

Return of Organization Exempt From Income Tax

2021

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 10-01, 2021 , and ending 09-30, 2022																										
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 Baby 1st Network</td> <td>D Employer identification number 23-7186229</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (330) 929-9911</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">1324 N Superior</td> <td rowspan="2">G Gross receipts \$ 300,209</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Toledo, OH 43604</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="3">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> </tr> <tr> <td colspan="3">J Website: ▶ www.baby1stnetwork.org</td> </tr> <tr> <td colspan="2">K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1998 M State of legal domicile: OH</td> </tr> </table>	C Name of organization Baby 1st Network		D Employer identification number 23-7186229	Doing business as		E Telephone number (330) 929-9911	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1324 N Superior		G Gross receipts \$ 300,209	City or town, state or province, country, and ZIP or foreign postal code Toledo, OH 43604		F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	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			J Website: ▶ www.baby1stnetwork.org			K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1998 M State of legal domicile: OH
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Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Baby 1st Network provides educational material and support for all who work to reduce Sudden Unexpected Infant Death (SUID). We provide the tools necessary to empower and engage communities to keep their infants safe. We provide support services to families who have experienced SUID.		
	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	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	8
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	108,893	300,201
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7	8
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,238	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,138	300,209	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		300
	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)	91,295	92,303
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,568		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	55,784	134,555
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	147,079	227,158	
19	Revenue less expenses. Subtract line 18 from line 12	(28,941)	73,051	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	74,502	147,553
	21	Total liabilities (Part X, line 26)	79,800	79,800
22	Net assets or fund balances. Subtract line 21 from line 20	(5,298)	67,753	

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		Stacy Scott Signature of officer	Date	
		Stacy Scott, Executive Director Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Therese Johnson	Therese Johnson	08-27-2023	<input type="checkbox"/> XXXXXXXXXX
	Firm's name ▶ Bertemes Johnson & Company	Firm's EIN ▶		
Firm's address ▶ 2648 Medina Rd Medina OH 44256	Phone no.		330-635-2318	

May the IRS discuss this return with the preparer shown above? See instructions Yes No