1c). See            | ĺ                 |                      |  |   |  |
| Other R  |      |   | Part IV, line 18                          | а                   |                   |                      |  |   |  |
| th   | 1    | b | Less direct expenses                      | b                   |                   | ]                    |  |   |  |
| ٠  |      | С | Net income or (loss) from fund            | draising events     | >                 |                      |  |   |  |
|  | 9 8  | а | Gross income from gaming ac               | tivities See        |                   |                      |  |   |  |
|  |      |   | Part IV, line 19                          | а                   |                   | j                    |  |   |  |
|  | ı    | b | Less: direct expenses                     | ь                   |                   | ]                    |  |   |  |
|  | (    | С | Net income or (loss) from gam             | ing activities      |                   |                      |  |   |  |
|  | 10 a | а | Gross sales of inventory, less            | returns             |                   |                      |  |   |  |
|  |      |   | and allowances                            | а                   |                   |                      |  |   |  |
|  | ı    | b | Less cost of goods sold                   | b                   |                   |                      |  |   |  |
|  |      | С | Net income or (loss) from sale            | s of inventory      |                   |                      |  |   |  |
|  |      |   | Miscellaneous Revenu                      | е                   | Business Code     |                      |  |   |  |
|  | 11 a | а |   |                     |                   |                      |  |   |  |
|  | ŀ    | b |   |                     |                   |                      |  |   |  |
| į  | (    | С |   |                     |                   |                      |  |   |  |
|  | (    | d | All other revenue                         |                     |                   |                      |  |   |  |
|  | •    | е | Total. Add lines 11a-11d                  |                     | <b>&gt;</b>       |                      |  |   |  |
|  | 12   |   | Total revenue. See instructions.          |                     | <u> </u>          | 1,307,350.           | 51,461.                                | 0.                                      | 44.  |

732009 11-28-17

# Form 990 (2017) GREATER DC DIAPER BANK Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organi  |  |                           | er organizations must co     | mplete column (A)                     |  |
|---|--|---------------------------|------------------------------|---------------------------------------|--|
|   |  | se or note to any line in |                              | <u> </u>                              |  |
| Do not include amounts reported on 7b, 8b, 9b, and 10b of Part VIII.  |  | (A)<br>Total expenses     | (B) Program service expenses | (C) Management and general expenses   | ( <b>D)</b><br>Fundraising<br>expenses |
| 1 Grants and other assistance to dom  | estic organizations                      |                           |                              |                                       |  |
| and domestic governments. See Pa  | rt IV, line 21                           | <u>976,370.</u>           | 976,370.                     |                                       |  |
| 2 Grants and other assistance to  | domestic                                 |                           |                              |                                       |  |
| individuals See Part IV, line 22  |  |                           |                              |                                       |  |
| 3 Grants and other assistance to  | foreign                                  |                           |                              |                                       |  |
| organizations, foreign governme   | ents, and foreign                        |                           |                              |                                       |  |
| individuals See Part IV, lines 15   | 5 and 16                                 |                           |                              |                                       | <u></u> -                              |
| 4 Benefits paid to or for members   | s L                                      |                           |                              |                                       |  |
| 5 Compensation of current office  | rs, directors,                           |                           |                              |                                       |  |
| trustees, and key employees   | <u></u>                                  | 75,000.                   | 37,500.                      | 26,250.                               | 11,250                                 |
| 6 Compensation not included above,  | to disqualified                          |                           |                              |                                       |  |
| persons (as defined under section 4   | 4958(f)(1)) and                          |                           |                              | 1                                     |  |
| persons described in section 4958(  | (c)(3)(B)                                |                           | _                            |                                       |  |
| 7 Other salaries and wages  |  | 116,250.                  | 77,249.                      | 31,126.                               | 7,875                                  |
| 8 Pension plan accruals and contribu  | tions (include                           |                           |                              |                                       |  |
| section 401(k) and 403(b) employe   | er contributions)                        |                           |                              |                                       |  |
| 9 Other employee benefits   | Ĺ  |                           |                              |                                       |  |
| 10 Payroll taxes  | ]  | 15,595.                   | 9,357.                       | 4,678.                                | 1,560                                  |
| 11 Fees for services (non-employe   | es)                                      |                           |                              | · · · · · · · · · · · · · · · · · · · | i                                      |
| a Management  | /  |                           | •                            |                                       |  |
| b Legal   | F  | . <del>-</del>            | <del></del>                  |                                       |  |
| c Accounting  | <u> </u>                                 | 15,078.                   | 11,914.                      | 2,373.                                | 791                                    |
| d Lobbying  | Ť  | <del></del>               |                              |                                       |  |
| e Professional fundraising services. S  | See Part IV, line 17                     | 10,301.                   |                              |                                       | 10,301                                 |
| f Investment management fees  |  |                           |                              |                                       |  |
| g Other (If line 11g amount exceeds   | 10% of line 25                           |                           |                              |                                       |  |
| column (A) amount, list line 11g ex   |  | 51,084.                   | 20,182.                      | 30,902.                               |  |
| 12 Advertising and promotion  | F  | 10,963.                   |                              |                                       | 10,963                                 |
| 13 Office expenses  | <b> </b>                                 | 26,953.                   | 12,782.                      | 4,408.                                | 9,763                                  |
| 14 Information technology   | <u>}</u>                                 | 3,530.                    | 2,789.                       | 556.                                  | 185                                    |
|   | F  |                           | 27.031                       |                                       |  |
| •   | F  | 61,848.                   | 49,478.                      | 6,185.                                | 6,185                                  |
| 16 Occupancy  | <u> </u>                                 | 3,089.                    |                              | 3,089.                                | 0,203                                  |
| 17 Travel   | <del> </del>                             | 3,003.                    |                              | 3,003.                                |  |
| 18 Payments of travel or entertain  | •  |                           |                              |                                       |  |
| for any federal, state, or local p  |  | 5,710.                    | 600.                         | 5,110.                                | <del></del>                            |
| 19 Conferences, conventions, and  | meetings                                 | 3,710.                    | - 000.                       | 3,110.                                |  |
| 20 Interest   | -  |                           |                              | -                                     |  |
| 21 Payments to affiliates   | <u> </u>                                 | 16,117.                   | 16,117.                      |                                       |  |
| 22 Depreciation, depletion, and ar  | nortization                              | 10,163.                   | 6,098.                       | 3,049.                                | 1,016                                  |
| 23 Insurance  | - L                                      | 10,103.                   | 0,030.                       | 3,043.                                | 1,010                                  |
| 24 Other expenses. Itemize expenses i<br>above. (List miscellaneous expense<br>24e amount exceeds 10% of line 2<br>amount, list line 24e expenses on \$ | es in line 24e. If line<br>5, column (A) |                           |                              |                                       |  |
| a DUES  | · · · · /                                | 6,475.                    |                              | 2,704.                                | 3,771                                  |
| b BUSINESS REG. F   | EES                                      | 1,828.                    |                              | 1,828.                                |  |
| c   | ——— h                                    |                           | <del></del>                  |                                       |  |
| d ·   | <del></del>                              |                           |                              |                                       |  |
| e All other expenses  | <del></del> }                            |                           |                              |                                       |  |
| 25 Total functional expenses. Add lin   | es 1 through 24e                         | 1,406,354.                | 1,220,436.                   | 122,258.                              | 63,660                                 |
| 26 Joint costs. Complete this line only   |  | - · · · · · ·             |                              |                                       |  |
| reported in column (B) joint costs f  | •  |                           |                              |                                       |  |
| educational campaign and fundrais   |  |                           |                              |                                       |  |
| . —   | -  |                           |                              | 1                                     |  |
| 732010 11-28-17   | 98-2 (ASC 958-720)                       |                           |                              | L                                     | Form <b>990</b> (2017                  |

| Pai                         | rt X     | Balance Sheet  |                       |                     |                                       | _      |                            |
|-----------------------------|----------|--|-----------------------|---------------------|---------------------------------------|--------|----------------------------|
|                             |          | Check if Schedule O contains a response or not   | e to any              | line in this Part X |                                       |        |                            |
|                             |          |  |                       |                     | (A)<br>Beginning of year              |        | ( <b>B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing  |                       |                     | 85,484.                               | 1      | 50,778.                    |
|                             | 2        | Savings and temporary cash investments   |                       |                     | 129,415.                              | 2      | 204,413.                   |
|                             | 3        | Pledges and grants receivable, net   |                       |                     |                                       | 3      |                            |
|                             | 4        | Accounts receivable, net   |                       |                     |                                       | 4      |                            |
|                             | 5        | Loans and other receivables from current and for   | ormer off             | icers, directors,   |                                       |        |                            |
|                             | ,        | trustees, key employees, and highest compensation  | ated emp              | oloyees Complete    |                                       |        |                            |
|                             |          | Part II of Schedule L  |                       | L                   |                                       | 5      |                            |
|                             | 6        | Loans and other receivables from other disquali  |                       | ·                   |                                       |        |                            |
|                             |          | section 4958(f)(1)), persons described in section  |                       |                     |                                       |        |                            |
|                             |          | employers and sponsoring organizations of sect   |                       |                     | ÷                                     |        |                            |
| Assets                      |          | employees' beneficiary organizations (see instr)   | Comple                | te Part II of Sch L |                                       | 6      |                            |
| 15S                         | 7        | Notes and loans receivable, net  |                       | <u> </u>            | 000 005                               | 7      | 400 000                    |
| •                           | 8        | Inventories for sale or use  |                       |                     | 282,395.                              | 8      | 138,379.<br>7,931.         |
|                             | 9        | Prepaid expenses and deferred charges  |                       |                     | 2,215.                                | 9      | 7,931.                     |
|                             | 10a      | Land, buildings, and equipment cost or other   |                       | F7 F00              |                                       |        |                            |
|                             | ļ        | basis. Complete Part VI of Schedule D  | 10a                   | 57,500.             | 26 502                                |        | 10 220                     |
|                             | I        | •  | 10b                   | 39,161.             | 26,582.                               | 10c    | 18,339.<br>3,182.          |
|                             | 11       | Investments - publicly traded securities   | -                     | 1,405.              | 11                                    | 3,184. |                            |
|                             | 12       | Investments other securities See Part IV, line   | _                     |                     | 12                                    |        |                            |
|                             | 13       | Investments - program-related See Part IV, line  | <u> </u>              |                     | 13                                    |        |                            |
|                             | 14       | Intangible assets  | -                     | 2,160.              | 14                                    | 2,160. |                            |
|                             | 15       | Other assets See Part IV, line 11  |                       | <u>.</u> -          | 529,656.                              | 15     | 425,182.                   |
|                             | 16       | Total assets. Add lines 1 through 15 (must equ   | al line 34            | 1)                  | 323,030.                              | 16     | 603.                       |
|                             | 17       | Accounts payable and accrued expenses  |                       | -                   |                                       | 17     |                            |
|                             | 18       | Grants payable   | -                     |                     | 18                                    |        |                            |
|                             | 19       | Deferred revenue   |                       | -                   |                                       | 19     |                            |
|                             | 20       | Tax-exempt bond liabilities  | 4 Cabadula D          |                     | 20<br>21                              |        |                            |
|                             | 21       | Escrow or custodial account liability Complete Loans and other payables to current and former  |                       |                     |                                       | 21     |                            |
| Liabilities                 | 22       | key employees, highest compensated employee  |                       | L L                 |                                       |        |                            |
| Ξ                           | l        |  | es, and t             | isqualified persons |                                       | 22     |                            |
| Lia                         | 22       | Complete Part II of Schedule L.  Secured mortgages and notes payable to unrelated to unrelated the complete secured to the com | atad thir             | d parties           |                                       | 23     |                            |
|                             | 23<br>24 | Unsecured notes and loans payable to unrelate  |                       |                     | · · · · · · · · · · · · · · · · · · · | 24     |                            |
|                             | 25       | Other liabilities (including federal income tax, pa  |                       | _                   | <del></del>                           | -24    |                            |
|                             | 23       | parties, and other liabilities not included on lines   | -                     |                     |                                       |        |                            |
|                             |          | Schedule D   | 3 11 <del>24</del> ). | Complete Fait X of  | 28,459.                               | 25     | 22,386.                    |
|                             | 26       | Total liabilities. Add lines 17 through 25   |                       | ļ <del>-</del>      | 28,459.                               | 26     | 22,989.                    |
|                             | 1-0      | Organizations that follow SFAS 117 (ASC 958  | 3), check             | here X and          |                                       |        |                            |
| s                           | ]        | complete lines 27 through 29, and lines 33 ar  |                       |                     |                                       |        |                            |
| ဥ                           | 27       | Unrestricted net assets  |                       |                     | 497,198.                              | 27     | 392,193.                   |
| <u>a</u>                    | 28       | Temporarily restricted net assets  |                       |                     | 3,999.                                | 28     | 10,000.                    |
| Õ                           | 29       | Permanently restricted net assets  |                       |                     |                                       | 29     |                            |
| Š                           |          | Organizations that do not follow SFAS 117 (A   | SC 958                | check here          |                                       |        |                            |
| Ë                           |          | and complete lines 30 through 34.  |                       | ,                   |                                       |        |                            |
| ţ                           | 30       | Capital stock or trust principal, or current funds   |                       |                     |                                       | 30     |                            |
| Net Assets or Fund Balances | 31       | Paid-in or capital surplus, or land, building, or ed   |                       | t fund              | · · · · · · · · · · · · · · · · · · · | 31     |                            |
| Ϋ́                          | 32       | Retained earnings, endowment, accumulated in   |                       | T-                  | <del></del>                           | 32     |                            |
| Ž                           | 33       | Total net assets or fund balances  |                       |                     | 501,197.                              | 33     | 402,193.                   |
|                             | 34       | Total liabilities and net assets/fund balances   |                       | F                   | 529,656.                              | 34     | 425,182.                   |
|                             | <u>-</u> |  |                       |                     |                                       |        | Form <b>990</b> (2017      |

|     | 990 (2017) GREATER DC DIAPER BANK  | 27-427     | 6547   | Pa    | ge <b>12</b> |
|-----|--|------------|--------|-------|--------------|
| Pai | t 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          | 1,30   | 7,3   | 50.          |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 1,40   | 6,3   | 54.          |
| 3   | Revenue less expenses. Subtract line 2 from line 1   | 3          |        |       | 04.>         |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4          | 503    | 1,1   | 97.          |
| 5   | Net unrealized gains (losses) on investments   | 5          |        | _     |              |
| 6   | Donated services and use of facilities   | 6          |        |       |              |
| 7   | Investment expenses  | 7          |        |       |              |
| 8   | Prior period adjustments .   | 8          |        |       |              |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)   | 9          |        |       | 0.           |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                  |            |        |       |              |
|     | column (B))  | _10        | 402    | 2,1   | 93.          |
| Pa  | t XII Financial Statements and Reporting   |            |        |       |              |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                       |            |        |       |              |
|     |  |            |        | Yes   | No           |
| 1   | Accounting method used to prepare the Form 990 Cash X Accrual Other  |            |        | ,     |              |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | 0          |        |       |              |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            | 2a     |       | X            |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe     | d on a     |        |       |              |
|     | separate basis, consolidated basis, or both.   |            | 1      |       |              |
|     | Separate basis Consolidated basis Both consolidated and separate basis   |            |        |       |              |
| b   | Were the organization's financial statements audited by an independent accountant?                                 |            | 2b     | Х     |              |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa     | e basis,   |        |       |              |
|     | consolidated basis, or both  |            |        |       |              |
|     | Separate basis Consolidated basis Both consolidated and separate basis   |            |        |       |              |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audrt,   |        |       |              |
|     | review, or compilation of its financial statements and selection of an independent accountant?                     |            | 2c     | X     |              |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O.   |        |       |              |
| 3а  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit |        |       |              |
|     | Act and OMB Circular A-133?  |            | 3a     |       | X            |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | red audit  |        |       |              |
|     | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            | 3b     |       |              |
|     |  |            | Form 9 | 990 ( | 2017)        |

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

| Name of the organization   |   |  |  |  |   | Employe                                      | r identification number                         |  |  |  |
|--|---|--|--|--|---|--|---|--|--|--|
| GREA   | TER DC DIA  | PER BANK   |  |  |   | 2  | 27-4276547                                      |  |  |  |
| Part I Reason for Public   | Charity Status (  | All organizations must co  | omplete th   | ns part ) S  | ee instruction                                    | s  |   |  |  |  |
| The organization is not a private found  1   | nurches, or association<br>tion 170(b)(1)(A)(ii). (<br>hospital service org   | on of churches describe<br>Attach Schedule E (Forr<br>anization described in so  | d in <b>sectio</b><br>n 990 or 9<br><b>ection 17</b> 0 | on <b>170(b)(</b><br>90-E <i>Z</i> ) )<br><b>0(b)(1)(A)(</b> i   | 1)(A)(i).<br>ii).                                 | A)(iii). Enter                               | the hospital's name,                            |  |  |  |
| 5 An organization operated in section 170(b)(1)(A)(iv). (i   | Complete Part II.)  |  |  | -  |   | unit descri                                  | bed in  |  |  |  |
| A federal, state, or local go<br>An organization that normal<br>section 170(b)(1)(A)(vi). (0   | ally receives a substa<br>Complete Part II )  | antial part of its support   | from a gov   |  |   | the genera                                   | public described in                             |  |  |  |
| 9 An agricultural research or  | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or |  |  |  |   |  |   |  |  |  |
| university  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.  |   |  |  |  |   |  |   |  |  |  |
| 11 An organization organized 12 An organization organized more publicly supported o  |   |  |  |  |   |  |   |  |  |  |
| a Type I. A supporting org the supported organizat organization. You must Type II. A supporting org control or management  | anization operated, s<br>ion(s) the power to re<br>complete Part IV, Se<br>ganization supervised<br>of the supporting org   | supervised, or controlled egularly appoint or elect ections A and B. d or controlled in connectanization vested in the s | by its sup<br>a majority<br>ction with i               | oported orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed orgoithed organization or the organization or th | ganization(s),<br>ctors or trust<br>ed organizati | typically by<br>ees of the s<br>on(s), by ha | supporting                                      |  |  |  |
| organization(s) You must be supported organization d Type III non-functional   | egrated. A supportinon(s) (see instructions   | g organization operated s) You must complete   | Part IV, Se  | ections A,   | D, and E.   |  | ·   |  |  |  |
| that is not functionally in requirement (see instructionally in the orgonally integrated, organization of the control of the c | tions) You must cor<br>anization received a   | nplete Part IV, Sections written determination fro   | s A and D<br>om the IRS                                | , and Part<br>that it is a   | V.  |  |   |  |  |  |
| f Enter the number of supported  | •   |  |  |  |   |  |   |  |  |  |
| g Provide the following information (ii) Name of supported organization  | n about the supporte  | ed organization(s)  (iii) Type of organization (described on lines 1-10 above (see instructions))                        | (iv) is the orga<br>in your govern                     | inization listed<br>ing document?  | (v) Amount o<br>support (see II                   |  | (vi) Amount of other support (see instructions) |  |  |  |
|  |   |  |  |  |   | 7.   |   |  |  |  |
|  |   |  |  |  |   | _  |   |  |  |  |
|  |   |  |  |  |   |  |   |  |  |  |
|  |   |  |  |  |   |  |   |  |  |  |
| Tetal  | 1   | i  |  |  |   |  | ī   |  |  |  |

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990 EZ) 2017 GREATER DC DIAPER BANK 27-4276! 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)

| <u>Se</u> | ction A. Public Support   |                       |                       |                       |                                       |  |              |
|-----------|---|-----------------------|-----------------------|-----------------------|---------------------------------------|--|--------------|
| Cale      | endar year (or fiscal year beginning in) 🕨  | (a) 2013              | <b>(b)</b> 2014       | (c) 2015              | (d) 2016                              | (e) 2017                                 | (f) Total    |
| 1         | Gifts, grants, contributions, and   |                       |                       |                       |                                       |  |              |
|           | membership fees received (Do not  |                       |                       |                       |                                       |  |              |
|           | include any "unusual grants ")  | 223,529.              | 316,262.              | 650,570.              | 1010212.                              | 1255845.                                 | 3456418.     |
| 2         | Tax revenues levied for the organ-  |                       |                       |                       |                                       |  |              |
|           | ızatıon's benefit and either paid to  |                       |                       |                       |                                       |  |              |
|           | or expended on its behalf   |                       |                       |                       |                                       |  |              |
| 3         | The value of services or facilities   |                       |                       |                       |                                       |  |              |
|           | furnished by a governmental unit to   |                       |                       |                       |                                       |  |              |
|           | the organization without charge   |                       |                       |                       |                                       |  |              |
| 4         | Total. Add lines 1 through 3  | 223,529.              | 316,262.              | 650,570.              | 1010212.                              | 1255845.                                 | 3456418.     |
| 5         | The portion of total contributions  |                       |                       |                       |                                       |  |              |
|           | by each person (other than a  |                       |                       | /                     |                                       |  |              |
|           | governmental unit or publicly   |                       |                       |                       |                                       |  |              |
|           | supported organization) included  |                       | 1                     |                       |                                       |  |              |
|           | on line 1 that exceeds 2% of the  |                       |                       |                       |                                       |  |              |
|           | amount shown on line 11,  |                       |                       |                       |                                       |  |              |
|           | column (f)  |                       |                       |                       |                                       |  | 10,870.      |
|           | Public support. Subtract line 5 from line 4                                       |                       |                       |                       |                                       |  | 3445548.     |
|           | ction B. Total Support  | T                     |                       |                       |                                       |  | <del></del>  |
|           | endar year (or fiscal year beginning in)  | (a) 2013<br>223, 529. | (b) 2014<br>316, 262. | (c) 2015<br>650, 570. | (d) 2016                              | (e) 2017<br>1255845.                     | (f) Total    |
|           | Amounts from line 4   | 443,549.              | 310,202.              | 050,570.              | 1010212.                              | 1455845.                                 | 3456418.     |
| 8         | Gross income from interest,   |                       |                       |                       |                                       |  |              |
|           | dividends, payments received on   |                       |                       |                       |                                       |  |              |
|           | securities loans, rents, royalties,   |                       | 3.                    | 15.                   | 20                                    |  | 100          |
| _         | and income from similar sources   |                       | 3.                    | 13.                   | 38.                                   | 44.                                      | 100.         |
| 9         | Net income from unrelated business  |                       |                       |                       |                                       |  |              |
|           | activities, whether or not the  |                       |                       |                       |                                       |  |              |
| 40        | business is regularly carried on  |                       |                       |                       |                                       |  |              |
| 10        | Other income Do not include gain  |                       | •                     |                       |                                       |  |              |
|           | or loss from the sale of capital  |                       | •                     |                       |                                       | į  |              |
|           | assets (Explain in Part VI)   |                       |                       |                       |                                       |  | 3456518.     |
|           | Total support. Add lines 7 through 10   | -4- /                 |                       |                       |                                       | 40                                       | 114,284.     |
|           | Gross receipts from related activities,   | ,                     | •                     | -1 6                  |                                       | 12                                       | 114,204.     |
| 13        | First five years. If the Form 990 is for<br>organization, check this box and stor | -                     | s iirst, secona, tnir | a, τουτιη, or τιπη τε | ix year as a sectio                   | n 501(c)(3)                              | <b>►</b> □   |
| Se        | ction C. Computation of Publ  | ic Support Pe         | rcentage              |                       |                                       |  |              |
| 14        | Public support percentage for 2017 (  | line 6, column (f) d  | ivided by line 11, o  | olumn (fl)            |                                       | 14                                       | 99.68 %      |
|           | Public support percentage from 2016   |                       |                       |                       |                                       | 15                                       | 99.40 %      |
|           | 33 1/3% support test - 2017. If the   |                       |                       | n line 13, and line   | ı<br>14 ıs 33 1/3% or m               |  |              |
|           | stop here. The organization qualifies   |                       |                       |                       |                                       | ,  | <b>▶</b> X   |
| Ł         | 33 1/3% support test - 2016. If the   |                       | •                     |                       | line 15 is 33 1/3%                    | or more, check th                        |              |
|           | and stop here. The organization qual  |                       |                       |                       |                                       | , c., c., c., c., c., c., c., c., c., c. | <b>▶</b> □   |
| 17a       | 10% -facts-and-circumstances tes  |                       | • •                   |                       | 13, 16a, or 16b, a                    | ind line 14 is 10%                       | or more.     |
|           | and if the organization meets the "fac  |                       |                       |                       |                                       |  |              |
|           | meets the "facts-and-circumstances"   |                       |                       | · ·                   | •                                     | 2 32                                     | ightharpoons |
| ł         | 10% -facts-and-circumstances tes  | -                     |                       |                       | -                                     | 7a, and line 15 is                       | 10% or       |
|           | more, and if the organization meets the   |                       |                       |                       |                                       |  |              |
|           | organization meets the "facts-and-circ  |                       |                       |                       | · · · · · · · · · · · · · · · · · · · |  | ▶□           |
| 18        | Private foundation. If the organization   |                       | _                     | •                     |                                       |  | <u>.</u> ▶□  |
|           |   |                       |                       |                       |                                       | dule A (Form 990                         |              |

Schedule A (Form 990 or 990 EZ) 2017 GREATER DC DIAPER BANK

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 | nizátion fails to |
|---|-------------------|
| qualify under the tests listed below, please complete Part II.)   | /                 |

| Sec  | tion A. Public Support  |                      |                       |                        |                     | //                  |                 |
|------|---|----------------------|-----------------------|------------------------|---------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                               | (a) 2013             | (b) 2014              | (c) 2015               | (d) 2016            | (e) 2017/           | (f) Total       |
| 1    | Gifts, grants, contributions, and                                       |                      |                       |                        |                     | /                   |                 |
|      | membership fees received (Do not  |                      |                       |                        |                     |                     |                 |
|      | ınclude any "unusual grants.")  |                      |                       |                        |                     |                     |                 |
| 2    | Gross receipts from admissions,   |                      |                       |                        |                     | /                   |                 |
|      | merchandise sold or services per-                                       |                      |                       |                        |                     | /                   |                 |
|      | formed, or facilities furnished in any activity that is related to the  |                      |                       |                        |                     | //                  |                 |
|      | organization's tax-exempt purpose                                       |                      |                       |                        |                     | l/                  |                 |
| 3    | Gross receipts from activities that                                     |                      |                       |                        | /                   |                     |                 |
|      | are not an unrelated trade or bus-                                      |                      |                       |                        | /                   |                     |                 |
|      | iness under section 513   |                      |                       |                        | /                   |                     |                 |
| 4    | Tax revenues levied for the organ-                                      |                      | -                     |                        | <del>/</del>        |                     |                 |
| ·    | ization's benefit and either paid to                                    |                      |                       |                        | /                   |                     |                 |
|      | or expended on its behalf   |                      |                       |                        | /                   |                     |                 |
| 5    | The value of services or facilities                                     |                      |                       |                        | /                   |                     |                 |
| Ŭ    | furnished by a governmental unit to                                     |                      |                       |                        | /                   |                     |                 |
|      | the organization without charge   |                      |                       |                        | /                   |                     |                 |
| 6    | Total. Add lines 1 through 5  |                      |                       |                        | /                   |                     |                 |
|      | Amounts included on lines 1, 2, and                                     |                      |                       |                        | /                   |                     |                 |
| 16   | 3 received from disqualified persons                                    |                      |                       |                        | /                   |                     |                 |
| F    | 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  |                      |                       |                        |                     |                     |                 |
|      | Add lines 7a and 7b   |                      |                       | /                      |                     |                     |                 |
| 8    | Public support. (Subtract line 7c from line 6.)                         |                      |                       | /                      |                     | <u> </u>            |                 |
| _    | <u>'</u>  | (-) 0040             | (h) 0014              | /-> o'04.5             | (4) 0046            | (-) 0047            | (6 T-1-1        |
|      | ndar year (or fiscal year beginning in)                                 | (a) 2013             | <b>(b)</b> 2014       | (c) 2015               | (d) 2016            | (e) 2017            | (f) Total       |
|      | Amounts from line 6   |                      |                       | /                      |                     |                     |                 |
| 102  | Gross income from interest, dividends, payments received on             |                      |                       | /                      |                     |                     |                 |
|      | securities loans, rents, royalties,                                     |                      |                       | /                      |                     |                     |                 |
|      | and income from similar sources   |                      |                       | /                      |                     |                     |                 |
| t    | Unrelated business taxable income                                       |                      |                       | /                      |                     | ĺ                   |                 |
|      | (less section 511 taxes) from businesses                                |                      |                       | /                      |                     |                     |                 |
|      | acquired after June 30, 1975  |                      |                       |                        |                     |                     |                 |
|      | Add lines 10a and 10b   |                      |                       |                        |                     |                     |                 |
| 11   | Net income from unrelated business activities not included in line 10b, |                      | /                     |                        |                     |                     |                 |
|      | whether or not the business is  |                      | /                     |                        |                     |                     |                 |
|      | regularly carried on  |                      |                       |                        |                     |                     |                 |
| 12   | Other income Do not include gain  |                      | /                     |                        |                     |                     |                 |
|      | or loss from the sale of capital assets (Explain in Part VI.)           |                      | /                     |                        |                     | <u> </u>            |                 |
| 13   | Total support. (Add lines 9, 10c, 11, and 12)                           |                      |                       |                        |                     |                     |                 |
| 14   | First five years. If the Form 990 is for                                | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation,          |
|      | check this box and stop here  |                      |                       |                        |                     |                     | ▶□              |
| Se   | ction C. Computation of Publ  | ic Support Pe        | rcentage              |                        |                     |                     |                 |
| 15   | Public support percentage for 2017 (                                    | line 8, column (f) d | ivided by line 13, o  | column (f))            |                     | 15                  | %               |
| 16   | Public support percentage from 2016                                     | Schedule A, Part     | III, line 15          |                        |                     | 16                  | %               |
| Se   | ction D. Computation of Inve  | stment Incom         | e Percentage          |                        |                     |                     |                 |
| 17   | Investment income percentage for 20                                     | 017 (line 10c, colur | nn (f) divided by Iir | ne 13, column (f))     | . —                 | 17                  | %               |
| 18   | Investment income percentage from                                       | 2016 Schedule A,     | Part III, line 17     |                        |                     | 18                  | %               |
| 19   | 33 1/3% support tests - 2017. If the                                    | organization did n   | ot check the box      | on line 14, and line   | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not        |
|      | more than 33 1/3%, check this box a                                     | -                    |                       |                        |                     |                     | ightharpoons    |
| ı    | 33 1/3% support tests - 2016. If the                                    | •                    | •                     | • •                    |                     |                     | and             |
|      | line 18 is not more than 33 1/3%, che                                   | -                    |                       |                        |                     |                     | ightharpoons    |
| 20   | Private foundation. If the organization                                 |                      | -                     | •                      |                     | -                   | ▶□              |
|      | 22 10.06.17   |                      |                       | ,                      |                     | edule A (Form 990   | or 000 E7\ 2017 |

## Part IV Supporting Organizations

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

| Sec        | tion A. All Supporting Organizations   |      |          |    |
|------------|--|------|----------|----|
|            |  |      | Yes      | No |
| 1          | Are all of the organization's supported organizations listed by name in the organization's governing               |      |          |    |
|            | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by           |      |          |    |
|            | class or purpose, describe the designation If historic and continuing relationship, explain                        | 1    | <u> </u> |    |
| 2          | Did the organization have any supported organization that does not have an IRS determination of status             |      |          |    |
|            | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported    | -    |          |    |
|            | organization was described in section 509(a)(1) or (2)   | 2    |          |    |
| 3а         | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer   | 1    | 1        |    |
|            | (b) and (c) below  | 3a   |          |    |
| b          | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and   | l    | }        |    |
|            | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the         |      |          |    |
|            | organization made the determination  | 3b   |          |    |
| С          | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)   | Į    |          |    |
|            | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use              | 3c   |          |    |
| 4a         | Was any supported organization not organized in the United States ("foreign supported organization")? If           |      |          |    |
|            | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below   | _ 4a |          |    |
| b          | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign        |      |          |    |
|            | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion         | İ    |          |    |
|            | despite being controlled or supervised by or in connection with its supported organizations                        | 4b   |          |    |
| С          | Did the organization support any foreign supported organization that does not have an IRS determination            |      |          |    |
|            | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used    |      |          |    |
|            | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)     |      |          |    |
|            | purposes   | 4c   |          |    |
| 5a         | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"         |      |          |    |
|            | answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN          |      |          |    |
|            | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,      |      |          |    |
|            | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action  |      |          |    |
|            | was accomplished (such as by amendment to the organizing document)   | 5a   |          |    |
| b          | Type I or Type II only. Was any added or substituted supported organization part of a class already                |      |          |    |
|            | designated in the organization's organizing document?  | 5b   | <u> </u> |    |
| С          | Substitutions only. Was the substitution the result of an event beyond the organization's control?                 | 5c   |          |    |
| 6          | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to |      |          |    |
|            | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class          |      |          |    |
|            | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also         |      |          |    |
|            | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in   |      |          |    |
|            | Part VI.   | 6    | 1        |    |
| 7          | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor    |      |          |    |
|            | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with  |      |          |    |
|            | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)                  | 7    |          |    |
| 8          | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?    |      |          |    |
|            | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   | 8    |          |    |
| <b>9</b> a | 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        |      |          |    |

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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9b

9с

10a

732025 10-06-17

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Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter greater of line 2 or line 3

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

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

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2

Section C - Distributable Amount

3

Adjusted net income for prior year (from Section A, line 8, Column A)

Current Year

| Pai      | Type III Non-Functionally Integrated 509  | (a)(3) Supporting Org                 | anizations (continued)                 |   |  |  |  |  |  |
|----------|---|---------------------------------------|--|---|--|--|--|--|--|
| Sect     | on D - Distributions  |                                       |  | Current Year                              |  |  |  |  |  |
| _1_      | Amounts paid to supported organizations to accomplish exe                               | empt purposes                         |  |   |  |  |  |  |  |
| 2        | Amounts paid to perform activity that directly furthers exempt purposes of supported    |                                       |  |   |  |  |  |  |  |
|          | organizations, in excess of income from activity  |                                       |  |   |  |  |  |  |  |
| _3_      | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations |                                       |  |   |  |  |  |  |  |
| 4        | Amounts paid to acquire exempt-use assets   |                                       |  |   |  |  |  |  |  |
| _5       | Qualified set-aside amounts (prior IRS approval required)                               |                                       |  |   |  |  |  |  |  |
| 6        | Other distributions (describe in Part VI) See instructions                              |                                       |  |   |  |  |  |  |  |
| 7        | Total annual distributions. Add lines 1 through 6                                       | <u> </u>                              |  |   |  |  |  |  |  |
| 8        | Distributions to attentive supported organizations to which to                          | he organization is responsiv          | е                                      |   |  |  |  |  |  |
|          | (provide details in Part VI) See instructions   |                                       |  |   |  |  |  |  |  |
| 9        | Distributable amount for 2017 from Section C, line 6                                    |                                       |  |   |  |  |  |  |  |
| 10       | Line 8 amount divided by line 9 amount  | ,                                     |  |   |  |  |  |  |  |
| Sect     | ion E - Distribution Allocations (see instructions)                                     | (i)<br>Excess Distributions           | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |  |  |  |  |  |
| _1_      | Distributable amount for 2017 from Section C, line 6                                    |                                       |  |   |  |  |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2017 (reason-                            |                                       |  |   |  |  |  |  |  |
|          | able cause required- explain in Part VI) See instructions                               |                                       |  |   |  |  |  |  |  |
| 3        | Excess distributions carryover, if any, to 2017   |                                       |  |   |  |  |  |  |  |
| <u>a</u> |   |                                       |  |   |  |  |  |  |  |
| <u>b</u> | From 2013   |                                       |  |   |  |  |  |  |  |
|          | From 2014   |                                       |  |   |  |  |  |  |  |
| d        | From 2015   |                                       |  |   |  |  |  |  |  |
| e        | From 2016   |                                       |  |   |  |  |  |  |  |
| f        | Total of lines 3a through e   |                                       |  |   |  |  |  |  |  |
| <u>g</u> | Applied to underdistributions of prior years  |                                       |  |   |  |  |  |  |  |
| <u>h</u> | Applied to 2017 distributable amount  |                                       |  |   |  |  |  |  |  |
| <u>_</u> | Carryover from 2012 not applied (see instructions)                                      |                                       |  |   |  |  |  |  |  |
| <u>_</u> | Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                       |  |   |  |  |  |  |  |
| 4        | Distributions for 2017 from Section D,  |                                       |  |   |  |  |  |  |  |
|          | line 7 \$   |                                       |  |   |  |  |  |  |  |
|          | Applied to underdistributions of prior years  |                                       |  |   |  |  |  |  |  |
|          | Applied to 2017 distributable amount  |                                       |  |   |  |  |  |  |  |
|          | Remainder. Subtract lines 4a and 4b from 4.   |                                       | <u> </u>                               |   |  |  |  |  |  |
| 5        | Remaining underdistributions for years prior to 2017, if                                |                                       |  |   |  |  |  |  |  |
|          | any Subtract lines 3g and 4a from line 2 For result greater                             |                                       |  |   |  |  |  |  |  |
|          | than zero, explain in Part VI. See instructions   |                                       |  |   |  |  |  |  |  |
| 6        | Remaining underdistributions for 2017 Subtract lines 3h                                 |                                       |  |   |  |  |  |  |  |
|          | and 4b from line 1. For result greater than zero, explain in                            |                                       |  |   |  |  |  |  |  |
| _        | Part VI See instructions  |                                       |  |   |  |  |  |  |  |
| 7        | Excess distributions carryover to 2018. Add lines 3j and 4c                             |                                       |  | 1   |  |  |  |  |  |
|          | Breakdown of line 7   |                                       |  |   |  |  |  |  |  |
|          | Excess from 2013  |                                       |  |   |  |  |  |  |  |
|          | Excess from 2014  |                                       |  |   |  |  |  |  |  |
|          | Excess from 2015  |                                       |  |   |  |  |  |  |  |
|          | Excess from 2016  | · · · · · · · · · · · · · · · · · · · |  |   |  |  |  |  |  |
|          | Excess from 2017  |                                       | <del></del>                            |   |  |  |  |  |  |
|          | ENGOGO HOITI COTT   |                                       | L                                      | <u></u>                                   |  |  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2017

| Schedule A                            | (Form 990 or 990-EZ)  | 2017 GREATER  | DC                                | DIAPER   | BANK                                      |   | 27-4276547 Page 8  |
|---------------------------------------|---|---|-----------------------------------|--|---|---|--|
| Part VI                               | Supplemental In<br>Part IV, Section A, Iin<br>Iine 1, Part IV, Section  | <b>nformation.</b> Provies 1, 2, 3b, 3c, 4b, 4<br>n D, lines 2 and 3; P | ide the<br>4c, 5a, i<br>art IV, S | explanations i<br>6, 9a, 9b, 9c,<br>Section E, lines | required by<br>11a, 11b, a<br>3 1c, 2a, 2 | y Part II, line 10, Part II, line 17a<br>and 11c, Part IV, Section B, line<br>b, 3a, and 3b, Part V, line 1, Par<br>complete this part for any addi | or 17b, Part III, line 12,<br>s 1 and 2, Part IV, Section C,<br>t V, Section B, line 1e; Part V, |
|                                       | 1000 11 |   |                                   |  |   | <del>.</del>  |  |
|                                       |   |   |                                   |  |   |   |  |
| · · · · · · · · · · · · · · · · · · · |   |   | · <b>-</b> ···-                   |  |   |   |  |
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|                                       |   | <del></del>   |                                   | <del>.</del>   |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   | - · · ·   |                                   | •  |   |   |  |
| ·····                                 |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   | <del></del>  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   | _                                 |  |   |   |  |
|                                       |   |   |                                   |  |   |   | •  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   | •   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
| <del></del>                           |   | · · · · · · · · · · · · · · · · · · ·                                   |                                   |  |   |   |  |
|                                       |   |   | -                                 | _  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   |  |   |   |  |
|                                       |   |   |                                   | . <u> </u>   |   |   |  |
|                                       |   |   |                                   |  |   |   |  |

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

# **Political Campaign and Lobbying Activities**

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

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

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

2017

Open to Public Inspection

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

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

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

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

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

| 100        | •           | 01(c)(4), (5), or (6) organizat | ione Complete Part III   |                          |  | •   |
|------------|-------------|---------------------------------|--|--------------------------|--|---|
|            | ne of organ |                                 | 1  |                          | E  | mployer identification number               |
|            | _           | GREATER                         | DC DIAPER BANK   |                          |  | 27-4276547                                  |
| Pa         | rt I-A      |                                 | anization is exempt und  | ler section 501(c)       | or is a section 52                               |   |
|            |             |                                 |  |                          |  |   |
| 1          | Provide a   | description of the organiz      | ation's direct and indirect politic                                  | al campaign activities i | n Part IV  |   |
|            |             | ampaign activity expendit       | •  | <b>,--</b>               | )  | <b>▶</b> \$                                 |
|            |             | hours for political campai      |  |                          |  |   |
|            |             |                                 |  |                          |  |   |
| Pa         | rt I-B      | Complete if the org             | anization is exempt und  | ler section 501(c)       | (3).   |   |
| 1          | Enter the   | amount of any excise tax        | incurred by the organization und                                     | der section 4955         | )  | \$  |
| 2          | Enter the   | amount of any excise tax        | incurred by organization manag                                       | ers under section 4955   |  | <b>&gt;</b> \$                              |
| 3          | If the orga | anization incurred a sectio     | n 4955 tax, did it file Form 4720                                    | for this year?           |  | Yes No                                      |
| <b>4</b> a | Was a co    | rrection made?                  |  |                          |  | Yes No                                      |
| _          |             | describe in Part IV             |  |                          |  |   |
| Pa         | art I-C     | Complete if the org             | anization is exempt und  | ler section 501(c),      | except section 5                                 | 01(c)(3).                                   |
| 1          | Enter the   | amount directly expended        | l by the filing organization for se                                  | ction 527 exempt func    | tion activities                                  | <b>&gt;</b> \$                              |
| 2          | Enter the   | amount of the filing organ      | ization's funds contributed to ot                                    | her organizations for se | ection 527                                       |   |
|            | exempt for  | unction activities              |  |                          | }  | <b>&gt;</b> \$                              |
| 3          | Total exe   | mpt function expenditures       | . Add lines 1 and 2 Enter here a                                     | and on Form 1120-POL     |  |   |
|            | line 17b    |                                 |  |                          |  | <b>\$</b>                                   |
|            |             | ling organization file Form     | •  |                          |  | ☐ Yes ☐ No                                  |
| 5          |             |                                 | nployer identification number (El                                    | •                        | •  | ~ ~   |
|            |             |                                 | tion listed, enter the amount pai                                    |                          |  | •   |
|            |             |                                 | omptly and directly delivered to<br>additional space is needed, prov |                          | •  | parate segregated fund or a                 |
|            | political a |                                 |  | <del></del>              | · · · · · · · · · · · · · · · · · · ·            |   |
|            |             | (a) Name                        | (b) Address  | (c) EIN                  | (d) Amount paid fro filing organization's        | 1 ' '                                       |
|            |             |                                 |  |                          | funds If none, enter                             |   |
|            |             |                                 |  |                          | ,  | delivered to a separate                     |
|            |             |                                 |  |                          |  | political organization.  If none, enter -0- |
|            |             |                                 |  | <del> </del>             |  | Whole, enter o                              |
|            |             |                                 |  |                          |  |   |
|            | -           |                                 |  | <del></del>              | <del>                                     </del> |   |
|            |             |                                 |  |                          |  |   |
|            |             |                                 |  |                          | <del>                                     </del> | <del></del>                                 |
|            |             |                                 |  |                          |  |   |
|            |             | .—                              |  |                          | <del>                                     </del> | ··  |
|            |             |                                 |  |                          |  |   |
|            |             |                                 |  |                          |  |   |
|            |             |                                 | <u>.</u>   |                          | <del> </del>                                     |   |
|            |             |                                 |  |                          |  |   |

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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| Schedule C (Form 990 or 990-EZ) 2017 G    |                                       |   |  |                              | 4276547 Page 2 election under                    |
|---|---------------------------------------|---|--|------------------------------|--|
| section 501(h)).                          |                                       |   |  |                              |  |
| A Check ► if the filing organization      | n belongs to an affil                 | lated group (and list i                         | n Part IV each affiliated                        | group member's nai           | me, address, EIN,                                |
| expenses, and share                       |                                       |   |  |                              |  |
| B Check ► L_J if the filing organization  | n checked box A ar                    | nd "limited control" pr                         | ovisions apply.                                  |                              |  |
| Limits                                    | on Lobbying Exper                     | nditures  | į  | (a) Filing<br>organization's | (b) Affiliated group<br>totals                   |
| (The term "expendit                       | ures" means amou                      | nts paid or incurred                            | .)   | totals                       | 101410   |
| 1a Total lobbying expenditures to influe  | nce public opinion (                  | grass roots lobbying)                           |  | <del></del> -                | <del>                                     </del> |
| b Total lobbying expenditures to influe   | nce a legislative boo                 | dy (direct lobbying)                            | [  |                              |  |
| c Total lobbying expenditures (add line   | s 1a and 1b)                          |   |  |                              |  |
| d Other exempt purpose expenditures       |                                       |   | ).   | <del></del>                  |  |
| e Total exempt purpose expenditures       | add lines 1c and 1c                   | i)  | 1  |                              |  |
| f Lobbying nontaxable amount. Enter       |                                       |   |  |                              | <u> </u>   |
| If the amount on line 1e, column (a) or ( |                                       | bying nontaxable an                             |  |                              | İ  |
| Not over \$500,000                        |                                       | the amount on line 1e                           | <del></del>                                      |                              | 1  |
| Over \$500,000 but not over \$1,000,0     |                                       | 0 plus 15% of the ex                            |  |                              |  |
| Over \$1,000,000 but not over \$1,500     |                                       |   | cess over \$1,000,000.                           |                              |  |
| Over \$1,500,000 but not over \$17,00     |                                       | 00 plus 5% of the exc                           | ess over \$1,500,000                             |                              |  |
| Over \$17,000,000                         | \$1,000,0                             | 000.  |  |                              |  |
| g Grassroots nontaxable amount (ente      | r 25% of line 1f)                     |   |  |                              | <del>                                     </del> |
| h Subtract line 1g from line 1a If zero   |                                       |   |  | <del></del>                  | <del> </del>                                     |
| i Subtract line 1f from line 1c If zero c | •                                     |   | Ī  |                              |  |
| j If there is an amount other than zero   |                                       | line 1, did the organi                          | zation file Form 4720                            |                              |  |
| reporting section 4911 tax for this ye    | _                                     |   |  |                              | Yes No   |
|   |                                       | eraging Period Unde                             |  |                              |  |
| (Some organizations that                  |                                       | 01(h) election do not<br>ate instructions for l |  | of the five columns          | below.   |
|   | Lobbying Expe                         | nditures During 4-Ye                            | ar Averaging Period                              |                              |  |
| Calendar year                             |                                       |   |  | ( 1) 0047                    |  |
| (or fiscal year beginning in)             | (a) 2014                              | <b>(b)</b> 2015                                 | (c) 2016   | (d) 2017                     | (e) Total  |
|   | · · · · · · · · · · · · · · · · · · · |   | <del>   </del>                                   | <del></del>                  |  |
| 2a Lobbying nontaxable amount             |                                       |   |  |                              |  |
| b Lobbying ceiling amount                 |                                       |   | <del>                                     </del> |                              | <del> </del>                                     |
| (150% of line 2a, column(e))              |                                       |   |  |                              |  |
|   |                                       |   |  |                              |  |
| c Total lobbying expenditures             |                                       |   |  |                              |  |
|   |                                       |   |  |                              |  |
| d Grassroots nontaxable amount            |                                       |   |  |                              |  |
| e Grassroots ceiling amount               |                                       |   |  |                              |  |
| (150% of line 2d, column (e))             |                                       | ļ   | <u> </u>   |                              | ļ  |
|   |                                       |   |  |                              |  |
| f Grassroots lobbying expenditures        | <del></del>                           | L   | <u> </u>   |                              |  |
|   |                                       |   |  | Schedule C (For              | m 990 or 990-EZ) 2017                            |

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# Schedule C (Form 990 or 990-EZ) 2017 GREATER DC DIAPER BANK 27-427654 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed description  | (                | a)            | $\Box$   | (b           | )        |
|-------|--|------------------|---------------|----------|--------------|----------|
| of th | e lobbying activity  | Yes              | No            |          | Amo          | unt      |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state or  |                  |               |          |              |          |
|       | local legislation, including any attempt to influence public opinion on a legislative matter   |                  |               | -        |              |          |
|       | or referendum, through the use of:   |                  |               | -        |              |          |
| а     | Volunteers?  |                  | X             | _        |              |          |
| b     | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | X                | ļ <u></u>     | _        |              |          |
| C     | Media advertisements?  |                  | X             | -        |              |          |
|       | Mailings to members, legislators, or the public?   |                  | X             | $\dashv$ | <del> </del> |          |
|       | Publications, or published or broadcast statements?  |                  | X             | $\dashv$ |              |          |
| f     | Grants to other organizations for lobbying purposes?   | - <del>x</del> - | <b>├</b> ─^   |          |              |          |
| g     |  | <del></del>      | X             | $\dashv$ | <del></del>  |          |
|       | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                  | X             | $\dashv$ |              |          |
|       | Other activities?  |                  |               | $\dashv$ |              | 0.       |
|       | Total Add lines 1c through 1i  |                  | $\frac{1}{x}$ | -        |              |          |
|       | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                  | - A           | $\dashv$ |              |          |
|       | If "Yes," enter the amount of any tax incurred under section 4912  |                  |               | - 1      |              |          |
|       | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? |                  |               |          |              |          |
|       | t III-A   Complete if the organization is exempt under section 501(c)(4), secti  | on 501(c         | )(5), or      | se       | ction        |          |
|       | 501(c)(6).   |                  | ,,-,,         |          |              |          |
|       |  |                  | _             |          | Yes          | No       |
| 1     | Were substantially all (90% or more) dues received nondeductible by members?   |                  |               | 1        |              |          |
| 2     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                  |               | 2        |              |          |
| _3    | Did the organization agree to carry over lobbying and political campaign activity expenditures from trt III-B Complete if the organization is exempt under section 501(c)(4), section    | ne prior yea     | ar?           | 3        |              |          |
| _     | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."   | "No," O          |               | Part     | t III-A, lir | ne 3, is |
| 1     | Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).                 | cal              | -             | •        |              |          |
| 2     | expenses for which the section 527(f) tax was paid).   | 00.              |               |          |              |          |
| •     | Current year   |                  |               | 2a       |              |          |
|       | Carryover from last year   |                  |               | 2b       |              |          |
|       | : Total  |                  | _             | 2c       | ·            |          |
| 3     | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                  |               | 3        |              |          |
| 4     | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  | cess             |               |          |              |          |
|       | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  |                  |               |          |              |          |
|       | expenditure next year?   |                  |               | 4        |              |          |
| 5     | Taxable amount of lobbying and political expenditures (see instructions)   |                  |               | 5        |              |          |
| Pa    | rt IV Supplemental Information   |                  |               |          |              |          |
| Prov  | ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou  | o list), Part    | II-A, lines   | 3 1 a    | and 2 (see   |          |
|       | ructions); and Part II-B, line 1. Also, complete this part for any additional information  RT II-B, LINE 1, LOBBYING ACTIVITIES:   |                  |               |          |              |          |
| DC    | DIAPER BANK MET WITH FEDERAL LEGISLATIVE STAFF ARC   | UND T            | HE I          | SS       | UE OF        |          |
| DI    | APER NEEDS IN MARCH 2017 FOR APPROXIMATELY 3 HOURS.  | <u>.</u>         |               |          |              |          |
|       |  |                  |               |          |              |          |
|       |  |                  |               |          |              |          |
|       |  |                  |               |          |              |          |
|       |  |                  |               |          |              |          |

Schedule C (Form 990 or 990-EZ) 2017

# SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

GREATER DC DIAPER BANK

Employer identification number 27-4276547

|         | organization answered "Yes" on Form 990, Part IV, lir  |   |  |
|---------|--|---|--|
|         |  | (a) Donor advised funds   | (b) Funds and other accounts   |
| ŀ       | Total number at end of year  |   |  |
| 2       | Aggregate value of contributions to (during year)  |   |  |
| 3       | Aggregate value of grants from (during year)   |   |  |
| 4       | Aggregate value at end of year   |   |  |
| 5       | Did the organization inform all donors and donor advisors in   | <del>-</del>  |  |
|         | are the organization's property, subject to the organization's   | =   | └── Yes └── N  |
| 6       | Did the organization inform all grantees, donors, and donor  |   |  |
|         | for charitable purposes and not for the benefit of the donor   | or donor advisor, or for any other purpose co   |  |
| _       | impermissible private benefit?   |   | Yes L N  |
| а       | rt II Conservation Easements. Complete if the or   |   | rt IV, line 7  |
|         | Purpose(s) of conservation easements held by the organization  |   |  |
|         | Preservation of land for public use (e g , recreation or   |   | ically important land area   |
|         | Protection of natural habitat  | Preservation of a certific  | ed historic structure  |
|         | Preservation of open space   |   |  |
| 2       | Complete lines 2a through 2d if the organization held a qual   | lified conservation contribution in the form of   |  |
|         | day of the tax year  |   | Held at the End of the Tax Yo  |
| а       | Total number of conservation easements   |   | 2a   |
| b       | ,  |   | 2b   |
| С       |  | • •   | 2c   |
| d       | Number of conservation easements included in (c) acquired  | l after 7/25/06, and not on a historic structur   | e  |
|         | listed in the National Register  |   | _ 2d   |
| 3       | Number of conservation easements modified, transferred, re   | eleased, extinguished, or terminated by the o   | organization during the tax  |
|         | year ▶   |   |  |
| ļ       | Number of states where property subject to conservation ea   |   |  |
| 5       | Does the organization have a written policy regarding the pe   | eriodic monitoring, inspection, handling of   |  |
|         | violations, and enforcement of the conservation easements  |   | └ Yes └ I  |
| )       | Staff and volunteer hours devoted to monitoring, inspecting  | g, handling of violations, and enforcing conse  | rvation easements during the year  |
|         | <b></b>  |   |  |
| 7       | Amount of expenses incurred in monitoring, inspecting, han   | ndling of violations, and enforcing conservation  | on easements during the year   |
|         | <b>\$</b>  |   |  |
| В       | Does each conservation easement reported on line 2(d) about  | ove satisfy the requirements of section 170(h   | · · · · · · · · · · · · · · · · · · ·  |
|         | and section 170(h)(4)(B)(ii)?  |   | L Yes L I  |
| •       | In Part XIII, describe how the organization reports conserva-  |   |  |
|         | include, if applicable, the text of the footnote to the organiza   | ation's financial statements that describes th  | e organization's accounting for  |
|         | conservation easements   |   | 0:   |
| "       | rt III Organizations Maintaining Collections of  |   | ier Similar Assets.  |
| a       | Complete if the organization answered "Yes" on Forr  |   |  |
|         | If the organization elected, as permitted under SFAS 116 (A  |   |  |
|         |  |   | ce of public service, provide, in Part X   |
|         | historical treasures, or other similar assets held for public ex   | xhibition, education, or research in furtherand   | 50 01 pasiio 0011100, provido, iii ai 111  |
|         | historical treasures, or other similar assets held for public ex<br>the text of the footnote to its financial statements that desc   |   | ,  |
| 1a      |  | ribes these items   |  |
| 1a      | the text of the footnote to its financial statements that desc   | ribes these items<br>ASC 958), to report in its revenue statement a   | and balance sheet works of art, histori  |
| 1a      | the text of the footnote to its financial statements that desc<br>If the organization elected, as permitted under SFAS 116 (A  | ribes these items<br>ASC 958), to report in its revenue statement a   | and balance sheet works of art, histori  |
| 1a      | the text of the footnote to its financial statements that desc<br>if the organization elected, as permitted under SFAS 116 (A<br>treasures, or other similar assets held for public exhibition, e  | ribes these items<br>ASC 958), to report in its revenue statement a   | and balance sheet works of art, historic service, provide the following amou           |
| 1a      | the text of the footnote to its financial statements that desc<br>if the organization elected, as permitted under SFAS 116 (A<br>treasures, or other similar assets held for public exhibition, or<br>relating to these items  | ribes these items<br>ASC 958), to report in its revenue statement a   | and balance sheet works of art, historic service, provide the following amou           |
| 1a      | the text of the footnote to its financial statements that described if the organization elected, as permitted under SFAS 116 (A treasures, or other similar assets held for public exhibition, explating to these items  (i) Revenue included on Form 990, Part VIII, line 1   | ribes these items<br>ISC 958), to report in its revenue statement a<br>education, or research in furtherance of publi   | ind balance sheet works of art, historic service, provide the following amou           |
| 1a      | the text of the footnote to its financial statements that descrif the organization elected, as permitted under SFAS 116 (A treasures, or other similar assets held for public exhibition, erelating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  | ribes these items ASC 958), to report in its revenue statement a education, or research in furtherance of publications, or research in furtherance of publications, or other similar assets for financial g | ind balance sheet works of art, historic service, provide the following amou           |
| 1a<br>b | the text of the footnote to its financial statements that described if the organization elected, as permitted under SFAS 116 (A treasures, or other similar assets held for public exhibition, correlating to these items  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trees. | ribes these items ASC 958), to report in its revenue statement a education, or research in furtherance of publications, or research in furtherance of publications, or other similar assets for financial g | ind balance sheet works of art, historic service, provide the following amounts  \$ \$ |

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| Schee | dule D (Form 990) 2017 GREATER                        | DC DIAPER              | BAN         | K              |                |               |           | <u>27-42</u> | 76547              | Page 2       |
|-------|---|------------------------|-------------|----------------|----------------|---------------|-----------|--------------|--------------------|--------------|
| Par   | t III   Organizations Maintaining C                   | ollections of A        | rt, His     | torical Tr     | easures, d     | or Othe       | r Simil   | ar Asse      | <b>ts</b> (continu | ied)         |
| 3     | Using the organization's acquisition, accessi         | on, and other record   | ls, chec    | k any of the   | following tha  | at are a sig  | ınıfıcant | use of its   | collection         | items        |
|       | (check all that apply)                                |                        |             |                |                |               |           |              |                    |              |
| а     | Public exhibition                                     | d                      | · 🖳         | Loan or excl   | hange progra   | ams           |           |              |                    |              |
| b     | Scholarly research                                    | е                      | ا ا         | Other          |                |               |           |              |                    |              |
| С     | Preservation for future generations                   |                        |             |                |                | .,            |           |              |                    |              |
| 4     | Provide a description of the organization's co        | ollections and explai  | n how th    | ney further ti | he organizati  | ion's exem    | npt purp  | ose in Par   | t XIII             |              |
| 5     | During the year, did the organization solicit o       | r receive donations    | of art, hi  | storical trea  | sures, or oth  | er sımılar a  | assets    |              |                    |              |
|       | to be sold to raise funds rather than to be ma        | aintained as part of t | the orga    | nization's co  | ollection?     |               |           |              | Yes                | □ No         |
| Par   | t IV Escrow and Custodial Arran                       | gements. Comple        | ete if the  | organizatio    | n answered     | "Yes" on I    | orm 990   | D, Part IV,  | line 9, or         |              |
|       | reported an amount on Form 990, Pa                    | rt X, line 21.         |             |                |                |               |           |              |                    |              |
| 1a    | Is the organization an agent, trustee, custod         | an or other intermed   | diary for   | contribution   | ns or other as | sets not i    | ncluded   |              | _                  |              |
|       | on Form 990, Part X?                                  |                        |             |                |                |               |           |              | Yes                | No           |
| b     | If "Yes," explain the arrangement in Part XIII        | and complete the fo    | llowing     | table          |                |               |           |              |                    |              |
|       |   |                        |             |                |                |               |           |              | Amount             |              |
| С     | Beginning balance                                     |                        |             |                |                |               | 1c        |              |                    |              |
| d     | Additions during the year                             |                        |             |                |                |               | 1d        |              |                    |              |
| е     | Distributions during the year                         |                        |             |                |                |               | 1e        |              | -                  |              |
| f     | Ending balance  |                        |             |                |                |               | 1f        |              |                    |              |
| 2a    | Did the organization include an amount on Fe          | orm 990, Part X, line  | 21, for     | escrow or cu   | ustodial acco  | ount liabilit | v?        |              | Yes                | □ No         |
|       | If "Yes," explain the arrangement in Part XIII        |                        |             |                |                |               | ,         |              |                    |              |
| Par   |   |                        |             |                |                |               |           |              |                    |              |
|       |   | (a) Current year       |             | Prior year     | (c) Two yea    |               |           | years back   | (e) Four y         | ears back    |
| 1a    | Beginning of year balance                             | <u></u>                |             |                |                |               |           |              | 1                  |              |
|       | Contributions   |                        |             |                |                |               |           |              |                    |              |
|       | Net investment earnings, gains, and losses            |                        |             |                |                |               |           |              |                    |              |
|       | Grants or scholarships                                |                        |             |                |                |               |           |              |                    |              |
|       | Other expenditures for facilities                     |                        |             |                |                |               |           | -            |                    |              |
| ·     | · i   |                        |             |                |                |               |           |              |                    |              |
|       | and programs  |                        | <del></del> |                | -              |               |           |              | -                  |              |
|       | Administrative expenses                               |                        |             |                |                |               |           |              | <del> </del>       |              |
| g     | End of year balance                                   |                        |             |                | \\ bold as:    |               |           |              | <u> </u>           |              |
| 2     | Provide the estimated percentage of the cur           | rent year end baland   | e (iine i   | g, column (a   | a)) neid as    |               |           |              |                    |              |
| a     | Board designated or quasi-endowment                   |                        | %           |                |                |               |           |              |                    |              |
|       | Permanent endowment                                   | %                      |             |                |                |               |           |              |                    |              |
| С     | Temporarily restricted endowment                      | %                      |             |                |                |               |           |              |                    |              |
|       | The percentages on lines 2a, 2b, and 2c sho           |                        |             |                |                |               |           |              |                    |              |
| 3a    | Are there endowment funds not in the posse            | ession of the organiz  | ation tha   | at are held a  | ind administe  | ered for th   | e organi  | zation       | Г.                 | . T          |
|       | by  |                        |             |                |                |               |           |              |                    | res No       |
|       | (i) unrelated organizations                           |                        |             |                |                |               |           |              | 3a(i)              |              |
|       | (II) related organizations                            |                        | _           |                |                |               |           |              | 3a(II)             |              |
| b     | If "Yes" on line 3a(ii), are the related organization |                        |             |                | •              |               |           |              | 3b                 |              |
| 4     | Describe in Part XIII the intended uses of the        |                        | owment      | funds.         |                |               |           |              |                    |              |
| Pai   | t VI Land, Buildings, and Equipm                      |                        |             |                |                |               |           |              |                    |              |
|       | Complete if the organization answere                  | d "Yes" on Form 99     | 0, Part I   | V, line 11a. S | See Form 990   |               |           |              |                    |              |
|       | Description of property                               | (a) Cost or o          |             | 1 ''           | or other       |               | cumulate  |              | (d) Book           | value        |
|       |   | basis (investi         | ment)       | basis          | (other)        | dep           | reciation |              | _                  |              |
| 1a    | Land  |                        |             |                |                |               |           |              |                    | <del></del>  |
| b     | Buildings   |                        |             |                | 4 122          |               |           |              |                    |              |
| С     | Leasehold improvements                                |                        |             |                | 1,490.         | L             |           | 25.          |                    | 765.         |
| d     | Equipment   |                        |             | ļ              | 6,761.         |               | 3,9       |              |                    | ,806.        |
|       | Other   |                        |             |                | 9,249.         |               | 34,4      | 81.          |                    | <u>,768.</u> |
| Tota  | I. Add lines 1a through 1e (Column (d) must e         | qual Form 990, Part    | X, colur    | тп (В), line 1 | 10c)           |               |           | <b>.</b>     | 18                 | <u>,339.</u> |

Schedule D (Form 990) 2017

| Schedule D (Form 990) 2017 GREATER DC I                              |                                    |   | <u></u>                | -4276547           | rage |
|--|------------------------------------|---|------------------------|--------------------|------|
| Complete if the organization answered "Yes" of                       | on Form 990. Part I                | /. line 11b See Form 990.               | Part X. line 12        |                    |      |
| (a) Description of security or category (including name of security) | (b) Book value                     |   | aluation Cost or end   | d-of-year market v | alue |
| (1) Financial derivatives  |                                    |   |                        |                    |      |
| (2) Closely-held equity interests                                    |                                    |   |                        |                    |      |
| (3) Other  |                                    |   |                        |                    |      |
| (A)  |                                    |   |                        |                    |      |
| (B)  |                                    |   |                        |                    |      |
| (C)  |                                    |   |                        |                    |      |
| (D)  |                                    |   |                        |                    |      |
| (E)  |                                    |   |                        |                    |      |
| (F)  |                                    |   |                        |                    |      |
| (G)  |                                    |   |                        |                    |      |
| (H)  |                                    |   |                        |                    |      |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                                    |   |                        |                    |      |
| Part VIII Investments - Program Related.                             |                                    |   |                        |                    |      |
| Complete if the organization answered "Yes" of                       |                                    |   |                        |                    |      |
| (a) Description of investment  | (b) Book value                     | (c) Method of v                         | aluation Cost or end   | d-of-year market v | alue |
|  |                                    |   |                        |                    |      |
| (2)  |                                    |   | <del></del>            |                    |      |
| (3)  |                                    |   |                        |                    |      |
| (4)  |                                    |   |                        |                    |      |
| (5)  | <del></del>                        | ,                                       |                        |                    |      |
| (6)  |                                    |   |                        |                    |      |
| (7)  |                                    |   |                        |                    |      |
| (8)  |                                    |   |                        |                    |      |
| (9)  |                                    |   |                        |                    |      |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                                    |   |                        |                    |      |
| Part IX Other Assets.  | F 000 D-+ I                        | / lun - 11 d O F 000                    | Don't V. Imaa 45       |                    |      |
| Complete if the organization answered "Yes"                          | on Form 990, Part I<br>Description | v, line 11d See Form 990,               | Part X, line 15        | (b) Book va        | luo  |
|  |                                    |   |                        | (D) BOOK VA        | ilue |
| (1)  |                                    |   |                        |                    |      |
| (2)  |                                    |   |                        |                    |      |
| (3)  |                                    |   |                        |                    |      |
| (4)  |                                    |   |                        |                    |      |
| (5)  |                                    |   |                        |                    |      |
| (6)  | <del></del>                        |   |                        |                    |      |
| (7)  |                                    |   |                        |                    |      |
| (8)<br>(9)   |                                    |   |                        |                    |      |
| Total. (Column (b) must equal Form 990, Part X, col (B) line         | 15)                                |   |                        |                    |      |
| Part X Other Liabilities.  | , 10)                              |   |                        |                    |      |
| Complete if the organization answered "Yes"                          | on Form 990 Part I                 | V. line 11e or 11f. See Forr            | n 990. Part X. line 25 |                    |      |
| 1. (a) Description of liability                                      |                                    | (b) Book value                          |                        | <del>.</del>       |      |
| (1) Federal income taxes   |                                    | , ,                                     | 1                      |                    |      |
| (2) DEFERRED RENT  |                                    | 22,386.                                 | 1                      |                    |      |
| (3)  |                                    | , | 1                      |                    |      |
|  |                                    |   | 1                      |                    |      |

| 1.     | (a) Description of liability                              | (b) Book value |
|--------|---|----------------|
| (1)    | Federal income taxes                                      |                |
| (2)    | DEFERRED RENT   | 22,386.        |
| (3)    |   |                |
| (4)    |   |                |
| (5)    |   |                |
| (6)    |   |                |
| (7)    |   |                |
| (8)    |   |                |
| (9)    |   |                |
| Total. | (Column (b) must equal Form 990, Part X, col (B) line 25) | 22,386.        |

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

Schedule D (Form 990) 2017

#### 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.

2017
Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

➤ Attach to Form 990.

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

Name of the organization Employer identification number GREATER DC DIAPER BANK 27-4276547 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 X Yes criteria used to award the grants or assistance? ☐ 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 (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash grant (e) Amount of (g) Description of (h) Purpose of grant valuation (book, FMV, appraisal, other) or government (if applicable) non cash noncash assistance or assistance assistance ACTS - ACTION IN COMMUNITY THROUGH SERVICE - P.O. BOX 74 - DUMFRIES, DIAPERS AND BABY VA 22026 54-0897679 501(C)(3) 0 21 165 FMV PANTRY ITEMS DIAPER NEEDS BREAD FOR THE CITY 1525 7TH STREET, NW DIAPERS AND BABY WASHINGTON, DC 20001 52-1138207 501(C)(3) 0 23,346.FMV PANTRY ITEMS DIAPER NEEDS BRIGHT BEGINNINGS - CENTER BASED 128 M STREET, NW, SUITE 150 DIAPERS AND BABY WASHINGTON, DC 20001 52-1697917 501(C)(3) 0 21,798.FMV PANTRY ITEMS DIAPER NEEDS CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON - 200 N. GLEBE ROAD, DIAPERS AND BABY SUITE 506 - ARLINGTON, VA 22203 54-0515706 501(C)(3) 12,937.PMV PANTRY ITEMS 0 DIAPER NEEDS CCI HEALTH AND WELLNESS SERVICES 2730 UNIVERSITY BOULEVARD W. DIAPERS AND BABY WHEATON, MD 20902 52-0988386 501(C)(3) a 13,542.FMV PANTRY ITEMS DIAPER NEEDS CENTRAL UNION MISSION 65 MASSACHUSETTS AVENUE, NW DIAPERS AND BABY WASHINGTON, DC 20001 53-0218650 501(C)(3) 8,669.PMV ANTRY ITEMS 34. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.

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

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

Schedule I (Form 990) (2017)

| 27          |     | 1 | 70 |   | A | ~ |
|-------------|-----|---|----|---|---|---|
| <i>7. 1</i> | - 4 | • | 70 | 7 | 4 | , |

GREATER DC DIAPER BANK

| (h) Purpose of grant |  |
|----------------------|--|

Page 1

| Part II Continuation of Grants and Other                  | Assistance to Go | vernments and Orga               | nizations in the U                             | nited States (Sch                       | edule I (Form 990), Pa   | urt II )                               |                                       |
|---|------------------|----------------------------------|--|---|--|--|---------------------------------------|
| (a) Name and address of organization or government        | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant                    | (e) Amount of<br>non cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non cash assistance | (h) Purpose of grant<br>or assistance |
| CENTRO NIA  |                  |                                  |  |   |  |  |                                       |
| 1420 COLUMBIA ROAD, NW                                    |                  |                                  | ]  |   |  | DIAPERS AND BABY                       |                                       |
| WASHINGTON DC 20009                                       | 25-1689720       | 501(C)(3)                        | 0.   | 25,987,                                 | PMV  | PANTRY ITEMS                           | DIAPER NEEDS                          |
| COLOGRATURE RANGE AND A SERVICES                          |                  |                                  |  |   |  |  |                                       |
| COMMUNITY FAMILY LIFE SERVICES 305 E STREET, NW           |                  |                                  |  |   |  | DIAPERS AND BABY                       |                                       |
| WASHINGTON, DC 20001                                      | 52-0910609       | 501(C)(3)                        | ٥.   | 11,823,                                 | PMV  | PANTRY ITEMS                           | DIAPER NEEDS                          |
|   |                  |                                  |  |   | -  |  |                                       |
| COMMUNITY OF HOPE HEALTHCARE                              |                  |                                  |  |   |  | •                                      |                                       |
| 4 ATLANTIC STREET, SW                                     |                  |                                  |  |   | ]  | DIAPERS AND BABY                       |                                       |
| WASHINGTON, DC 20032                                      | 52-1184749       | 501(C)(3)                        | ٥.   | 20,675.                                 | PMV  | PANTRY ITEMS                           | DIAPER NEEDS                          |
|   |                  |                                  |  |   |  |  |                                       |
| DISTRICT ALLIANCE FOR SAFE HOUSING                        |                  |                                  |  |   |  |  |                                       |
| P.O. BOX 91730  | 71 1010574       | E01 (0) (2)                      | 0.   | 7,442.                                  | 2007   | DIAPERS AND BABY                       |                                       |
| WASHINGTON, DC 20090                                      | 71-1019574       | 501(0)(3)                        | ·  | 7,442.                                  | ,rmv   | PANTRY ITEMS                           | DIAPER NEEDS                          |
| EDGEWOOD BROOKLAND FAMILY SUPPORT                         |                  |                                  |  |   |  |  |                                       |
| COLLABORATIVE - 601 EDGEWOOD                              |                  |                                  |  |   |  | DIAPERS AND BABY                       |                                       |
| STREET, NE - WASHINGTON, DC 20017                         | 52-2246995       | 501(C)(3)                        | 0.   | 6,672.                                  | PMV  | PANTRY ITEMS                           | DIAPER NEEDS                          |
|   |                  |                                  |  |   |  |  |                                       |
| EDUCARE DC  |                  |                                  |  |   |  |  |                                       |
| 640 ANACOSTIA AVENUE, NE                                  |                  | L                                | _  |   |  | DIAPERS AND BABY                       |                                       |
| WASHINGTON, DC 20019                                      | 27-2481956       | 501(C)(3)                        | 0.   | 5,450.                                  | PMV  | PANTRY ITEMS                           | DIAPER NEEDS                          |
| FAMILY SERVICES, INC.                                     |                  |                                  |  |   |  |  |                                       |
| 610 EAST DIAMOND AVENUE, SUITE 100                        |                  |                                  |  |   |  | DIAPERS AND BABY                       |                                       |
| GAITHERSBURG, MD 20877                                    | 52-0730225       | 501(C)(3)                        | ٥.   | 14,809.                                 | PMV  | PANTRY ITEMS                           | DIAPER NEEDS                          |
|   |                  |                                  |  | · · · · · · · · · · · · · · · · · · ·   | · · · · · · · · · · · · · · · · · · ·                          |  |                                       |
| PLORIS UNITED METHODIST CHURCH                            |                  |                                  |  |   |  |  |                                       |
| 13600 FRYING PAN ROAD                                     |                  |                                  |  |   |  | DIAPERS AND BABY                       |                                       |
| CLIPTON, MD 20735   | 54-1254895       | 501(C)(3)                        | 0.   | 11,289.                                 | PMV  | PANTRY ITEMS                           | DIAPER NEEDS                          |
|   |                  |                                  |  |   |  |  |                                       |
| HEALTHY GENERATIONS & CHILDREN'S                          |                  |                                  | 1  |   |  |  |                                       |
| HOSPITAL - 111 MICHIGAN AVENUE, NW - WASHINGTON, DC 20010 | 52-1640403       | 501(0)(3)                        | ٥.   | 22,648.                                 | PMG/   | PANTRY ITEMS                           | DIADER NEEDG                          |
| - HABILINGTON, DC 20010                                   | 1 22-1040403     | Pozicital                        | ı <u>, , , , , , , , , , , , , , , , , , ,</u> | 22,040.                                 | F ***  | EWILL LIEUS                            | DIAPER NEEDS                          |

Schedule I (Form 990)

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| Schedule I (Form 990) | GREATER | DC | DIAPER | BANK |  |
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|-----------------------|---------|----|--------|------|--|

|   | C DIAPER   |                               | arrationa in the H       | arted Ctotes (Cob                 | adula I /Farms 000\ Da   |   | 7-42/034/ Pa                          |
|---|------------|-------------------------------|--------------------------|-----------------------------------|--|---|---------------------------------------|
| Part II Continuation of Grants and Other  (a) Name and address of organization or government      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non cash assistance | (h) Purpose of grant<br>or assistance |
| iomeless Children's Playtime<br>PROJECT - 1525 NEWTON STREET, NW -<br>NASHINGTON, DC 20010        | 20-3380456 | 501(C)(3)                     | 0.                       | 19,106,                           | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| IORTON'S KIDS<br>00 MARYLAND AVENUE, NE, SUITE 520<br>IASHINGTON, DC 20001                        | 52-1755540 | 501(C)(3)                     | 0.                       | 16,948.                           | PMV  | DIAPERS AND BABY<br>PANTRY ITEMS          | DIAPER NEEDS                          |
| T TAKES A VILLAGE, BABY!<br>P.O. BOX 4019<br>LEESBURG, VA 20177                                   | 47-4224303 | 501(C)(3)                     | 0.                       | 16,724,                           | PMV  | DIAPERS AND BABY<br>PANTRY ITEMS          | DIAPER NEEDS                          |
| JUBILEE JUMPSTART<br>2525 ONTARIO ROAD, NW<br>WASHINGTON, DC 20009                                | 20-2700607 | 501(C)(3)                     | 0.                       | 16,743                            | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| LATIN AMERICAN YOUTH CENTER<br>1419 COLUMBIA ROAD, NW<br>WASHINGTON, DC 20001                     | 52-1023074 | 501(C)(3)                     | 0.                       | 30,728                            | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| LITTLE LIGHTS URBAN MINISTRIES<br>760 7TH STREET, SE<br>WASHINGTON, DC 20003                      | 52-2125232 | 501(C)(3)                     | 0.                       | 22,338                            | PHV  | DIAPERS AND BABY<br>PANTRY ITEMS          | DIAPER NEEDS                          |
| MARY'S CENTER - HOME VISITING<br>PROGRAM - 2333 ONTARIO ROAD, NW -<br>WASHINGTON, DC 20009        | 52-1594116 | 501(C)(3)                     | 0.                       | 23,873,                           | , PMV  | DIAPERS AND BABY<br>PANTRY ITEMS          | DIAPER NEEDS                          |
| MONTGOMERY COUNTY COALITION FOR<br>THE HOMELESS - 600-B EAST GUDE<br>DRIVE - ROCKVILLE , MD 20850 | 52-1735674 | 501(C)(3)                     | 0.                       | 14,267                            | ,pmv   | DIAPERS AND BABY<br>PANTRY ITEMS          | DIAPER NEEDS                          |
| MONTGOMERY COUNTY FAMILY CENTER P.O. BOX 10692 ROCKVILLE MD 20849                                 | 94-3444962 | 501(C)(3)                     | 0.                       | 21,688                            | ₽MV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |

Schedule I (Form 990)

| Schedule I (Form 990) GREATER DO Part II Continuation of Grants and Other A                |            |                               | anizations in the U      | nited States (Sch                       | edule I (Form 990), Pa   |   | 7-4276547                             |
|--|------------|-------------------------------|--------------------------|---|--|---|---------------------------------------|
| (a) Name and address of<br>organization or government                                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non cash assistance | (h) Purpose of grant<br>or assistance |
| NATIONAL CENTER FOR CHILDREN AND<br>FAMILIES - 6301 GREENTREE ROAD -<br>BETHESDA, MD 20817 | 52-0591586 | 501(C)(3)                     | 0.                       | 17,450.                                 | ew.  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| NORTH CAPITOL COLLABORATIVE<br>1500 NORTH CAPITOL COLLABORATIVE<br>WASHINGTON, DC 20002    | 52-2212275 | 501(C)(3)                     | 0.                       | 5,053,                                  | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| NORTHWEST CENTER<br>2702 ONTARIO ROAD, NW<br>WASHINGTON, DC 20009                          | 52-1606784 | 501(C)(3)                     | 0.                       | 29,654,                                 | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| REFUGE MINISTRIES<br>8783 COMMERCE COURT<br>MANASSAS, VA 20110                             | 56-2546408 | 501(C)(3)                     | 0.                       | 14,776                                  | ьил  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| SEED, INC.<br>1776 MASSACHUSETTS AVENUE, NW, SUI'<br>WASHINGTON, DC 20036                  | 54-1850819 | 501(C)(3)                     | 0.                       | 23,941,                                 | bra<br>L   | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| SHABACH MINISTRIES<br>3600 BRIGHTSEAT ROAD<br>LANDOVER, MD 20785                           | 52-1966871 | 501(C)(3)                     | 0.                       | 12,586                                  | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| SHAREBABY<br>P.O. BOX 341<br>BROOKLANDVILLE, MD 21011                                      | 47-2325575 | 501(C)(3)                     | 0.                       | 59,385                                  | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| THE CITY OF GREENBELT GAIL PROGRAM<br>25 CRESCENT ROAD<br>GREENBELT, MD 20770              |            | N/A                           | 0.                       | 33,659,                                 | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |
| TRUE VINE CENTER 4542 BEECH ROAD TEMPLE HILLS MD 20748                                     | 26-2425518 | 501(C)(3)                     | 0.                       | 22,909,                                 | PMV  | DIAPERS AND BABY                          | DIAPER NEEDS                          |

Schedule I (Form 990)

| hedule I (Form 990) GREATER D art II Continuation of Grants and Other                             |            |                               | inizations in the U      | nited States (Sch                       | edule I (Form 990), Pa   |  | 7-4276547 Pa                          |
|---|------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of<br>organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non cash assistance | (h) Purpose of grant<br>or assistance |
| CA OF METRO WASHINGTON - SILVER<br>RING - 1112 16TH STREET, NW,<br>TTE 720 - WASHINGTON, DC 20036 | 53-0207403 | 501(C)(3)                     | 0.                       | 14,601.                                 | PMV  | DIAPERS AND BABY                       | DIAPER NEEDS                          |
|   |            |                               |                          |   |  |  |                                       |
|   | :          |                               |                          | i                                       |  |  |                                       |
|   |            |                               |                          |   |  |  |                                       |
|   |            |                               |                          |   |  |  |                                       |
|   |            |                               |                          |   |  |  |                                       |
|   |            |                               |                          |   |  |  |                                       |
|   |            |                               |                          |   |  |  |                                       |
|   |            |                               |                          |   |  |  |                                       |
|   |            |                               |                          |   |  | <u> </u>                               | Schedule I (Form                      |

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| Schedule I (Form 990) (2017) GREATER DC DI   | APER BANK                |                          |                                   |  | 27-4276547 Page 2                                   |
|--|--------------------------|--------------------------|-----------------------------------|--|---|
| Part III Grants and Other Assistance to Domestic Individ<br>Part III can be duplicated if additional space is need |                          | organization answ        | vered "Yes" on Form               | 990, Part IV, line 22                                    |   |
| (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<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance               |
|  |                          |                          |                                   |  |   |
|  |                          |                          |                                   |  |   |
|  |                          |                          |                                   |  |   |
|  |                          |                          |                                   |  |   |
|  |                          |                          |                                   |  |   |
|  |                          |                          |                                   |  |   |
|  |                          |                          |                                   |  |   |
|  |                          |                          |                                   |  |   |
| Part IV Supplemental Information. Provide the information  | s sognised in Bort I lie | o 2 Part III colum       | un (h) and any other a            | ddttonal information                                     |   |
| PART I, LINE 2:  | '                        | ie z, Fari ii, colum     | ur (b), and any other a           | odicional anormation                                     | · · <del></del> · · · · · · · · · · · · · · · · · · |
| FOR THE YEAR ENDED DECEMBER 31,  | 2017, GDCD               | B DISTRIB                | UTED DIAPER                       | S, FOOD,   |   |
| FORMULA, HYGIENE ITEMS, AND BABY   | GEAR TO V                | ARIOUS NO                | NPROFIT AND                       | GOVERNMENTAL   |   |
| ORGANIZATIONS TO HELP SUPPORT TH   | IE EXEMPT P              | URPOSES O                | F THE RECIP                       | IENT   |   |
| ORGANIZATIONS. ACCORDINGLY, THE  | USE OF THE               | DONATED                  | ITEMS WAS N                       | OT DIRECTLY  |   |
| MONITORED UNDER ESTABLISHED CRIT   | TERION AS N              | O RESTRIC                | TION WAS IM                       | POSED ON THE   |   |
| RECIPIENT.   |                          |                          |                                   | · · · · · · · · · · · · · · · · · · ·                    |   |
|  |                          |                          |                                   |  |   |
| 702102 11-01-17  |                          | 37                       | <u></u>                           |  | Schedule I (Form 990) (2017)                        |

# SCHEDULE M (Form 990)

# Noncash Contributions

201

2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

GREATER DC DIAPER BANK

Name of the organization

Employer identification number 27-4276547

| Par | τι Types of Property                             |                     |                            |                         |            |            |                 | _      |              |
|-----|--|---------------------|----------------------------|-------------------------|------------|------------|-----------------|--------|--------------|
|     |  | (a)                 | (b)                        | (c)                     |            |            | (d)             |        |              |
|     |  | Check if applicable | Number of contributions or | Noncash contrib         |            |            | lethod of deter | _      |              |
|     |  | applicable          |                            | Form 990, Part VIII     |            | nonca      | ash contributio | n amou | nts          |
| 1   | Art - Works of art                               |                     |                            |                         |            |            |                 |        |              |
| 2   | Art - Historical treasures                       |                     |                            |                         |            |            |                 |        |              |
| 3   | Art - Fractional interests                       |                     |                            |                         |            |            |                 |        |              |
| 4   | Books and publications                           |                     |                            |                         |            |            |                 |        |              |
| 5   | Clothing and household goods                     | X                   |                            | 372,                    | 928.       | FMV A      | т \$0.29        | /DIA   | PER          |
| 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 (PANTRY ITEMS)                             | X                   | 0                          | 387,                    | 259.       | FMV        |                 |        |              |
| 26  | Other • ()                                       |                     |                            |                         |            |            |                 |        | <del> </del> |
| 27  | Other ()   |                     |                            |                         |            |            |                 |        |              |
| 28  | Other ( )  |                     |                            |                         |            |            |                 |        |              |
| 29  | Number of Forms 8283 received by the organi      | zation durin        | g the tax year for o       | contributions           |            |            |                 |        |              |
|     | for which the organization completed Form 82     | 83, Part IV,        | Donee Acknowled            | gement                  | 29         |            |                 |        |              |
|     |  |                     |                            |                         |            |            |                 | Ye     | s No         |
| 30a | During the year, did the organization receive b  | y contribution      | on any property re         | ported in Part I, lines | s 1 throu  | gh 28, tha | t it            |        | 1            |
|     | must hold for at least three years from the dat- | e of the initi      | al contribution, and       | d which isn't require   | d to be u  | sed for    | 1               | ļ      |              |
|     | exempt purposes for the entire holding period    | ?                   |                            |                         |            |            | 3               | 0a     | X            |
| b   | If "Yes," describe the arrangement in Part II.   |                     |                            |                         |            |            | i               | - 1    |              |
| 31  | Does the organization have a gift acceptance     | policy that r       | equires the review         | of any nonstandard      | contribu   | itions?    | _ :             | 11     | X            |
| 32a | Does the organization hire or use third parties  | or related o        | rganizations to sol        | cit, process, or sell   | noncash    |            |                 |        |              |
|     | contributions?                                   |                     |                            |                         |            |            | 3               | 2a     | X            |
| ь   | If "Yes," describe in Part II.                   |                     |                            |                         |            |            |                 |        |              |
| 33  | If the organization didn't report an amount in o | column (c) fo       | or a type of propert       | y for which column      | (a) is che | cked,      | ļ               |        |              |
|     | describe in Part II                              |                     |                            |                         |            |            |                 |        |              |
| ΙНΔ | For Paperwork Reduction Act Notice see           | the Instruc         | tions for Form 90          | n                       |            |            | Schedule M (    | orm 90 | 2017         |

Schedule M (Form 990) 2017

| Schedule M (Form 990) 2017 GREATER DC DIAPER BANK  | 27-4276547   | Page 2    |
|--|--|-----------|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, this part for any additional information | o, and 33, and whether the organiza<br>or a combination of both Also com | ition     |
| SCHEDULE M, PART I, COLUMN (B):  |  |           |
| THE NUMBER IN THIS COLUMN REPRESENTS THE NUMBER OF IT  | TEMS RECEIVED.   |           |
| GDCDB WORKS TO STRENGTHEN FAMILIES IN THE DC METRO RI  | EGION. WITH THESE  |           |
| DONATIONS, GDCDB DISTRIBUTES NEARLY 1.5 MILLION DIAP   | ERS AND BABY   |           |
| PRODUCTS TO VARIOUS PARTNERING ORGANIZATIONS ANNUALLY  | <i>Y</i> .   |           |
|  | <del></del>  |           |
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| 732142 09-07-17  | Schedule M (Form   | 990) 2017 |

## **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREATER DC DIAPER BANK

Employer identification number 27-4276547

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:        |
|---|
| AS MUCH VALUE THROUGH THEIR DISTRIBUTION AS POSSIBLE. WE KNOW THAT      |
| DIAPERS ARE ONLY THE BEGINNING OF WHAT OUR STRUGGLING FAMILIES NEED     |
| THEY NEED COMPREHENSIVE SOCIAL SERVICES THAT ADDRESS A RANGE OF ISSUES  |
| FROM FOOD AND MEDICAL CARE TO EARLY CHILDHOOD EDUCATION AND HOUSING. TO |
| INCREASE ACCESS TO POVERTY INTERVENTIONS, WE DISTRIBUTE OUR PRODUCTS    |
| THROUGH ONE-STOP SHOP SOCIAL SERVICE AGENCIES. MOST PARTNERS USE GDCDB  |
| DIAPERS AS A "GATEWAY RESOURCE" TO INCENTIVIZE PARTICIPATION IN         |
| LONG-TERM ANTI-POVERTY PROGRAMS LIKE PARENTING CLASSES OR MENTAL HEALTH |
| SUPPORT GROUPS.   |
|   |
| FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:                       |
| THE NURSERY PROJECT WAS A NEW PROGRAM INTRODUCED DURING 2017.           |
|   |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:           |
|   |
| GDCDB RECENTLY CELEBRATED THESE PROGRAMMATIC AND INSTITUTIONAL          |
| ACHIEVEMENTS:   |
| - GDCDB ESTABLISHED ONE ADDITIONAL PAID POSITIONS IN 2017.              |
| - GDCDB DISTRIBUTED ITS 6.5 MILLIONTH DIAPER IN 2017.                   |
| - GDCDB GREW ITS DISTRIBUTION PARTNER NETWORK TO 42 SOCIAL SERVICE      |
| AGENCIES.   |
| - GDCDB BEGAN A NEW PROGRAM - THE NURSERY PROJECT - TO PROVIDE          |
| ESSENTIAL BABY GEAR FOR SAFE SLEEP, SAFE TRAVEL, AND SAFE PLAY TO       |
| VULNERABLE FAMILIES.  |

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization Employer identification number GREATER DC DIAPER BANK 27-4276547 GDCDB ALSO EXECUTES FOLLOWING PROGRAMS: - THE BABY PANTRY: GDCDB STOCKS FORMULA, WIPES, AND BABY FOOD, AS WELL AS OFTEN-OVERLOOKED HYGIENE AND PERSONAL CARE PRODUCTS FOR BABIES AND ADULTS, DISTRIBUTING \$30,000 WORTH OF ITEMS EACH MONTH. - THE MONTHLY: LIKE DIAPERS, PERIOD PRODUCTS ARE NECESSARY, EXPENSIVE, NOT COVERED BY PUBLIC ASSISTANCE, AND RARELY PROVIDED BY SOCIAL SERVICE AGENCIES IN A SYSTEMATIC MANNER. WE HAVE DISTRIBUTED 150,000 PERIOD PRODUCTS TO DATE. FORM 990, PART VI, SECTION A, LINE 2: CORINNE CANNON, WHO SERVES AS THE PRESIDENT & EXECUTIVE DIRECTOR, IS MARRIED TO JOHN (JAY) B. WILLIAMS, III, WHO SERVES AS THE SECRETARY ON THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 4: IN OCTOBER 2017, WE CHANGED OUR NAME FROM DC DIAPER BANK TO GREATER DC DIAPER BANK TO BETTER REFLECT THE REGIONAL NATURE OF OUR WORK. FORM 990, PART VI, SECTION B, LINE 11B: THE DRAFT VERSION OF THE FEDERAL FORM 990 IS FIRST REVIEWED BY THE PRESIDENT & EXECUTIVE DIRECTOR. AFTER THE PRESIDENT & EXECUTIVE DIRECTOR REVIEWS THE DRAFT FORM 990, IT IS GIVEN TO THE TREASURER FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ANNUALLY REVIEW ANY CONFLICTS OF INTEREST AND NOTE THEM ON

Schedule O (Form 990 or 990-EZ) (2017)

732212 09-07-17

EMPLOYEES SHALL DISCLOSE ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST TO

THEIR BOARD AGREEMENT. BOARD MEMBERS, OFFICERS, VOLUNTEERS, AND KEY