

Return of Organization Exempt From Income Tax

2016

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01 , 2016, and ending 06-30 , 2017																																					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization HEALTHY STEPS DIAPER BANK</td> <td>D Employer identification no. 61-1714375</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (717) 497-2682</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$</td> </tr> <tr> <td>6400 COLCHESTER AVE</td> <td></td> <td>167,706</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 17111-3920</td> <td></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: SUSAN SPEESE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">SAME AS C ABOVE</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.HEALTHYSTEPSDIAPERBANK.COM</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2013</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: PA</td> </tr> </table>	C Name of organization HEALTHY STEPS DIAPER BANK		D Employer identification no. 61-1714375	Doing business as		E Telephone number (717) 497-2682	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$	6400 COLCHESTER AVE		167,706	City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 17111-3920			F Name and address of principal officer: SUSAN SPEESE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.HEALTHYSTEPSDIAPERBANK.COM			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2013			M State of legal domicile: PA
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Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: PROVIDE DIAPERS TO CHILDREN IN NEED, TO KEEP CHILDREN CLEAN, DRY AND HEALTHY. TO ACCOMPLISH THIS MISSION THE ORGANIZATION PARTNERS WITH LOCAL NON-PROFIT FAMILY SERVICE AGENCIES WHO THEN PROVIDE THE DIAPERS FREE OF CHARGE TO ACTIVE PARTICIPANTS OF THEIR PROGRAMS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 59,897
9 Program service revenue (Part VIII, line 2g)			0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31	32
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,765	12,884
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		71,693	164,926
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,429	26,966
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,484		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,666	70,776	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,095	97,742	
19 Revenue less expenses. Subtract line 18 from line 12	(6,402)	67,184	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 24,522	End of Year 91,706
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances. Subtract line 21 from line 20	24,522	91,706

Part II Signature Block

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

Sign Here	SUSAN SPEESE Signature of officer	Date
	SUSAN SPEESE, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAVID HOFFMAN	Preparer's signature <i>David B. Hoff</i>	Date 12-27-2017	Check <input type="checkbox"/> if self-employed	PTIN P00185017
	Firm's name ▶ BARBUSH AND HOFFMAN CPAS	Firm's EIN ▶			
	Firm's address ▶ 1104 FERNWOOD AVENUE, SUITE 204 CAMP HILL PA 17011	Phone no. 717-761-2801			

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