

# Return of Organization Exempt From Income Tax

**2017**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning		07-01, 2017, and ending	06-30, 2018
<b>B</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	<b>C</b> Name of organization <b>HEALTHY STEPS DIAPER BANK</b>		<b>D</b> Employer identification no. <b>61-1714375</b>
	Doing business as		<b>E</b> Telephone number <b>(717) 497-2682</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6400 COLCHESTER AVE</b>		<b>G</b> Gross receipts \$ <b>133,018</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>HARRISBURG, PA 17111-3920</b>		
	<b>F</b> Name and address of principal officer: <b>SUSAN SPEESE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.HEALTHYSTEPSDIAPERBANK.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2013</b>	<b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2017 (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 152,010	Current Year 116,593
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32	42
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,884	11,924
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,926	128,559
<b>Expenses</b>	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)	26,966	30,706
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,145</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	70,776	87,450
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	97,742	118,156
	19 Revenue less expenses. Subtract line 18 from line 12	67,184	10,403	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 91,706	End of Year 102,109
	21	Total liabilities (Part X, line 26)		0
	22	Net assets or fund balances. Subtract line 21 from line 20	91,706	102,109

**Part II Signature Block**

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

<b>Sign Here</b>	▶ <u>SUSAN SPEESE</u> Signature of officer	Date			
	▶ <u>SUSAN SPEESE, PRESIDENT</u> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date <u>01/02/2019</u>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00185017</b>
	Firm's name ▶	<b>Barbush Hoffman Short LLC</b>		Firm's EIN ▶	
	Firm's address ▶	<b>1104 Fernwood Avenue Ste 501 Camp Hill PA 17011</b>		Phone no. <b>717-761-2801</b>	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				